

South East London Baptist Homes

The Elms

Inspection report

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20 November 2020

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Ratings

Overall rating for this service	Inadequate ●
Is the service safe?	Inadequate ●
Is the service effective?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inadequate ●

Summary of findings

Overall summary

About the service

The Elms is a residential care home providing personal care and accommodation for up to 26 older people, including people living with dementia. There were 21 people living at the service at the time of our inspection visit.

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

People were not properly protected from avoidable harm. Accidents and incidents including falls and unexplained bruising were not analysed to enable lessons to be learnt and improvements implemented. People's medicines were not safely managed.

People were not consistently protected from the transmission of infectious diseases including COVID-19 as the service did not comply with government policy for safety within care home settings. The registered manager did not always correctly protect people who use the service from the risk of abuse. An allegation of abuse was not reported to the statutory authorities. Recruitment practices were not sufficiently robust and staff training documentation did not evidence that staff received the appropriate support to understand and safely meet people's needs.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. People's care plans contained generic consent forms where people gave their consent to a range of procedures and treatments, irrespective of whether they were assessed to have capacity to do so or not.

Care plans were not written in a person-centred way and did not always correspond with people's care. Relatives/close friends were pleased with the quality of the service and told us their family members/close friends were happy living at the service.

The management structure at the service did not ensure the registered manager received the support and guidance required for the role and its responsibilities. The registered manager did not demonstrate how the quality of care was monitored and did not ensure detailed audits took place. Some staff reported that the culture of the service was not supportive and did not foster positive working relationships.

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 good (published 25 December 2019).

Why we inspected

We received concerns in relation to how the provider protected people from the risk of abuse and harm, including how people were safely supported with their moving and positioning needs by staff. Also, concerns were brought to our attention as to whether the provider appropriately supported people with their medicine needs and ensured the service was managed in a transparent, proper and safe manner. 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 key questions of effective, caring and responsive. We therefore did not inspect them. However, during the inspection we noted concerns in relation to how people were supported to give their consent to care. We also found concerns about the standard of staff training and the quality of individual care plans. Our specific findings regarding these concerns are recorded in the effective and responsive sections of this full report. 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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. The overall rating for the service has changed from good to inadequate. This is based on the findings at this inspection. Please see the safe, effective, responsive and well-led sections of this full report.

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

Enforcement

We have identified breaches in relation to the reporting of safeguarding allegations, person-centred care planning and the safe recruitment of staff. There were also breaches for the safe management of medicines, poor infection prevention and control practices, and significant concerns in relation to good governance. 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.

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 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.

Please see the action we have told the provider to take at the end of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of the question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

The Elms

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by three inspectors and an inspection manager. The service was visited by two inspectors and an inspection manager. Following this site visit, telephone calls to relatives of people who used the service, care staff and local professional visitors to the care home were undertaken by a third inspector.

Service and service type

The Elms 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. Inspection activity started on 16 October 2020 and ended on 20 November 2020. We visited the care home on 16 October and 20 November 2020.

What we did before the inspection

We reviewed the information we held about the service since the last inspection. This included notifications from the provider, which is information about important events which the provider is required by law to send to us. We contacted the local authority and spoke with two social care professionals. Our planning also took account of the information provided by the registered manager during an Emergency Support Framework (ESF) call on 2 July 2020. ESF calls helped us to give targeted local advice, guidance and support

to providers and care staff using a structured framework to guide conversations and help them to respond to emerging issues, and to deliver safe care which protects people's human rights. 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.

During the inspection

We spoke with two people who used the service and two relatives about their experience of the care and support provided. We also spoke with the deputy manager.

We reviewed a range of documents which included 10 people's care plans, the accidents and incidents log, four staff recruitment folders and 10 medicine administration records. We also reviewed records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. This included records in relation to staff training and quality assurance audits. We spoke with the registered manager, who was not present on the day of the inspection visit, 14 members of the staff team and 10 relatives. We spoke with a minister of religion and a missionary who both visited the service from local churches and three healthcare professionals with knowledge about how staff supports people to meet their healthcare needs.

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.

