Eldercare (Halifax) Limited

Elm Royd Nursing Home

Inspection report

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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?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

The inspection took place on 19 April 2016 and was unannounced.

Elm Royd Nursing Home is registered to provide nursing and residential care to up to 50 older people and people who may be living with dementia. There were 31 people using the service at the time of inspection.

At the time of the last inspection in October 2015 the service had a contract with Calderdale Clinical Commissioning Group (CCG) to provide seven intermediate care beds. These places were used to provide people with additional support on discharge from hospital, before they could return home; or sometimes as an alternative to a hospital admission. The contract had been for a limited period of time and when we carried out this inspection on 19 April 2016 it had just come to an end. The last person to use the service under this arrangement was discharged home on the day we inspected.

The service has not had registered manager since September 2013. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The manager at the time of our inspection had been in post since December 2015. They told us they had been employed by the provider in November 2015 as a 'crisis' manager to provide short term management and support to services which were failing to meet the required standards. They said they were in the process of recruiting a permanent manager for Elm Royd and would remain at the home until a new manager had been appointed and settled in.

At the last inspection in October 2015 we found the provider was in breach of a number of regulations. Some of these were continued breaches from the previous inspection in August 2014. The breaches of regulation were in relation to safeguarding people from abuse, the safe management of medicines, meeting people's nutritional needs, respecting people's privacy and dignity, delivering appropriate care which met people's needs, dealing with complaints, cleanliness and infection control, the maintenance of the premises and equipment, reporting incidents and governance. We told the provider they must take action to improve the service and issued six requirement notices and four warning notices. The purpose of this inspection was to check the provider had taken the required actions.

Overall we found improvements had been made but more needed to be done so that we could be assured people would consistently receive care which was safe and took account of their individual needs and preferences.

We found people were safe and staff knew how to recognise and report abuse. The required checks were carried out before new staff started work and this helped to protect people from the risk of being cared for by staff who were unsuitable to work in a care setting. Staff were supported to carry out their roles by means

of training, supervision and appraisals. The staff were caring and compassionate and were able to tell us how people liked their care and support to be provided. However, we found some aspects of the environment did not promote people's dignity. In addition, we found people's care records were not always kept secure which meant confidentiality was not always assured.

We found the staffing had improved, new staff had been employed and people told us the reduction in the use of agency staff had helped to improve communication and the continuity of care. There were generally enough staff available to meet people's needs in a timely way. However, there were some busy times during the day, such as meal times, when this was more difficult. We made a recommendation that staffing numbers should be kept under review as people's needs changed.

Improvements had been made to the way people's medicines were managed and the risk had been reduced. However, we found the provider was still in breach of this regulation as further improvements were needed to ensure people's medicines were consistently safely managed.

The home was clean and equipment such as hoists was available and maintained. We found some parts of the home would benefit from refurbishment and more needed to be done to create a 'dementia friendly' environment.

We found risks to people's health; safety and welfare were identified and managed. The manager had identified that more needed to be done to make sure there was learning from accidents and/or incidents to reduce the risk of recurrence.

People had adequate amounts of food and drink and were offered choices. However, improvements were needed to make sure people living with dementia were supported to make informed choices.

People's care needs were assessed and their care plans provided clear information about the support they needed. People had access to a range of NHS services to help make sure their health care needs were met. People were asked for their consent before care and treatment was provided and when they were unable to give consent decisions were made in their best interests. We found the service was working in accordance with the requirements of the Mental Capacity Act 2005 and people were not deprived of their liberty unlawfully. However, in one case we found the care records did not accurately reflect the actions being taken to comply with the conditions of a Deprivation of Liberty Safeguards authorisation.

There were some activities but more needed to be done to support people to engage in meaningful activity and occupation. People were able to have visitors at any time which suited them and could see their visitors in private.

People told us they know how to make a complaint and said the manager always acted quickly to deal with any concerns they raised.

Improvements had been made to the way the safety and quality of the services provided was monitored. However, these need to be maintained so that we can be assured people will consistently experience care which is which is safe and effective and takes account of their individual needs and preferences.

