Elmcare Limited

Elmwood House

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
Elmwood House is a residential care home providing nursing care to up to 32 adults with learning disabilities, including autistic spectrum disorder, associated mental health and physical disability needs. The home comprises of four distinct living areas, with named 'houses' across three floors. There is access to limited outdoor space. At the time of inspection there were 25 people were using the service.

People's experience of using this service and what we found
We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. Based on our review of Safe and Well Led the service was not able to fully demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture. Staff were focused on providing individualised care to people.

A range of improvements in the quality and safety of people's care at the service, had either been made or were in progress since our last inspection. However, we found areas of continued risk to people's safety in some the provider's arrangements for people's medicines, environmental cleanliness and infection prevention and control. We also found gaps in the provider's governance arrangements, which were not always effective to fully ensure the quality and safety of people's care, including proactive, timely and sustained service improvement when needed.

We found improvements in some of the provider's risk management strategies for people's care and safety. However, there were still gaps following significant incidents, where remedial actions to avoid repetition and demonstrate lessons learned, were not always ensured consistent or timely. Where service improvements had been made these were not yet demonstrated as fully embedded or sustained ongoing for people's care and safety.

Staffing arrangements were now sufficient, safely recruited to and regularly reviewed. Staff supported people in the least restrictive way and any restrictions and related conditions were legally authorised and followed, when required.

People were included in discussions about the home through meetings. Staff demonstrated caring, responsive interactions with people they were supporting during the inspection. Feedback showed satisfaction with a range of service improvements since our last inspection but all parties felt this now needed to be demonstrated as ongoing, timely and sustained.

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 inadequate (published 3 September 2021) and there were breaches. 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.

This service has been in Special Measures since September 2021. During this inspection the provider demonstrated that improvements have been made and the service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
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.

This was a focused inspection to check the provider had followed their action plan following breaches we found at our last inspection of this service in June 2021, 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. We found improvements had been made and the overall rating for the service has now changed from inadequate to requires improvement. This is based on the findings at this inspection.

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

Enforcement and Recommendations
Since the last inspection we recognised that the provider had failed to comply with a condition of registration imposing a restriction on admissions to the service. This was a breach of regulation and we issued a criminal offence fixed penalty notice. The provider accepted a fixed penalty and paid this in full

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Elmwood House

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.

This was a focused inspection to check whether the provider had met with regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, for Safe care and treatment, Good governance and Fit and proper persons employed.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
Two Inspectors, a member of the CQC medicines team, a specialist learning disability and mental health registered nurse advisor and an Expert by Experience carried out the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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

Notice of inspection
This inspection was unannounced on 11 April 2022. We carried out a further announced visit on 26 April 2022.

What we did before inspection
We reviewed information we had received and held about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. Following our last inspection in June 2021, we did not ask the provider to send us a provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection
We communicated with five people used the service and nine relatives about their experience of the care provided. Some people who used the service were unable to talk with us but used different ways of communicating including using sounds and body language. We used the Short Observational Framework for Inspection (SOFI) and spent time observing staff interactions with people. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with four care staff including, the nurse clinical lead, the deputy and registered manager. We reviewed a range of records. This included nine people's care records and multiple medicines records. We looked at four staff files in relation to their recruitment, supervision and where relevant, practical competency and professional registration checks. A variety of records relating to the management of the service, including some of the provider's operational care policies, were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Requires Improvement

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; Preventing and controlling infection

At our last inspection the provider had failed to protect people from risks to their safety from unsafe medicines management and an acquired health infection. These were breaches of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found some improvements were made but not enough to rectify the breach.

● People's medicines were not always safely managed. The provider was not able to fully demonstrate whether people received their medicines as prescribed, or when they needed them. Some prescribed medicines were not accounted for so people would not have access to their prescribed medicines when they needed them.