Systems and processes to safeguard people from the risk of abuse

- The provider did not operate sufficiently robust practices to protect people from the risk of abuse and harm. Relatives mainly told us they felt staff were kind and caring, and their family members were gently supported to live safely and comfortably. However, we noted the leadership approach at the service did not ensure people were safely cared for at all times.
- The provider's safeguarding policy and procedure appropriately stated that any incidents of abuse or alleged abuse should be promptly reported to the local authority safeguarding team, and the Care Quality Commission (CQC) should be notified without delay. However, we found the alleged abuse of a person using the service in August 2020 was not reported to statutory bodies to enable an independent safeguarding investigation.
- Following the first inspection visit, the provider raised a new safeguarding alert to the local authority and notified CQC. This was in relation to a concerning incident in late October when a person received poor and harmful care, which was recorded on CCTV. The provider dismissed both staff directly involved after reviewing the camera recording. The local authority safeguarding team have now been informed about all the allegations of abuse and are conducting their investigations.
- Staff were not confident that appropriate action would be taken if they reported concerns of abuse or poor treatment. They told us they lacked confidence because they were aware of a previous incident when a colleague had reported serious concerns which were not followed up or acted on by the provider. Staff told us that due to their lack of confidence they would whistleblow to external authorities rather than report their concerns to the registered manager. Whistleblowing is the term used when an employee raises a concern about wrongdoing in the workplace.
- The care file for one person showed they were found by staff with bruises on several occasions within a short timescale, which included bruises of an unknown origin. There were gaps in the person's daily notes and contradictory information in the incident forms relating to the person's health and wellbeing at the time these bruises were discovered. These incidents were not appropriately investigated or reported to the authorities. We have now asked the provider to report these concerns.
- During our conversations with the registered manager they did not provide assurance that the concerns we raised would be addressed. We have requested they provide us with an action plan detailing what action they will take to address our concerns.

Effective systems to protect people from abuse and improper treatment and immediately act on any allegation were not consistently operated. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Systems to identify and mitigate risks were not rigorous enough to protect people. For example, falls were recorded in an accidents and incidents book with information about the actions taken afterwards such as contacting the GP, ensuring a sensor mat was in place and/or reminding a person to use their zimmer frame. However, there was no evidence of effective analysis and oversight by the registered manager such as whether falls occurred at certain times of the day and/or night.
- Staff completed monthly Waterlow assessments which help to estimate the risk of the development of pressure ulcers. However, we noted the risk scores stayed the same each month even when one person developed a pressure ulcer which is a given factor that increases susceptibility to further skin integrity concerns. The care plan reviews for a person with tissue viability problems did not reflect the issues of concern about their skin recorded in their daily notes, which resulted in a disjointed description of the actual risks.

Although we did not find evidence that people had been harmed the failure to identify and mitigate risks placed people at undue risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- The provider did not ensure safe recruitment practices were conducted and only staff with suitable backgrounds and experience were employed at the service. We found that a risk assessment was not conducted when an employee with specific information on their Disclosure and Barring Service (DBS) check was appointed. The registered manager acknowledged they knew at the time of recruitment this was a necessary action to take to protect people but could not give any reasonable justification for this omission.
- We found issues of concern in all of the recruitment folders we checked. Issues we identified included; no record of how an employee's references had been verified for authenticity, an employee appointed with one reference instead of two, unexplored gaps in employee's work history, and an employee with a curriculum vitae (CV) that gave the years only of previous employment and no information about their time of self-employment. The failure to follow safe recruitment procedures meant people using the service were placed at risk of being cared for by unsuitable staff.

Safe staff recruitment practices were not always demonstrated. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us they thought there were sufficient staff deployed to safely meet the needs of their family members and staff mainly expressed the same view, although they had at times worked with fewer colleagues during the peak of the COVID-19 pandemic. The manager told us they had access to a dependency tool but they had not used this for a sometime which meant they had no systematic way of assessing the current staffing levels. The rota showed the registered manager and deputy manager both worked day time shifts during weekdays only, which meant the weekend shifts lacked oversight from senior members of staff.

Preventing and controlling infection

- While we were not aware of any incidence of COVID-19 in the home, systems to protect people from the risk of infection were not sufficiently robust. The provider had not ensured staff had received applicable training in a timely manner
- Hand sanitiser was available at the reception. Staff told us they were supplied with sufficient personal protective equipment (PPE), however on the first day of our inspection we found none of the staff were wearing face masks according to current guidelines. When we raised our concerns the deputy manager told

us staff had ceased wearing appropriate masks after the height of the pandemic, as people struggled to understand and communicate with staff due to the masks. Following the first visit to the service we spoke with the registered manager about staff not wearing appropriate face masks and were assured this unsafe practice had been corrected. When we returned to the service on 20 November and found staff were not wearing masks again. Where staff members were exempt for health care reasons, the registered manager had not carried out any individual risk assessments so that applicable employees received specific guidance to ensure safe practices at the service.