We found one breach of regulation. You can see what action we told the provider to take at the back of the full version of the 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?

Requires Improvement

The service was not consistently safe.

Improvements had been made to help make sure people were safeguarded from abuse.

Staffing had improved and there were generally enough staff with the right skills to meet people's needs. This should continue to be monitored to make sure it is maintained as people's needs change.

Improvements had been made to the way medicines were managed but more needed to be done to make sure people always received their prescribed medicines properly.

The home was clean and safely maintained but was in need of decoration and refurbishment.

Improvements had been made to the way risks to people's safety and welfare were dealt with. However, more needed to be done to make sure this was done consistently.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People were supported to have adequate amounts of food and drink. There was a choice of meals but people, particularly those living with dementia, did not always get the right support to help them make an informed choice.

People were asked for their consent to care and treatment. When people lacked capacity to make decisions about their care and treatment decisions made were in their best interests.

Staff received training and support to help them understand and meet people's needs.

More needed to be done to create a dementia friendly environment to enhance people's quality of life.

Is the service caring?

Requires Improvement

The service was not consistently caring.

Staff knew people well and understood how they liked to have their care, treatment and support delivered. People were supported to be as independent as possible.

However, some aspects of the environment combined with the way the service was organised meant people's dignity was not always respected. People's confidentiality was not always assured.

Visitors were welcomed and people and their relatives were involved in decisions about how their care and treatment should be provided.

Is the service responsive?

Good

The service was responsive.

People's needs were assessed. The care plans included detailed information about the care and treatment people should receive. Care was delivered in line with people's individual care plans.

There were some activities but more needed to be done to support people to spend their time meaningfully.

People knew how to make a complaint and their complaints and/or concerns were acted on.

Is the service well-led?

Requires Improvement

The home was not consistently well led.

There was no registered manager.

There had been improvements to the way the safety and quality of the services provided were monitored. However, these changes need to be sustained to make sure people consistently experience care which is safe and effective and takes account of their individual needs and preferences.

Elm Royd Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 19 April 2016 and was unannounced.

The inspection team consisted of four inspectors.

During the inspection we spoke with eleven people who lived at the home and seven relatives.
We spoke with the manager, the administrator, the area manager, the chef, the activities organiser, three nurses, nine care workers, three housekeeping staff, the maintenance man and a visiting health care professional.

We observed how people were provided with care and support and looked at six people's care records which included care plans and risk assessments. We looked at the medication records, five staff files and other records relating to the management of the service such as staff training records, meetings notes, policies and procedures, menus and maintenance records. We looked around the inside and outside of the home. We looked at a selection of people's bedrooms, the communal living areas, communal bathrooms and toilets and the laundry.

Before we visited the home we looked at the information we had about the service which included notifications they had sent us. We contacted the Local Authority safeguarding and contracts and commissioning departments to ask for their views on the service.

On this occasion we did not ask the provider to complete a Provider Information Return. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

Requires Improvement

Is the service safe?

Our findings

We asked people if they felt safe at the home. One person told us, "Definitely." And another person said, "I feel safe here." A relative told us, "I think Mum is safe here, but it can be a bit slack sometimes."

Staff spoken with understood what safeguarding was and knew how to report any concerns both within the organisation and to external agencies if necessary. Staff received training on safeguarding as part of their induction training. At the last inspection we were concerned safeguarding incidents were not being recognised, reported or dealt with properly. During this inspection we looked at the accident and incident records and people's individual care records. The records showed safeguarding concerns were being identified, acted on and reported to the relevant agencies. The manager kept a record of all safeguarding referrals which helped them to monitor safeguarding concerns and look for possible trends or patterns.

