

HC-One Oval Limited

# The Elms Care Home

## Inspection report

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Tel: 01733202421

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Elms Care Home was providing personal and nursing care to 29 people older people and people living with dementia at the time of the inspection. The service can support up to 37 people in one adapted building over two floors.

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

Staff had been trained in the administration of medicines. However, some people had not received their medicines in line with the prescriber's instructions. Also, detailed guidance was not in place for the management of creams. Records did not state when creams were and when creams were to be applied. Care records did not always fully reflect people's care needs, including people's nutritional and hydration needs. People's care needs were not always met in a timely way.

The provider had a quality auditing system, but this has failed to identify some of the areas we identified that needed improvement.

People were positive about the caring nature of staff. We observed positive interactions between staff and people using the service. One person said, "Staff definitely know how to look after me." People were supported by external health and social care professionals and staff supported people to attend appointments as needed.

Staff received an induction when starting at the service. Regular training, specific to their role, was delivered and refreshed when needed. Staff received supervision and felt supported by the management team.

A complaints procedure in place. Formal complaints were recorded although they did not always show the action that had been taken.

People were offered opportunities to take part in regular activities. One person told us, "The activities are very good. Kids come and play which is nice." People were supported by staff who respected their diversity and cared about them. People made decisions about their everyday care and support and staff respected people's privacy and dignity. A relative told us, "The staff are very patient. They look after [family member] very well."

Accidents and incidents were reviewed, and action taken as needed.

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

The last rating for this service was good (published 7 March 2018).

### Why we inspected

The inspection was prompted in part due to concerns received about staff responding to call bells, repositioning, hydration, poor medicine management, staffing levels and cleanliness of the service. A decision was made for us to inspect and examine those risks. We found some evidence during this inspection that people were at risk from these concerns. Please see each section of this full report.

### Enforcement

We have identified breaches in relation to the management of medicines and how quality and safety of the service is monitored, and improvements are made. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

## 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 always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# The Elms Care Home

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

One inspector, an inspection manager and an Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

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 who have contact with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke with nine people who used the service and five relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, another registered manager from one of the providers other services, quality manager, a nurse, 2 care workers, a housekeeper, a senior care worker and a member of the kitchen staff. We observed how staff supported people in the communal areas.

We reviewed a range of records. This included three people's care records. We looked at a variety of records relating to the management of the service, including complaints, the service improvement plan and audits.

# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Two people's medication had not been administered. One person's medication was not administered on three separate occasions due to none being in stock and another person's medication had not been administered by staff. The registered manager was not aware of this.
- Profiles giving staff instructions when and where to administer prescribed creams were not in place. The only instruction available was 'as directed' or 'as required'.
- Staff were not always signing the medication records when they had administered creams. When creams had been signed for, the member of staff signing the chart was not always the person who had administered the cream. Therefore, the administration records were not accurate

The above demonstrates a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Safe care and treatment.

- Staff had undertaken training in medicines administration and refresher training was taking place.
- The medicines room was clean and tidy; fridge temperatures were recorded daily and were up to date. Systems for the disposal of medicines were in place.

### Assessing risk, safety monitoring and management

- People did not all have their personal emergency evacuation plan (PEEP) needs fully assessed for in the event of a fire or other emergency. One person's PEEP did not contain all the relevant information especially as they required the use of a medical device.
- People had their individual risks assessed to help promote their safety. Staff were aware of these risks. We observed staff supporting people safely and patiently. People who used bedrails to help keep them safe from falling from bed had the protective bumpers on to help protect them from injury. Accidents and incidents were reviewed, and action taken as needed. The registered manager kept these under review to help identify any emerging trends or themes.
- Staff supported people to safely transfer by means of mechanical hoist. The transfers were not rushed, and staff talked with people throughout encouraging and checking they were comfortable.

### Staffing and recruitment

- The provider's recruitment policy continued to ensure as far as possible that new staff were suitable to work in the home. This included a criminal record checks and references from previous employers.
- A dependency tool was used to determine the number of staff needed on each shift, to meet people's care

and support needs.