- The premises had closed to visitors two weeks prior to the national lockdown in March 2020, however no specific arrangements were made to ensure staff had suitable knowledge, skills and confidence to safely and competently support people and maintain their own safety during a challenging period. Staff told us they had not received formal infection prevention and control training shortly before or during the peak of the pandemic, but some had watched a webinar and/or received information from the registered manager during handover meetings.
- Arrangements were in place to test people who lived at the service monthly and test staff weekly, however there was no evidence that the registered manager had assessed the risks associated with health conditions and ethnicity for service users or staff
- At the time of the first inspection visit people were allowed to have one visitor per week for 45 minutes, with visits booked in advance and situated in the garden or conservatory. Relatives told us they were assisted by staff to maintain contact with their family members during the lockdown.
- We observed that toilets and communal areas were very clean, however some malodour was noted in the vicinity of some people's bedrooms throughout the first day of the inspection site visit.

Appropriate actions to assess the risk of, and prevent, detect and control the spread of infections were not in place. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Not all aspects of medicine management were safe. There were appropriate policies and procedures in place but these were not being followed. This put people at risk of mistakes with their medicines. For example, there had been an incident when a person had been given a medicine that was not prescribed for them.
- Medicines were being administered by staff who had not been trained in the safe administration of medicines, and their competency had not been assessed. A whistleblower had raised this concern prior to inspection and staff confirmed that this still occurred on occasions.
- The registered manager carried out monthly checks but had failed to identify several significant issues. For example, there was no written protocol for a person prescribed a PRN 'take as required' medicine and the deputy manager was unaware of the need to risk assess whether it was safe for any topical medicines to be left in people's rooms.
- Medicine administration records (MAR) were not being completed correctly. They frequently contained either new medicines written on to the chart by pen or crossed off, however these entries were not initialled and dated to demonstrate accountability. MAR charts had been left blank in the section where it was necessary to record if a person had a known allergy or not. This meant staff did not have accurate and relevant information about people's needs to ensure their safety was maintained.
- There were no risk assessments in place for prescribed emollient creams, which are potentially flammable. This put several people at risk who had been prescribed them for dry skin.

The provider did not ensure the safe and proper management of medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's human rights and legal rights were not always understood and respected, as the provider did not demonstrate an appropriate understanding of its responsibilities in relation to MCA.
- Care plans contained a statement written by staff to declare people consented to a broad range of health care procedures, such as blood tests, vaccinations and general health care treatments that may be required. This approach failed to promote people's entitlement to make an informed choice about a specific treatment, for example the benefits and risks, possible alternative treatments and what may happen if they do not proceed. This general, unsigned statement was found in people's care plans, irrespective of whether they were noted to have capacity to give consent or were stated to lack capacity. Where people lacked capacity to give consent there was no evidence or documentation to show decisions had been made in people's best interests.
- Where relatives had given consent on behalf of people, their authority to do so was not satisfactorily documented. For example, the relative of one person had signed the consent statement but there was no information as to whether they held Lasting Power of Attorney (LPA) for Health and Welfare. LPA is a legal document that lets people appoint one or more relatives or friends (known as 'attorneys') to make decisions on their behalf if they no longer have the mental capacity to do so themselves. Therefore, staff could not be assured they were liaising with the correct individual(s) in order to protect people's rights.
- People's records did not always evidence why restrictive practices were used. The daily notes for one person stated the use of a towel to cover their hands when being supported by staff with personal care. The registered manager told us there had been a best interest's decision with a health care professional about how to support this person during personal care, but there was no care plan guidance to evidence why this was an acceptable behavioural support approach.

- Staff confirmed they did not receive mental capacity training, although some staff were aware of the basic principles of MCA and understood that people's capacity to make choices could fluctuate depending on their current health needs or how you communicated with them.
- We noted that the DoLS authorisations for some people had expired and there was no evidence the provider had contacted the local authority to pursue the matter.
- The registered manager told us the service contacted the local NHS care home intervention team (CHIT) for advice and support, for example where people living with dementia were at risk of harm as well as emotional distress due to behaviours caused by their condition. We were provided with an example of detailed guidance developed by CHIT which the service could incorporate into their own care plans. Although the registered manager stated she was asked to provide behavioural observation charts by CHIT, we saw an inappropriate use of a behavioural chart to record when a person assessed to have capacity to make decisions about their own care declined on several occasions to be supported with aspects of their personal care.