We had concerns at last inspection about number of agency staff being used. At that time the home was relying on agency to cover nearly all the nursing hours and we were concerned there were not enough staff to meet people's needs. The manager told us one of their top priorities when they took over the management of the home in December 2015 had been the recruitment of staff. At the time of inspection the manager had appointed staff to cover all the nursing hours and all but two had taken up their posts. The remaining two nurses were due to start within the next few weeks. We had the opportunity to speak with one of them when they brought their DBS (Disclosure and Barring Service) check in and they told us they were looking forward to starting work at the home. People who used the service, relatives and visiting health care professionals all told us the reduction in the use of agency staff had contributed to better continuity of care which in turn had improved the experiences of people living in the home.

The manager told us they took account of the needs of people who used the service and the layout of the building when determining the numbers and skills of staff needed to meet people's needs. They told us the usual staffing levels during the day were two nurses and eight care assistants and overnight there was one nurse and four care assistants. The manager was not included in the staff numbers and the clinical lead nurse also had a number of supernumerary hours each week. The manager had created a team leader role where more senior and/or experienced care workers were allocated certain responsibilities for overseeing the day to day delivery of care. In addition, the home employed separate staff for catering, housekeeping, activities, administration and maintenance.

People were very complimentary about the staff referring to the as "very good", "friendly" and "approachable".

During the inspection we observed there were generally enough staff to respond to people's needs in a timely way. However, we also observed there were certain busy times during the day when staff found it more difficult to provide people with the care and support they needed when they needed it, for example at meal times. One relative told us staff were not always available to supervise the ground floor lounge at the front of the building.

We recommend that staffing levels are regularly assessed and monitored to make sure they are flexible and sufficient to meet people's individual needs particularly at times of high activity.

The manager told us they had increased the hours for cleaning staff and staggered their working day so that there was a cleaner on duty between 8am and 6pm. Relatives we spoke with told us cleanliness at the home had improved. We spoke with the housekeeping staff who told us since our last visit in October 2015 more housekeeping staff had been employed. We looked around the home and found it generally clean, but did notice the odour of stale urine in some areas. We also saw some of the foot pedal operated waste bins were broken, which meant the lids had to be lifted by hand. We saw one mattress with a worn and stained cover. One of the care workers told us they completed the mattress audits and this had already been identified as requiring replacement. We asked the manager what arrangements had been made to replace the cover. They told us the provider had other services which had closed and they had asked if there were any mattress covers available, which they could utilise. We also saw bags of incontinence pads were being stored in a number of en-suite toilets; we discussed the suitability of these storage arrangements in relation to infection prevention with the manager. They agreed to review the storage arrangements.

We spoke with two recently employed staff members and they told us the recruitment process had been thorough and they had not been allowed to start work until all the relevant checks had been completed. They also told us had shadowed more experienced staff until they felt confident and competent to work without direct supervision.

The provider had a Human Resources (HR) department which supported the service with staff recruitment. We looked at the files of five newly appointed staff. We found the required checks were done before new staff started work. This included criminal records checks with the Disclosure and Barring Service (DBS) to make sure people were protected from the risk of being cared for by staff unsuitable to work with vulnerable adults. In four of the five staff files we saw two written references had been obtained before staff started work. In one of the files we saw a second reference had not been obtained. The administrator told us they had been chasing this up to get the second reference and that was reflected in the records. The administrator said they would follow it up immediately to make sure the second reference was obtained. There was a process in place for checking nursing staff were registered with the Nursing and Midwifery Council (NMC). Nurses are required to maintain their registration with the NMC in order to practice.

The manager explained the disciplinary procedures. They confirmed referrals were made to the appropriate regulatory body such as the NMC or DBS when disciplinary procedures identified a concern about a person's suitability to work with vulnerable adults.

At the last inspection we had concerns people's medicines were not being managed safely and properly. During this inspection we found medicines were administered to people by nursing staff and we observed two registered nurses administering medicines in a competent manner. No person at the home had been found to have the mental capacity to self-medicate.

The provider's medication policy stated staff should minimise interruptions during medicine administration by wearing a red tabard indicating their current task. We observed medicine administration throughout the day and found staff were not wearing a tabard.