- Care calls bells were in reach of people, so they could summon staff when needed. Although we found at times there were delays with staff responding to these. One person said, "Staff are very slow on buzzers." A relative told us, "Staff don't come quickly when [family member] uses their buzzer." Another relative commented, "Most of the time there are not enough staff. The buzzer response time is very slow." The records for the buzzers showed this to be the case on occasions people had to wait up to 20 minutes for their care needs to be met.

#### Preventing and controlling infection

- People were protected from the risk of infections, staff received training and followed guidance.
- Systems were in place to ensure infection control was sufficiently managed.
- Audits had identified that some furniture upholstery and carpets were in need of repair or replacement and that areas of the home were not all cleaned to a good standard.

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

- People told us they felt safe at The Elms. One person said, "Yes, I feel secure." Another person told us, "I feel safe because staff do all they can to help." People's facial expressions and body language told us that they felt safe and comfortable with the staff.
- Systems were in place to protect people from abuse and avoidable harm. Staff understood what to look out for and who they should report any concerns to.

#### Learning lessons when things go wrong

- The registered manager continued to review incidents and events. Any learning was discussed with the staff at staff meetings.



# 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. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 the 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.

- Staff had all received training in the MCA & DoLS.
- Not all staff had a clear understanding of the MCA & DoLS. One member of staff said they thought that some people were under a DoLS but were not aware if there were any conditions for the approved application. We discussed this with the registered manager who agreed to make this a topic of discussion in a group supervision session to try to embed the basic principles.
- Staff asked for verbal consent when delivering care and support.
- Capacity and best interest assessment were in place.
- DoLS authorisations were in place where required and the registered manager had an overview of when they were due to expire and needed to be reviewed.

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

- People's needs were assessed, and their preferences were considered when arranging their care. The assessments were used to develop care plans which supported staff to provide care in line with their personal routines.
- Fluid charts did not contain the targets that should be met for example how many millilitres per day a person required. This meant staff would not know when the required target was not met, to ensure appropriate steps were taken.

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

- During the lunchtime people in the dining room who required assistance had to wait for assistance. Staff

were busy distributing meals and supporting those in their rooms first.

- Food and fluid charts were not completed accurately and did not always provide information about the type of diet that the person required. There were gaps in diet and fluid charts. One person had eaten breakfast and had drunk but at 12.00 the chart hadn't been completed.
- People were offered choices of food and drink. One person said after their lunch, "That was lovely." Another person told us, "The food is very good."
- Staff had sought advice from specialists such as the speech and language therapist and dieticians where this had been identified to support people's nutritional needs.

Staff support: induction, training, skills and experience

- Staff completed an induction into their role which met the Care Certificate standards. These are nationally recognised standards of care which staff who are new to care are expected to adhere to in their daily working life to support them to deliver safe and effective care. Staff competency was assessed throughout this process.
- Staff told us they were supported through training and supervision to meet people's needs effectively.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to health care professionals.
- Staff were kept informed of any changes to people's health and wellbeing through handover meetings.
- People's healthcare needs were met in a timely way. Staff supported people to access healthcare services and followed professional advice.

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

- The environment needed some improvements. The quality manager told us they had identified this, and a refurbishment plan was being developed. This included redecorating and replacing worn fixtures.
- There was a lot of equipment in communal areas, which could pose a hazard to people. For example, there was a screen in the main lounge. The registered manager agreed to look into alternative areas for its storage.

## Is the service caring?

### Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Some people did not always have their care needs met in a timely way. One relative told us their [family member] was left waiting for over 20 minutes for staff to attend to them.
- Staff sometimes missed opportunities to engage with people as they were focused on getting jobs done. One member of staff asked a person if they were well, but before they could answer the staff rushed off to support another person.
- People confirmed staff were caring and respectful. Comments included, "The staff all know me. They are very caring."; "Staff are very respectful to me. They are very kind. I have a lovely life here."; "Staff look after me so well. They are kind."

