Sheridan Care Limited

Elmsdene Care Home

Inspection report

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Ratings

Overall rating for this service	Inadequate

Is the service safe?	**Inadequate**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

About the service
Elmsdene care home is a residential care home providing support for up to 33 people. The home supports people living with various types and levels of dementia. The home is over 2 floors and has a large lounge, dining room and separate television room. A kitchen and laundry are located on the ground floor and the upper floor is accessible by both a lift and stairs. At the time of the inspection the home was supporting 23 people.

People's experience of using this service and what we found
We found blanket decisions had been made across the home which affected people's safety and breached the requirements of different legislative frameworks, including the Mental Capacity Act, the Health and Social Care Act and the Human Rights Act.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

We identified concerns around how medicines were managed including how people could access medicines at the time they were prescribed or needed. We also identified risk management was not as developed as was required to ensure risks to people could be mitigated where possible. Governance systems were beginning to develop but audits and reviews in place only monitored small numbers of peoples' records each month. The analysis of information collated through audit, to drive improvement, required further development.

There was enough available safely recruited staff to meet people's needs and the home was clean and tidy. The home had recently changed management and a new system was being updated to provide more effective care planning. Staff and people, we could speak with, told us they were happy. The provider reacted immediately when serious concerns around people's rights were highlighted and took steps to rectify the circumstances of the concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update
The last rating for this service was requires improvement (published 13 October 2020) and there were breaches to the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of regulations.

Why we inspected
We carried out an unannounced focused inspection of this service on 21 August and 3 September 2020 and

found breaches of legal requirements. We found beaches in relation to suitable staffing and good governance. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions safe and well led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to inadequate. This is based on the findings at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well led key question sections of this full report. The provider took immediate action to address concerns identified with the use of yale locks to bedroom doors and assured us they would address blanket bans on people eating food in their bedrooms.
Enforcement and Recommendations
We have identified breaches in relation to safe care and treatment, staff competence, medicines management, protecting people from abuse and good governance at this inspection.

You can see what action we have asked the provider to take at the end of this full report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures
The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures.' This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions, it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate

The service was not safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate

The service was not well-led.

Details are in our well-led findings below.

Elmsdene 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 Health and Social Care Act 2008.

Inspection team
The inspection was completed by 1 inspector.

Service and service type
Elmsdene Care home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elmsdene Care home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced. Inspection activity started on 6 June 2023 and ended on 29 June when feedback was provided. We visited the service on 6, 12 and 13 June 2023.

What we did before the inspection
We reviewed all information we held about the service and discussed the service with stakeholder groups to gather feedback. We also reviewed available information in the public domain. The provider was not asked

to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 11 staff including the registered manager, director who is also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with maintenance, domestic, laundry and care staff and with 4 people who used the service. We spoke about their experiences of living and working in the home. We reviewed care plans for 7 people and medicines and accident records for all people in the home. We reviewed management information to aid the safe delivery of provision in the home and looked around the environment of the home including bedrooms, communal areas and the kitchen and laundry. We also observed the delivery of support and staff interactions with people using the service.

Inadequate

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

At our last inspection the provider had not maintained a complete and accurate record of people's needs and associated risks. This was a breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and records remained inconsistent, incomplete and at times inaccurate. We found this had impacted on the ability to evidence and ensure people were safe and is now a breach of Regulation 12

● Risks to people had not been appropriately assessed and mitigated. There was no documented evidence to support good risk management.
● One person had a body map identifying a number of bruises. However, there was no accident or incident record or associated risk assessment in place.
● We saw limited risk assessments to mitigate the risks we saw, including risks which contributed to bruises, reddened skin, wounds and falls.
● Unwitnessed injuries and injuries resulting from incidents between people using the service were not appropriately risk assessed and care plans to mitigate risks were not always in place.

People were not always safe from potential avoidable harm as a result of inappropriate or missing risk management. This is a breach of Regulation 12 (Safe care and treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●The professional testing of equipment was in place and in date.
●Some initial fire safety concerns were immediately addressed and support was provided from the local fire department to ensure continued improvement.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

● We found the service was not working within the principles of the MCA. Appropriate legal authorisations were not always in place or had not been assessed and applied for to deprive a person of their liberty if required.
● Each bedroom door in the home had a yale lock attached and as such were locked from the outside. Staff could only open doors with a key. We were told people who were locked in their rooms could all open the doors from the inside but there was no evidence to support this.
● The registered manager told us doors had always been locked in this way. They told us, "They were locked to stop people wandering in and out of each other's rooms." We asked what other actions had been taken to try and manage this prior to the decision to lock the rooms. The registered manager was unable to provide an explanation. The decision had not been reviewed or revisited for some time. We identified potential resources and training the registered manager should consider to improve their understanding of MCA and DoLS.
●There were no capacity assessments in place to show people had been asked if they wanted their door locked in this way. There were no assessments to show people had capacity to open their door from the inside and there were no best interest decisions to ascertain if locking the doors was in the person's best interest and was the least restrictive option.
● We were told no one was allowed to eat or drink in their room unsupervised in case they choked. In the records we reviewed, there were no risk assessments in place to show anyone was at risk of choking. There were no best interest decisions in place to determine this was the least restrictive option to manage the perceived risk.

Systems had not been established to protect people from abuse or improper treatment. People were controlled and prevented from certain activity which was not proportionate to any associated or identified risk. This is a breach of Regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. Locks were immediately removed from the doors, and we were assured assessments would be completed to determine people would be safe and their needs met.