Whilst we saw some people had a written protocol for the administration of 'as necessary' (PRN) medicines we found this was not consistently applied. For example, we saw one person was prescribed Paracetamol 1G to be taken up to four times a day. No protocol existed for this medicine. We also saw another person had been prescribed Paracetamol 1G on a PRN basis to be administered up to four times a day. No protocol

existed and the medicine administration record (MAR) sheet indicated the medicine was only being offered three times a day. The senior nurse on duty told us the absence of protocols would be remedied the next day.

We looked at the current and immediate past MAR sheets and found two discrepancies which neither we nor the nurses on duty could explain. We saw one person had been prescribed Furosemide 40mgs to be administered in a morning and at lunchtime. From the start of the current MAR sheet four days prior to our inspection the medicine had only been administered in a morning. The previous MAR sheet demonstrated the medicine had been administered as the prescriber had intended. The nurse spoke with the GP to ask if the frequency of administration had been changed to be told it remained to be administered twice a day. An audit of the remaining stock of tablets provided additional evidence the medicine had not been administered as prescribed. We saw another person had been prescribed Risperidone 1mg/1ml to be administered twice a day. The MAR sheet indicated the medicine had not been administered in a morning for the previous four days. The previous MAR sheet demonstrated the medicine had been administered as prescribed. The nurse spoke with the GP to ask if the frequency of administration had been changed to be told it remained to be administered twice a day.

We saw on some occasions nursing staff were required to hand-write MAR sheets. We found, contrary to the provider's policy, that hand-written MAR sheets were not checked and signed by two competent people who were trained to administer medicines. Furthermore we found one hand-written medicine did not contain adequate instructions for the safe administration of the medicine. We saw the person had been prescribed Levothyroxine 500mcgs but there was no written indication the medicine should be administered before the first meal of the day. The boxed medicine indicated the enclosed data sheet should be read which indicated the medicine should be administered before the first meal of the day.

We carried out a random check of another eight medicines dispensed in boxes and found they were correctly accounted for. We saw liquid preparations, creams and eye-drops were dated upon opening and known allergies to medicines were recorded on the MAR sheets. In addition we saw prescribed food supplements were administered in accordance with the MAR sheet.

Some prescription medicines contain drugs controlled under the misuse of drugs legislation. These medicines are called controlled medicines. At the time of our inspection a number of people were receiving controlled medicines. We inspected the contents of the controlled medicine's cabinet and controlled medicines register and found all drugs accurately recorded and accounted for.

We saw the drug refrigerators and controlled drugs cupboard provided appropriate storage for the amount and type of items in use. The treatment rooms were locked when not in use. Drug refrigerator and storage temperatures were checked and recorded daily to ensure that medicines were being stored at the required temperatures.

We spoke with three nurses about our findings and their collective comments assured us the shortfalls would be addressed.

We concluded that while improvements had been made since the last inspection which reduced the risk of people not received their medicines as prescribed the provider remained in breach of Regulation 12(2)(g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The relatives, visitors and staff we spoke with all told us they thought the building was in need of general redecoration and refurbishment. When we looked around the building we concurred with this. We saw some

the decorative standard looked 'tired' and some furniture was damaged and in need of repair or replacement.

When we looked around the home we found the lighting levels in some of the bedrooms to be dull with little light being emitted from the light bulbs. We saw from the care plan for one person, whose bedroom lighting was very dull, that they had problems with their vision. People with deteriorating eye sight need good lighting levels, poorly illuminated areas could increase the risk of people falling.

We saw a range of checks were undertaken on the premises and equipment to help keep people safe. These included checks on the fire, lifting equipment and gas systems. A system was in place for staff to report any repairs that were needed.

An up to date electrical wiring certificate was not available. The manager showed us an email which stated this check would be completed during the week of our visit and agreed to send a copy of the certificate as soon as the work was completed.
On the day of inspection the fire alarm went off at lunchtime. It was a false alarm as one of the maintenance staff had set it off by accident. Staff working on the first floor were aware of the 'false alarm' but staff on the ground floor were not. We were concerned none of the staff in the ground floor dining room went to the fire panel for instructions when the alarm sounded. We spoke to the manager about this who confirmed this is what should have happened.