Respecting and promoting people's privacy, dignity and independence

- The toilet in the lounge did not have a lock fitted. This compromised people's privacy and dignity.
- Staff we spoke with understood how to promote privacy and dignity. One person told us, "I am undoubtedly treated with dignity and respect." Another person told us, "Staff help me to get up, and are really sensitive when giving me personal care." A relative said when asked about the care, said, "Yes, I am very happy with the way [family member] is treated. Staff are very kind."
- Staff promoted people's independence. One person said, "Staff encourage my independence."

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

- People made decisions about their everyday care and support. People chose when to get up, what they wanted to wear and what they spent the day doing.
- Staff signposted people and their relatives to sources of advice and support or advocacy support.
- Records showed that care needs were discussed with people or their families as appropriate.

# 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. At this inspection this key question has deteriorated to requires improvement. This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- Records showed that complaints had been received although they did not provide full evidence that they had been dealt with in line with the providers policy.
- People and their relatives knew how to make a complaint and felt comfortable to do so. One person said "The manager looks after any concerns. She is really good." One relative told us, "I did raise a concern, and it was dealt with quickly, and in a satisfactory way."
- A copy of the provider's complaints procedure was on display and included information about how to make a complaint and what people could expect if they raised a concern.

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

- Some people's care plans did not provide clear, consistent information about their needs and risks. This meant staff may not have access to accurate information to support people effectively.
- Information on supporting people living with specific health conditions was not always detailed.
- Despite the lack of detailed information in some people's care records, people were happy with the care provided and felt staff knew them well. Comments included, "Staff are very friendly. We have a good chat. They are always cheerful."; "Staff look after me very well." And "Staff understand my needs well."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans provided information about people's sensory or hearing impairment. For example, whether they needed a hearing aid or glasses to improve communication.
- People were given information they could understand, staff supported people with any questions they might have.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to pursue their hobbies and interests. These included reading, card games, exercises and visits out into the community. One person told us, "The activities programme is excellent. There are loads. Children visit. Art, bingo, and we do go out on excursions." Another person said, "There are enough activities. I love the kids, and the physical activities."
- Staff encouraged people to participate in activities but respected their decision if they chose not to.

- People were supported to maintain their relationships with families and friends and could have visitors when they chose.

#### End of life care and support

- The provider had a policy in place for supporting people with end of life care.
- People were supported to make decisions about their preferences for end of life care. This included Do Not Attempt Resuscitation (DNAR) orders. A DNAR form is a document issued and signed by a doctor or medical professional authorised to do so, which tells the medical team not to attempt cardiopulmonary resuscitation (CPR). Professionals were involved as appropriate. One member of staff told us, "We would always try to care for the residents here at their home if this is their wish."
- The registered manager confirmed they would work in partnership with healthcare professionals to ensure people had a comfortable death.

# 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 deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Governance systems in place had failed to pick up a number of issues we identified during our inspection in relation to medicines management, risk management and food and fluid charts.
- People's records in relation to their care were not always accurate and up to date. This had not been identified by the audits.

The above demonstrates a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

- The registered manager understood the regulatory requirements and reported information appropriately.
- The registered manager was open and honest about the improvements which were needed. She told us, that changes were being introduced gradually. This was to ensure improvements were more likely to be maintained in the long term.
- The registered manager had developed an action plan to address the concerns raised by the quality improvement process. Several of the actions had been completed.

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

- Staff were positive and told us they enjoyed working at the home. One staff member said, "We have a good team and all work together."
- Staff told us the registered manager was approachable and her door was always open. One staff member said, "I am comfortable reporting concerns."
- Meetings and surveys for people and staff were carried out.

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 was aware of their responsibilities around duty of candour. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.

#### Continuous learning and improving care

- The registered manager told us that any lessons learned were discussed during morning meetings, supervision sessions and staff meetings to reduce the risk of any reoccurrence.

#### Working in partnership with others

- The registered manager told us they had a good working relationship with social workers. It is important that they know the people and the service.

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 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	People who use services and others were not protected against the risks associated with medication management.
	Regulation 12 (2) (g)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to monitor and improve the quality of the service were not fully effectively which meant people were at risk of receiving a poor service.
	Regulation 17 (1)(a)(b)(c)