

Elm Bank Healthcare Limited

# Elm Bank Retirement Village

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Elm Bank Retirement Village is a residential care home providing personal for up to 115 people aged 65 and over and for people living with dementia. At the time of inspection there were 86 people living at the service.

Elm Bank Retirement Village provides accommodation over three floors, divided into five separate areas. One area for people who are mostly independent and two areas for people who require residential care. Two other areas were for the care of people living with dementia.

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

The provider had not always followed government guidelines for the testing for Covid-19 of staff and people using the service due to the provider's concerns about the reliability of the supply of testing kits, although this had been rectified after the inspection. Staff followed infection control procedures to protect people from the risk of infection.

The provider had not made provision for people who could not access the garden to speak with their relatives by any other means. However, people who were able to access the gardens were supported to meet with their relatives whilst maintaining social distancing. The manager was exploring ways of seeking people and their relative's feedback.

The provider had not always ensured oversight of the regular assessment and monitoring of the health and safety of the home. The provider had not ensured staff had followed procedures for monitoring of the water systems or carried out actions from fire risk assessments in a timely way.

The provider had recently changed their deployment of staff and were recruiting staff to ensure existing and future staffing levels would meet people's needs. Staff were recruited using safe recruitment practices.

People's risks were assessed, and staff followed care plans that mitigated these known risks. There was good communication between staff to ensure they understood people's changing needs.

The manager had developed good working relationships with the district nurse team; this had enabled staff to develop their practice.

People were protected from the risks of abuse or poor care as the provider had systems in place to identify, report and learn from safeguarding incidents.

People received their medicines safely as staff followed the provider's policies and procedures. The provider and manager carried out regular audits and checks to ensure people continued to receive high quality care and continually looked for ways to learn from incidents and improve care.

The provider had appointed a new manager who had the skills, enthusiasm and compassion to promote a positive culture within the home. Staff told us they felt supported and valued.

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 requires improvement (published 24 October 2018). At this inspection we found areas that required improvement.

#### Why we inspected

The inspection was prompted in part due to concerns received about staffing and management oversight. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well sections of the full report. We found no evidence during this inspection that people were at risk of harm from this concern.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elm Bank Retirement Village on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

## 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 well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Elm Bank Retirement Village

## **Detailed findings**

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted as part of our Thematic Review of infection control and prevention in care homes.

#### Inspection team

The inspection was carried out by two inspectors and one assistant inspector.

#### Service and service type

Elm Bank Retirement Village 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 did not have a manager registered with the Care Quality Commission. This means that the provider is 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. However, we telephoned the manager immediately before the inspection to establish whether there were any people in the home who were suspected of or confirmed with having Covid-19.

#### What we did before the 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.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commissioned care at the home and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with 18 members of staff including three representatives for the provider, the new manager, deputy manager, 11 team leaders, senior care workers and care workers and two members of the housekeeping team. We spoke with one visiting healthcare professional.

We reviewed a range of records. This included two people's care records and multiple charts and medication records. We looked at 10 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at infection control procedures, quality assurance records and staff rotas.

# 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.

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.

### Preventing and controlling infection

- The provider was not following national guidelines. Staff were being tested for Covid-19 every two weeks, and people using the service were tested only if they experienced symptoms or had been admitted or readmitted to the home. However, this did not comply with the government guidelines of testing (staff weekly and residents every 28 days). The provider told us they had not followed the guidelines as they were concerned about the reliability of the supply of testing kits. After the inspection, the provider told us they had commenced Covid-19 testing in line with government guidelines and also provided evidence of a national delay on the supply of testing kits.
- People who were admitted to the home or had returned from hospital were supported to stay in isolation for 14 days, in line with government guidelines. After the inspection, the provider told us they had commenced Covid-19 testing in line with government guidelines.
- All staff and visitors to the home had their temperature taken to ensure it was within normal range before they could enter the home. This helped to prevent staff and visitors with symptoms of ill health entering the home.
- Staff followed infection control procedures. Staff had easy access to hand washing facilities and personal protective equipment. Staff had received training in infection prevention procedures. We observed staff were following the provider's infection prevention policy. People told us staff always used face masks, one person told us, "[Staff] all look a bit strange wearing a mask."
- There were regular cleaning schedules for most areas of the home, particular attention was made to areas that were frequently touched such as handrails.
- People were supported to meet up with their families in a safe way. People who were able to access the gardens were supported to see their families outside; families kept a safe distance between them to prevent spread of infection.

### Assessing risk, safety monitoring and management

- People were not always protected from the risks associated with water. The provider had not ensured staff followed procedures for monitoring of the water systems to prevent scalding or infections such as legionella.
- People were protected from the risks associated with fire. The provider had ensured all the actions identified in their fire risk assessment had been completed.
- People who were at high risk of acquiring pressure ulcers had been recently assessed. Where people had

acquired pressure ulcers, the new manager had involved the district nurse team to assist with their wound management. One of the district nurse team told us over half of the wounds were now healing and three people had been discharged from their care. They told us, "We have a really good relationship with [new manager]. When we do our rounds, it's really good as a member of staff comes around with us so we can clearly communicate what is needed."

- People's risks were assessed, and staff followed care plans that mitigated these known risks. Any changes in people's care was clearly documented and shared with staff, this ensured people received care that met their current needs. For example, staff were aware of people's changing requirements for thickened fluids to prevent choking.