We looked in the file which contained the personal emergency evacuation plans for people using the service. We found there were 31 plans in the folder which matched the number of people using the service on the day of our visit. However, we noted there were no plans for the two people most recently admitted. This meant in an emergency the file did not contain up to date information and could have left people at risk.

The call bell sounded during the afternoon to indicate an immediate emergency on the ground floor. Two of the staff on the first floor immediately responded to offer assistance, but found it was a false alarm.

Care records, for people using the service, contained identified areas of risk. Risk assessments were in place for falls, nutrition and tissue viability. We saw where risks had been identified action had been taken to mitigate the risk. For example, one person had been assessed as being at risk of skin damage. We saw they had a specialist mattress and cushion in place and were having barrier creams applied to particular high risk areas.

Requires Improvement

Is the service effective?

Our findings

The staff we spoke with told us the training provided by the service including induction training was good and provided them with the skills, knowledge and understanding they required to carry out their roles effectively.

There was a training matrix in place with showed the mandatory training staff were required to do. This included fire safety, food safety, moving people safely, safeguarding, infection control, the Mental Capacity Act and first aid. We saw further training had been booked covering topics such as fire safety, dementia, phlebotomy (taking blood) and using syringe pump drivers. On the day of inspection a stoma care nurse specialist delivered a training session to staff. This had been arranged in response to the specific needs of one person who used the service.

The manager told us they had put a plan in place to make sure staff received supervision at regular intervals. The plan showed responsibility for providing supervision had been delegated to various members of the team. The manager explained they had not yet carried out staff appraisals because they had only taken up their post in late December 2015 and needed to get to know the staff first. They told us the plan was for all staff to have an annual appraisal.

Although there was still work to be done we were assured systems and processes had been put in place to make sure staff received the support they needed to carry out their duties effectively.

At the last inspection in October 2015 we were concerned peoples nutritional needs were not being assessed and reviewed to make sure they were met. At this inspection we found improvement had been made.

People using the service told us the meals were generally good and there were choices on offer. At breakfast time we saw there was a choice of cereals or porridge and a cooked breakfast. One person said, "The food is mixed, I have a poor appetite but try to have a little bit of whatever." A relative told us they regularly had meals with their Mum to help and encourage them to eat.

We saw the menu was not on display, there were no pictures of the meals on offer and people were not shown the meals on offer. Although we heard staff telling people about the meals choices the absence of visual prompts meant it was more difficult for people living with dementia to make informed choices.

The staff we spoke with told us the majority of people on the first floor required either assistance or prompting to eat their meals and we saw some people required their food to be pureed. We saw when food was pureed the chef had pureed the different elements of the meal separately so that it looked more appetising.

People were offered hot and cold drinks throughout the day. We saw fluid and/or food charts were put in place if staff felt people were not taking an adequate diet, were at risk of dehydration or had experienced

weight loss. The fluid and food charts we looked at had been completed correctly by staff. However, we saw there was no guidance to staff on the minimum amount of fluid people were required to drink on a daily basis.

The service used the Malnutrition Universal Screening Tool (MUST) to assess people. This is an objective screening tool to identify adults who are at risk of being malnourished. As part of this screening we saw people were weighed at regular intervals and appropriate action was taken to support people who had been assessed as being at risk of malnutrition. Care records showed the service was referring people to a dietician or speech and language therapist (SALT) if they required support with swallowing or dietary difficulties.

We spoke with the chef and they had a good understanding of people's dietary needs. The chef told us they were in the process of changing suppliers and would be introducing new four week menus in the near future. The chef also told us they were going to make menus available to people and would be introducing pictorial menus to assist people living with dementia to make choices.

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. The application procedures for this in care homes are 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 were being met.

The manager told us five people were subject to an authorised DoLS with further authorisations awaiting consideration by the supervisory body.