Appropriate measures were not in place to protect and support people who lack capacity to make their own decisions and enable people to lead their lives with the least possible restrictions. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support; induction, training, skills and experience

- The training matrix provided by the registered manager did not demonstrate that staff had received the required to meet the specific needs of people who used the service. The document we were shown had insufficient information to enable us to understand the content of the training and the dates the training had been completed. This meant we could not determine if staff training and development was up to date. There were also gaps where some staff had not attended training but this was not always explained, for example if staff were on a period of authorised leave.
- Staff told us they had not received infection prevention and control training at the onset of COVID-19. This training commenced on 12 October 2020. Some staff were unclear as to whether they had received safeguarding training.

The provider did not ensure staff received appropriate training and support to enable them to carry out their duties. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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

- Care plans did not accurately reflect people's current needs and provide sufficient guidance for staff about how to suitably and safely meet their needs. The provider's auditing systems for care plans did not identify the discrepancies and lack of essential information that we found. This put people at risk of being supported in ways that did not meet their needs.
- The care plan for one person stated they experienced constipation and were prescribed two medicines to address this. However, the person's medicine administration record evidenced these medicines were no longer prescribed. There was no other information in the care plan to advise what actions were required to promote the person's safety and wellbeing in relation to this specific health care concern. This care plan also had conflicting information about specific dietary needs of the person and no guidance about how to detect the signs of infection for someone with a catheter.
- We were informed by the registered manager that a person had a bed sensor but this was not recorded in their care plan. Another care plan contained conflicting information about a person's personal care needs and very limited individual guidance about how to prevent falls. The lack of detailed information in people's care plans meant there was a risk that staff would not be aware of people's needs and preferences.
- We found three people were dressed in their day clothes and sitting in a communal lounge without care staff present prior to 6.05am on our second visit to the service. The registered manager told us this was in accordance with each person's individual needs but their care plans did not record they got up this early and did not provide any information about the support they required at this time in the morning. The care plan for one of the three people stated they should not be left unsupervised by staff in the lounge due to the risk of falling.

Care plans were not developed in a person-centred way that reflected people's needs and preferences for their care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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; 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 registered manager did not demonstrate a competent understanding of the legal responsibilities of their role and did not promote transparency within the service through their own conduct. For example, we were appropriately notified about a person who had an unexplained mark on their body but were not informed about a significant comment made by the person at the time. We discovered this when looking at the person's care plan during the inspection. We were also not informed of the alleged physical abuse of a different person using the service, in line with legislation.

The failure to notify the Commission without delay of any abuse or allegation of abuse of a person using the service was a breach of regulation 18 (Notification of other incidents) of Care Quality Commission (Registration) Regulations 2009.

- We found the registered manager did not provide clear information about the service's COVID-19 arrangements to promote the safety of people and staff. For example, we received ambiguous responses to our questions about identified areas for staff to safely don and doff their personal protective equipment and how zoning would be implemented if people had symptoms of or were tested as being COVID-19 positive.
- The structure of the organisation meant the registered manager reported to a board of trustees. It was not clear how the registered manager accessed vital senior managerial support and advice, although we noted there was an external human resources adviser. Care staff told us they used to see trustees visiting the service but this had ceased. Trustees visiting the service had ceased due to the COVID-19 pandemic. However, the Trustees had not implemented alternative measures to monitor the quality of the service, for example through virtual monitoring visits. The quality monitoring information we saw, such as audits, had been carried out by the registered manager.
- Managerial practices at the service did not encourage an open and honest approach. Staff told us they were spoken to in a manner by the registered manager that left them worried they would be disciplined after they identified issues of concern in relation to the safety and welfare of people who used the service.
- The provider did not act in line with their duty of candour responsibilities and was selective about the information they shared with the CQC. We were not advised by the deputy manager during the first day of the inspection that specific staff members had recently been subject to disciplinary action and this was not identified to us by the registered manager two weeks later when it was relevant to a serious allegation of abuse.