After the inspection the provider completed the outstanding actions from their fire risk assessment and had demonstrated closer managerial oversight of the management of the water systems.

#### Staffing and recruitment

- People had not always received their care in a timely way. The rotas showed and staff told us staffing levels had not always been enough to provide care without being rushed. The new manager had listened to staff and reassessed their methods for calculating the numbers of staff required in each area. The rotas in September 2020 showed the staffing levels had started to increase to the newly assessed levels and staff had been deployed more effectively. Recruitment of staff was ongoing.

- People received care from staff that had the skills and knowledge to meet their needs. The staff training programme was being updated in areas that reflected people's needs, for example, dementia training and tissue viability. Staff told us, "We've completed moving and handling training. Many of the people on [area of home] require assisted transfer." We observed staff to carry out moving and handling in a competent way.

- Staff were recruited using safe recruitment practices whereby references and their suitability to work with the people who used the service were checked.

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

- People were protected from the risks of abuse or poor care as the provider had systems in place to identify, report and learn from safeguarding incidents.

- Staff received training in safeguarding vulnerable adults. They demonstrated they understood their responsibilities to protect people from the risks of harm and abuse. Staff told us they reported concerns to the manager.

- The provider's safeguarding policy guided staff on how to raise referrals to the local authority safeguarding team.

- Staff were aware of the whistle blowing policy and who to contact should they feel it necessary.

#### Using medicines safely

- People received their medicines safely as staff followed the provider's policies and procedures.

- Staff received training in the safe management of medicines and their competencies had been checked.

- Regular medicines' audits informed the manager of any issues which were rectified in a timely manner.

#### Learning lessons when things go wrong

- People could be assured lessons were learnt from accidents and incidents. For example, there had been systems implemented to improve pressure area care and wound management.

- The manager used the experience of incidents to improve care. Each incident was reviewed with the staff team to ensure staff are aware of any ongoing risks or changes to care.



# Is the service well-led?

## Our findings

### 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 requires improvement. At this inspection this key question remained the same.

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; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had not followed national guidance to monitor infections in the home.
- The provider had not always ensured oversight of the regular assessment and monitoring of the health and safety of the home. Where issues had been identified, the recommended actions had not always been carried out. For example, the fire safety report recommended repairs, however, this had not been carried out.
- The provider and manager carried out regular audits and checks to ensure people continued to receive high quality care. The actions from these audits had been allocated to staff for completion and checked by the manager.
- The manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- The new manager had identified the service could not provide for all people's needs, as some people now required nursing care. The manager had arranged for clinical assessments and liaised with the relevant authorities to find suitable nursing placements.
- The provider had taken over the legal entity in January 2020. They were in the process of implementing the provider's policies and procedures, which had been delayed due to the pandemic.

After the inspection the provider arranged for their health and safety team to carry out a survey and carry out necessary works.

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

- The provider had not ensured there was a system in place for all people who could not access the garden to talk to or see their relatives. Relatives told us they had not been able to arrange any means of communicating or seeing their loved ones. The new manager told us they had the facilities to enable people to see their relatives via computer tablets and would ensure this was implemented.
- Relatives told us they had not been asked for their feedback. They told us they had great difficulty getting any information about their relatives as the phone was not always answered, and when it was, they were

told care staff would ring them back, but they did not. We brought this to the attention of the manager who said they would ensure there was a system for relatives to receive feedback.

- The manager had arranged for a virtual meeting via the internet to introduce themselves to relatives and gain their feedback.
- The new manager had sought feedback from people who were mostly independent. Their feedback had been acted upon. The manager planned to seek the feedback of all people in the home.
- Staff feedback through regular meetings had contributed to the running of the home. Staff told us they were learning new skills and felt involved.

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

- The provider had appointed a new manager who had the skills, enthusiasm and compassion to promote a positive culture within the home. The provider was supporting the new manager to gain further management qualifications and provided mentoring from another home manager. The provider also provided support from their clinical and regulatory teams.
- All staff told us they felt supported and valued, many staff told us of the positive impact the new manager had on the whole home. One member of staff said, "There has been such an improvement since the new manager has come. They do walk arounds, they know all the residents and staff, and is approachable."
- The new manager had carried out a detailed assessment of all areas of the home and empowered staff to implement systems to improve care. For example, assessing staffing requirements and deployment of staff.
- The new manager had implemented detailed handovers and regular meetings to ensure all staff were knowledgeable about people's needs. This enabled staff to make changes to the way they provide care in a timely way to ensure they could meet people's needs in a person-centred way.
- The provider had ensured staff could receive their training at home, or at the service if they did not have access to a computer at home. Staff supervision was being updated to include training and feedback to the management team.

Continuous learning and improving care; Working in partnership with others

- The provider and manager were continually looking for ways to learn from incidents and improving care.
- The provider and manager worked closely together to assess the service and look for ways to improve the care people received. The new manager had identified areas for improvement such as staff training, supervision, communication and staff involvement. They had implemented systems to improve these areas.
- The manager identified areas that required close monitoring such as falls and pressure ulcers; they set up processes to record these. They shared this information with staff and supported staff to learn from incidents make the changes required to reduce risks and improve care.
- The new manager had built a good working relationship with the district nurse team. This had improved the care of people's wounds.