We looked at the care plans of three people with DoLS in place which were subject to conditions. In two cases we found the conditions were incorporated into care plans which were being enacted into direct care. In the third case we found that although the condition was being complied with in practice this was not accurately reflected in the person's care records. This was discussed with the manager who assured us they would deal with it without delay.

Where people were subject to DoLS, relevant person's representatives (RPR's) were seen to have been involved in decision making and involved in the regular reviews of care needs.

We found one person was receiving their medicines covertly. We looked at their care plan and found a robust process existed to ensure they were only administered medicines within the required legal framework. During our inspection we spoke with a pharmacist who had been involved in the covert medication decision. The pharmacist was conducting a review of the person's current medication and made changes to ensure the medicines could be administered with best effect.

We spoke with one member of staff about the use of restraint. They were able to demonstrate their knowledge and knew the difference between lawful and unlawful restraint practices. We spoke also with the manager about the use of bed-rails. Answers we received demonstrated when people had capacity they we consulted on the use of bed-rails and understood the action was proportionate to the potential harm. Where there was a lack of capacity or the person's capacity fluctuated, family members were consulted

before bed-rails were used.

We saw two people were sitting in tilt-back chairs. We looked at the two people's care plans to find health needs assessments had taken place which identified the need for the observed posture to be maintained. Therefore whilst the chairs restricted people's movements they were not being used for the purpose of restraint.

The care records showed people had been seen by a range of health care professionals, including GPs, community matrons, district nurses, opticians and podiatrists. We saw information about any contact by healthcare professionals, either in person or by telephone, was recorded in people's care files. A relative told us they had spoken with the Quest matron and been involved in decisions about their relative's health care. The clinical lead nurse told us the staff team had a good working relationship with other healthcare professionals and always followed their advice and guidance We spoke with a visiting health care professional who told us they had seen improvements in the service since the appointment of the manager and clinical lead nurse. They told us staff in the home listened to them and acted on their advice. This showed us people were being supported to meet their health care needs.

The Equality Act 2010 says organisations such as hospitals and care homes must take steps to remove barriers that people with disabilities face. The act calls this the duty to make reasonable adjustments. Mental health conditions such as depression, dementia and bipolar disorders may be classed as a disability if they are having an impact on daily living. We found the provider was not always taking into account some of the physical features of the home which may be a barrier to people with a disability.

For example, we saw that signage was inconsistent with little to help people locate their own rooms other than a number. Some doors had people's name attached whilst others did not. Some toilets had dementia friendly signage but others did not and there was a lack of areas of interest for people to use. The manager agreed this was an area which needed to be addressed.

Requires Improvement

Is the service caring?

Our findings

One person using the service told us, "The staff are alright, especially one who I really like."

One relative told us, "The staff are better and really caring and it's nice to have our own staff and not agency." A visitor told us, "There is better continuity of staff now which makes it better for the people living here. The staff are kind and patient, especially (name of care worker)." A second relative told us, "The staff are brilliant and work so hard and (Name) is happy hear."

We found care plans contained information about people's life histories, interests and preferences. This helped staff to understand them and offer appropriate support. Throughout the inspection we saw staff treated people with respect and approached them in a way which showed they knew the person well and knew how best to assist them

Some people who had complex needs were unable to tell us about their experiences of the service. We spent time observing the interactions between the staff and the people they cared for. We saw staff approached people with respect and support was offered in a sensitive way. We saw staff were kind, caring and compassionate.

People appeared comfortable, well dressed and clean which demonstrated staff took time to assist them with their personal care needs if required. We saw that people's bedrooms were neat and tidy and that personal effects such as photographs and ornaments were on display and had been looked after. This showed staff respected people's personal possessions.

The clinical lead nurse told us people's relatives and friends were able to visit without any restrictions and our observations confirmed this. Visitors we spoke with told us they were made to feel welcome and were sometimes offered a drink. One relative explained that they visited their family member at different times of the day and staff were always pleasant there was always a friendly atmosphere.

Another relative told us they had looked at several nursing homes for their relative prior to choosing Elm Royd. They said "I knew when I walked through the door this was the right place. The staff were helpful and there was a nice atmosphere. It may not be the smartest home in the area but in my opinion it provides a good standard of care and that's what's important to me."