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

- Care plans did not promote person-centred care. For example, the absence of information in care plans failed to indicate if people and/or their chosen representatives had been consulted about their individual needs and wishes for getting up during the night shift.
- Care plans and risk assessments tools were reviewed but it presented as a tick box exercise. For example, the daily notes for a person identified specific behaviours which were also mentioned to us when we spoke with care staff. This person's behavioural care plan did not mention these behaviours and therefore did not provide dedicated guidance for staff.
- Staff were offered an opportunity to complete the Care Certificate which is an identified set of standards that health and social care workers adhere to in their daily working life. However, we did not find evidence of innovative ways the provider supported staff to develop their competence and confidence such as additional training to become champions for supporting people living with dementia and/or people at risk of falls. The training matrix did not evidence whether staff attended any externally delivered training or networking opportunities.

Continuous learning and improving care; Working in partnership with others

- The provider did not demonstrate robust systems for continuous learning. There was an absence of rigorous audits and a lack of evidence to show how the service learnt from mistakes. The provider's quality assurance systems had not been effective in identifying the issues and breaches of regulations we found. On the second day of the inspection the registered manager told us she had carried out an analysis of falls but this had not included checking people's risk assessments and care plans to ensure accurate guidance was in place.
- The Elms is the only regulated care service operated by the provider and did not have clear links with other services, although the registered manager told us she sometimes attended local networking meetings. However, there were no formal arrangements in place for the registered manager to receive mentorship, coaching and/or supervision from an external health and social care professional with knowledge about how to provide a good quality service.
- The registered manager informed us the service had established a helpful relationship with the local hospice and felt supported to meet people's end of life care needs. The visiting private chiropodist commented positively on their experience of liaising with the management and staff team.

The provider did not establish and operate effective systems to assess, monitor and improve the quality of the service, mitigate the risks relating to people's health, safety and welfare, and maintain accurate and contemporaneous records for each person. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There were established systems in place to involve people, the public and staff, however we received negative feedback from some staff about the professional working atmosphere at the service as being unpleasant and the approach of the registered manager as being hostile and antagonistic towards specific individual staff.
- The service had links with local churches, religious organisations and schools. Many of the relatives told us their family member had chosen to live at The Elms as the Christian ethos reflected their own faith and interests. The religious ministers we spoke with confirmed that people were supported by staff to attend the bible study group and the religious worship held at the service. Where possible, people were encouraged by

staff to take an active role in the planning of these activities.

- People and their relatives were invited to complete surveys and participate in residents' meetings and other forums where they could give their views about the quality of the service and express their ideas about how the service should be operated. The feedback from relatives was predominantly positive. Comments included, "It is a lovely care home and we know [name of person] is very happy and settled there" and "The Elms has exceeded our expectations of what residential care homes should be like. The manager is always helpful."
- The religious services and the bible study group were designed to be welcoming to any person who wished to attend and inclusive for people living with dementia. Prior to COVID-19 the care home hosted regular coffee mornings which were open to neighbours and the wider general public.
- Due to COVID-19 restrictions, staff meetings had been paused for several months this year. We received varying comments in relation to whether they felt consulted by the registered manager and encouraged to give their views to help develop and improve the quality of the service. Some staff told us the registered manager shared useful information with them and they were pleased with her leadership style. Other staff were either reluctant to comment or described an intimidating and challenging culture of fear where they did not feel valued or treated with courtesy and respect.

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	Regulation 18 Registration Regulations 2009 Notifications of other incidents The registered person did not notify the Commission without delay of any abuse or allegation of abuse in relation to a person using the service. 18 (1) (2) (e)
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered person did not ensure care plans were developed in a person-centred way that reflected people's needs and preferences for their care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 9(1)(2)(3)
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The registered person did not ensure appropriate measures were in place to protect and support people who lack capacity to make their own decisions and enable people to lead their lives with the least possible restrictions. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 11(1)(2)(3)(4)(5)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not take appropriate action to assess the risk of, and prevent, detect and control the spread of infections. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 12(1)(2)(h)</p> <p>The registered person did not ensure the safe and proper management of medicines 12(1)(2)(g)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered person did not ensure people were protected from abuse and improper treatment through the operation of effective systems to immediately act on any allegation or evidence of abuse. 13(1)(2)(3)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not establish and operate effective systems to assess, monitor and improve the quality of the service, mitigate the risks relating to people's health, safety and welfare, and maintain accurate and contemporaneous records for each person. Reg 17(1)(2)(3)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not ensure the safe recruitment of staff. This was a breach of</p>

regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. 19(1)(2)