

Elmcroft Care Home Limited

# Elmcroft Care Home

## Inspection report

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Date of inspection visit: 23 March 2015  
Date of publication: 20/05/2015

### Ratings

Overall rating for this service

Inadequate



Is the service well-led?

Requires improvement



### Overall summary

We undertook a comprehensive unannounced inspection on the 28 and 29 October 2014. We found the provider did not have suitable arrangements in place to effectively monitor, assess and continuously improve the quality and safety of the service. We served a Warning Notice to the provider on 30 January 2015 requiring them to become compliant with Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 by 22 February 2015. The provider sent us an action plan saying how they were going to meet these legal requirements.

We undertook this focused inspection on the 23 March 2015 to check that they had followed their plan and to confirm that they now met legal requirements. This report only covers our findings in relation to those requirements. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elmcroft on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Elmcroft Care Home provides accommodation, personal care and nursing care for up to 54 people. Some people have dementia related needs and require nursing care. The service consists of two units: The General Nursing Unit and Blythe Unit. The service was only using one unit due to the number of people living at the service only being 11.

The service does not currently have a registered manager in post however the provider was in the process of appointing one. 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.

# Summary of findings

At our last inspection we found the manager was not carrying out robust quality monitoring procedures. At this inspection we found that the provider had taken action to ensure systems were put into place and closely monitored to improve the quality of the service.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service well-led?

The service was not consistently well-led.

The service required consistent leadership and management.

The provider had implemented a robust quality monitoring system that managed risks and assured the health, welfare and safety of people who received care.

**Requires improvement**



# Elmcroft Care 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.

We undertook an unannounced focused inspection of Elmcroft Nursing Home on 23 March 2015.

The inspection was completed by two inspectors.

Before the inspection, we looked at information that we had received about the service. This included information we received from the local authority and notifications from the provider. Statutory notifications include information about important events which the provider is required to send us by law.

During the inspection we used observation and spoke with four people, a relative, seven members of care staff and three members of the senior management team including the operational director. We reviewed one person's support plan three staff records, audits and quality assurance information, minutes of meetings and staff rotas.

# Is the service well-led?

## Our findings

At our last inspection on the 28 and 29 October 2014 we asked the provider to take action to make improvements because the service was not being well led. This was because we found that the provider and registered manager had failed to implement a robust quality monitoring system that managed risks and assured the health, welfare and safety of people who received care.

At this inspection we found the provider had taken steps to address the issues we had raised to ensure people's health, welfare and safety was protected.

The service does not have a registered manager in post as the manager at our last inspection had been replaced with a temporary manager. The senior management team had taken steps to recruit to this post and in the interim they were providing support at the service through their regular attendance.

The senior management team had been working hard to change the culture of the service, to enable staff to feel more supported to perform their role. Staff had previously not felt supported or listened to by the management. Staff now felt that their opinions on how the service ran were listened to. One member of staff told us, "The managers are always here talking with us, I feel comfortable talking with them." The senior management team had taken steps to engage with the staff through regular meetings. These meetings were used to share information with staff and to explore ways with them how the service could improve. One member of staff said, "I suggested dignity screens to use when hoisting and we have these now."

Staff felt supported through regular supervision meetings with senior staff. Staff used these meetings to discuss training and support they needed to perform their role. Previously we found this process had taken a more directive approach from the manager giving instruction to the staff without gathering their views. Staff now felt that this was a more 'two way' process. All staff had now

received a yearly appraisal of their performance. This is an opportunity for staff to discuss how they have performed in their role and to identify any further learning and support they may require. Staff confirmed they had started to receive more training at the service these included dignity and respect, dementia awareness and wound management. The provider had now set out a training program identifying courses for staff and kept a record when staff attended training.

People and their relatives were complimentary of the service and how it was now being managed. One person told us, "Staff here are very considerate, communication with the management is much better." There were joint relative and people meetings monthly that were well attended. These meetings were an opportunity for the management to gather the views of people about their care and treatment and address any issues with them. From minutes we saw one person commented, "I like living here." Another person said, "Staff have more time for a chat with us now."

People were also being asked to complete surveys of their care so that the management could gain their views and get their feedback.

The provider had now put systems in place to ensure appropriate action was taken following safeguarding investigations to reduce the risk to people's safety. Complaints were now fully investigated and the outcome shared appropriately. The level of alleged and reported safeguarding incidents and complaints had also decreased.

The provider had implemented more robust quality monitoring procedures. These included a monthly audit completed by the home manager as well as an audit completed by a member of the senior management team. Any issues identified in these audits now had an action plan and completion date in place that was then checked by a senior manager. This meant issues that were identified were now being addressed and that a checking system was now in place to ensure this happened.