Staffing and recruitment
At our last inspection staff had not received appropriate training. There was no systematic approach to determine the numbers and skill mix of staff needed to meet people's needs. This placed people at risk of harm. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Some improvement had been made at this inspection and the provider was no longer in breach of the regulation. However, we found staff had not received the required training to support people using the service. As such, they did not have the skills and competence to do so safely and to a good quality, in line with the requirements of the regulations.

● Tools used to determine staffing numbers were not easy to follow and previously identified required training had not all been completed to meet people's needs.
●There were two dependency tools in place, one less effective than the other. However, we saw new staff had been recruited and the staffing increased during the inspection due to a new person being admitted to

the home.
● The home supported people living with dementia and we found concerns around the implementation of the Mental Capacity Act, limited staff had completed this training. We also found concerns in how people were supported with their nutrition and hydration and limited staff had completed this training.
● Required learning disability training following Oliver McGowans code of practice in 2022, or similar, had not been completed by all staff.
● Night staff had not received first aid or medicines training and none of the staff were confident in how to safely evacuate the building in the event of an emergency.

We found staff at all levels lacked the qualifications, competence, and skills to deliver good quality safe care to the people supported. This is a breach of Regulation 12 (Safe care and treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

● Staff were safely recruited. Appropriate DBS checks and references were collated after completion of full application and interviews to ensure suitable staff were employed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
●Systems in place to safely manage medicines did not always reflect good practice or meet the needs of the people in receipt of prescribed medicines.
● At the time of the inspection there was no trained night staff available to administer medicines to those people who needed them 'as required.' We were told a night senior had just begun in post and this situation would soon be resolved.
● Not all staff administering medicines had their competency checked or had completed training in the 12 months prior to the inspection. Again, we were assured this would be addressed as the registered manager was to complete train the trainer training, this would allow them to both train and sign off the competency of staff employed.
● People were not always receiving their medicines as prescribed, and records of prescriptions were not always reflected accurately on the Medicine Administration Records (MAR). This was primarily due to the initial receipt of monthly medicines not routinely being completed by 2 trained and competent staff to reduce the risk of errors. We were told a senior member of staff was to start each day at 7.30am following the inspection to complete the early morning medicines.

At the time of the inspection policies and procedures in place for the safe supply, ordering, storage, dispensing and preparation and administration of medicines were not always followed. This was a breach of Regulation 12 (Safe care and treatment) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection
At our last inspection we recommended the provider consider current guidance and update practice accordingly. We found improvements had been made at this inspection and once identified further minor changes were made to improve practice.
● We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. We noted the use of some communal toiletries, and the downstairs sluice room was untidy. Some bathrooms were storing clean linen and there was no dirty to clean flow in the laundry room. Once concerns were identified the provider and registered manager took immediate action to address this.
● We were assured that the provider was preventing visitors from catching and spreading infections.

● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach. We made a referral to the infection prevention and control team who found areas of concern had been addressed on their visit.

Visiting in care homes
The home had an open-door policy for visiting families. We were told in the event of a covid outbreak they followed best practice and always allowed a designated family member to continue to visit.

Inadequate

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 our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks, and regulatory requirements; Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics.
At our last inspection the provider had failed to robustly develop governance and quality assurance systems. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17

- Concerns noted earlier in this report identified requirements for a broader and more in-depth knowledge of the needs of the people using the service. Following this, better monitoring and audit could be completed to ensure standards were high and continued to improve in line with changes to legislation and best practice guidelines.
- Audits and monitoring in place did not identify the issues picked up on inspection and there was only limited audit and monitoring of provision to the people using the service. This included a lack of wound management and fluid monitoring to ensure people received the support they needed.
- Care records reviewed did not show involvement of the person supported or their relevant power of attorney or next of kin. Capacity assessments were not routinely completed for day-to-day decision making to ensure decisions made on people's behalf were in their best interest.

There was not an effective system of quality assurance or audit. Governance procedures were in their infancy or not developed. This is a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- A new care planning system was due to be launched. We were assured this would enable better oversight of provision including the care and support provided.
- The registered manager, deputy and staff spoken with were keen to learn and develop their understanding of dementia and capacity. We shared resources with them to support this.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people; 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 new director and nominated individual had been in post approximately 12 months. In that time, they had made considerable investment into the home. There had been some inconsistent management of the

home prior to the registered manager coming into post in May 2023.

● Staff told us the home had much improved under the new director and manager and the atmosphere in the home was a positive one. People we spoke with in the home told us they liked the staff and they felt listened too.

● When we saw interactions between staff and people using the service, we saw staff listened to people and we heard laughter regularly.

● The previous manager had completed a survey of the views of people in the home or their family members but unfortunately the new registered manager and provider could not access this as did not know where it had been saved by the previous manager. Due to not having access to their saved files We were told by the director that a new survey would be completed soon after our inspection and they would act on any concerns.

● The provider responded with urgency when serous concerns were noted, and we were assured they would continue to promote a positive culture in the home.

Working in partnership with others

● We made 3 referrals to external professionals to better support the home. Each told us how responsive the provider and management at the home had been to them and how motivated each was to improve the home and deliver good quality and safe care.

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 People were not always safe from potential avoidable harm as a result of inappropriate or missing risk management. We found staff at all levels lacked the qualifications, competence, and skills to deliver good quality safe care to the people supported. At the time of the inspection policies and procedures in place for the safe supply, ordering, storage, dispensing and preparation and administration of medicines were not always followed. Regulation 12 (1) (2) a,b,c,g

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Systems had not been established to protect people from abuse or improper treatment. People were controlled and prevented from certain activity which was not proportionate to any associated or identified risk Regulation 13 (1) (2) (3) (4) b (5) (7) b

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance There was not an effective system of quality assurance or audit. Governance procedures were in their infancy or not developed.

Regulation 17 (1) (2) a,b,c,e,f