The staff we spoke with were able to explain how they helped to maintain people's dignity and privacy. For example by addressing them by their preferred name and wherever possible seeking people's consent before assisting them with personal care.

Staff told us two people had become more independent since moving to Elm Royd. Both people's mobility had improved and one person no longer needed a soft diet. This showed us staff had enabled people to become more independent.

We saw a lot of people on the ground floor were served their breakfast in the lounge. They were sitting in armchairs and tables were put in front of them. At lunchtime most of these people moved to their dining room for lunch. We saw some people were sitting in the dining room for over 30 minutes before they were provided with either a drink or something to eat. One person became very unsettled and left the table. We saw staff supporting people who needed assistance with their meal, however, there was not enough room in the ground floor dining room for all of the staff to sit down to do this. This meant one member of staff was standing up to assist one person, which was not very dignified for the person concerned.

We also saw plastic coloured mugs were being used for serving cordial and hot drinks. No one was offered drinks in a glass or proper mug.

On the first floor we saw the lounge/dining room was small and there was only one dining table in the room. We saw only three people sat to the dining table to eat their meals. A further four people sat in the lounge/dining room eating their meals from a small table placed in front of them. The remaining people either had their meals in their rooms or were assisted to eat their meals while in bed. At the time of the inspection the lounge/dining room was the only communal space available to people living on the first floor of the home. We saw if people required assistance or prompting to eat their meals staff sat with them and encouraged them to take an adequate diet. However, the overall dining experience for people living on the first floor of the home was not a positive one and mealtimes appeared to be more of a task that had to be completed rather than a relaxed and social occasion.

This was discussed with the manager who confirmed that they had already identified a second room which they hoped to convert in to more communal space.

Following the inspection the provider told us that within a week of our visit they had made changes to improve people's dining experience.

We saw written information about people was left on desks and on top of cupboards and care files were in unlocked cabinets. This meant people's confidentiality could be compromised. This was discussed with the manager who told us they would deal with it immediately.

Following the inspection the provider told us that within a couple of days of our visit they had provided secure storage for people's care records.

Good

Is the service responsive?

Our findings

The clinical lead nurse told us pre-admission assessments were carried out before people started using the service to determine their needs and to ensure that the service could provide the care, treatment and support they required. This was confirmed in the care records we looked at and by one person using the service who told us, "One of the nurses came to see me in hospital before I moved here."

The care records we looked at were clear and person centred with comprehensive information about people's needs, life histories and preferences. Where needs had been identified, care plans were in place with specific detailed information about how best to support the person including how to meet people's communication, personal care, mobility and dietary needs.

When we looked at how the service managed risks to people's safety and welfare we saw one person had been identified as being at risk of developing pressure sores. The records showed the person did not want an air flow mattress because they found it uncomfortable to sleep on. The care plan detailed the extra checks staff needed to make to ensure any pressure damage to their skin was identified. This meant staff were identifying risks to individuals and taking action to reduce those risks while taking account of people's preferences.

The staff we spoke with were able to tell us how individuals preferred their care and support to be delivered. Throughout the day we observed people's care and treatment was delivered in line with their individual care plans.

The relatives we spoke with told us they were involved in the care planning process and were kept informed of any proposed changes to their care plan.

The home employed an activities organiser. During the inspection we saw them talking to individuals and organising some 'ball games'. However, for much of the day people were left with very little occupation or stimulation.

One relative told us, "There is not much going on in the way of activity." A second relative said, "I'm not sure there is enough stimulation for people."

People who used the service told us they knew what to do if they had any concerns. For example, one person told us, "If something didn't suit me I'd tell my family and they would talk to the staff."

Relatives told us the manager listened to them and acted on any concerns they had. One relative told us, "I complained to (name of manager) and since then things have improved, you can take up issues with him and he listens." A second relative said, "I made a complaint and received a letter of acknowledgement the following day and the issue was sorted out. The manager has a meeting with relatives every month and anything you want you can ask for." A third relative said, I raised concerns about the heating not working properly in the bedroom and a top up radiator was put in straight away." One care worker told us, "Any

complaints are dealt with straight away by the manager."

The manager gave us a copy of the complaints and compliments log. The log showed complaints were recorded and dealt with. The log showed the home had received three complains and five compliments since the last inspection in October 2015.

Requires Improvement

Is the service well-led?

Our findings

The home has not had a registered manager since September 2013. The manager who was in post at the time of this inspection told us they had taken up their post at Elm Royd in late December 2015. They explained they had been recruited by the provider as a 'peripatetic' manager. This meant they would not be based at one home but would provide support to all the services operated by the provider as needed. They told us their role at Elm Royd was to improve the quality and safety of the services provided, to get the home out of special measures and appoint a permanent manager for the home.

We asked staff if they thought the service was well-led. One said, "(Name of manager) is firm but that was what was needed." Another member of staff told us, "(Name of manager) is good for the home; they listen, provide support and work with staff." A third member of staff said, "The new manager is very approachable and the home is now heading in the right direction again."

One relative told us, "(Name of manager), walks around and sees what is going on. Their presence has made a difference. Staff have more direction and there is more consistency of staff." A second relative told us, "(Name of manager) is on the ball and acts straight away. I was going to move (name) but now I am glad I didn't." A third relative said, "(Name of manager) I am worried if they don't stay the service will decline again."

Another relative said "Things seem to have improved since the new manager came in to post. There appears to be more staff on duty and staff look happier and have more time to spend with people."

We found the office was well organised and records we requested were readily available and up to date.

We saw specific areas of responsibility had been allocated to individual members of the senior staff team to ensure all the quality audits were carried out in a timely manner. We spoke with one team leader who told us they had responsibility for auditing the food and fluid charts, weights, and mattresses on a weekly basis. They told us they reported any concerns to either the clinical lead nurse or manager. We saw evidence of this in the records we looked at.

The clinical lead nurse told us they had overall responsibility for ensuring all the care plans were reviewed monthly and the monthly medication audits. The clinical lead nurse confirmed the system worked well and ensured there were clear lines of accountability.

We found communication had improved. The manager held daily 'flash' meeting with senior staff and heads of department to make sure everyone was aware of what was happening on a day to day basis. There were also regular meeting for relatives of people who used the service and the relatives we spoke with told us they felt listened to. The manager was also in the process of issuing questionnaires to people's relatives to give them the opportunity to share their views. We saw some completed questionnaires and overall they showed people were satisfied with the service. Some people had identified areas where they felt improvements could be made, these included activities for people living in the home.

We saw the manager had established systems to monitor and assess the safety and quality of the services provided. These include monthly pressure sore and weight audits and three monthly infection control audit.

We saw there was a system in place to record and analyse accidents and incidents. This included information about the actions taken following the accident/incident for example whether it had been reported to local authority safeguarding unit or the Commission (CQC). We found further improvements were needed to show that learning had taken place and actions had been taken to reduce the risk of recurrence. The manager told us they had already identified this as an area for improvement.

The manager had a service improvement plan in which they had identified the shortfalls in the service, the actions to be taken to bring about improvements and the timescale for improvement. We saw some of the actions, for example improvements to people's care records had already been addressed.

There had been a number of changes to the senior management team and as a result no provider visits had taken place since January 2016. These are visits carried out on behalf of the registered provider by a designated person to monitor and assess the safety and quality of the services and support the manager. A new area manager had been appointed just before the inspection and they had arranged a monitoring visit for the Thursday after the inspection.

Providers of social care services are required by law to display the CQC rating for each service on their website and in a prominent place within the home. We found the provider had displayed the rating on the website but the rating displayed in the home was not the rating from the most recent inspection. The rating displayed was potentially misleading as it showed the home was rated as 'requires improvement' when in fact it had been rated 'inadequate' in October 2015. This was discussed with the manager.

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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always managed safely and properly. 12(2)(g)