● Personalised protocols for 'when required' medicines were not always in place for all medicines that needed to be given this way. Staff did not always have enough information when needed, to administer covert medicines safely. This is when medicines are formally authorised to be administered in a disguised format without the knowledge or consent of the person receiving them, for example in food or in a drink.

● The medicines policy was not specific to the service and referred tasks that were not carried out at the service. The policy contained unnecessary detail and staff were not always following the policy. For example, staff were not always reporting medicines related errors or near misses in line with good practice.

● Areas of the environment and related systems to ensure cleanliness and hygiene within the premises, were not always effectively operated or maintained as clean or hygienic.

● Lounge carpets were worn, soiled and not cleanable. Laundry facilities were not safely operated, for the safe circulation and storage of clean and dirty linen. We also observed that environmental cleaning schedules were not always being followed, despite cleaning records showing the contrary.

● There was an outbreak of infection at the service. Staff were observed having breaks together, which did not help to minimise the risk of infection transmission. There were gaps in staff training compliance for the prevention and control of infection, therefore not all staff were trained up to date.

People were at risk from unsafe care and treatment because the provider did not always ensure safe arrangements for people's medicines and the prevention and control of infection at the service. This was a continued breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We found a number of service improvements, either made or in progress for people's safety. However, these were not yet demonstrated as either fully completed or embedded and sustained ongoing for

people's care.
● Examples included, staff medicines training and related competency checks; revised arrangements for safe positive behaviour care and support, including additional training, critical incident analysis and staff post incident debriefing and support.
● On day two of the inspection, following our initial feedback from day one, we found some additional improvements were made in relation to medicines safety and infection prevention and control measures. This included the provision of sufficient information for staff to administer covert medicines safely and areas of improved environmental cleanliness and hygiene measures; including the safe operation of laundry facilities.
● We were assured the provider was meeting visiting and shielding rules.
● We were assured the provider was using PPE effectively and safely.
● We were assured the provider was accessing testing for people using the service and staff.
● We were assured the provider's infection prevention and control policy was up to date.

Staffing and recruitment
● Staff were safely recruited. Recruitment procedures were in line with nationally recognised guidance. Records showed that relevant pre-employment checks were carried out, to make sure staff were safe to work with vulnerable adults before any offer of employment to provide care.
● There were enough staff to provide people's care. Recruitment was ongoing for additional staff. However, regular named agency staff were block booked and informed, for continuity of care. We observed staff were visible, responsive and gave people timely support when needed for their safety.

Assessing risk, safety monitoring and management
● Staff generally understood risks to people's safety and the related care actions they needed to follow, for people's positive behavioural support and physical health needs. This information was mostly accounted for in people's individual care plan records we looked at.
● However, the information was not always easy to locate, as it was sometimes disjointed and split across different areas of the care files. We therefore signposted the provider to nationally recognised guidance regarding a single format record keeping approach, for people's positive behaviour support and health action risk assessment and care planning. On day two of our inspection, we saw the introduction of an improved, revised format for this had commenced.
● Risk management plans associated with any person's health condition of epilepsy, to ensure their individual safety whilst bathing, were not in place. We discussed our findings with management who took immediate action to rectify this. On day two of our inspection we saw this was fully completed and introduced in line with nationally recognised guidance for people's safety.

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 now working within the principles of the MCA.
● When needed, appropriate legal authorisations were sought or in place to deprive a person of their liberty.

Any conditions related to DoLS authorisations were being met.
● Record keeping improvements were in progress, to better demonstrate decisions made for people's care in their best interests when needed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong
● Staff understood how to report any safeguarding concerns and understood their responsibility to protect people from harm.
● However, following significant incidents, management monitoring and remedial actions to avoid repetition were not always made in a consistent or timely or timely manner. Before this inspection, there had been a repeated medicines error for one person. No serious direct harm resulted from this and action was now taken by the provider in consultation with the local safeguarding authority, to prevent any further reoccurrence. However, oversight of the person's related care needs remained subject to additional external multi-disciplinary professional team monitoring measures.
● In addition, some of our findings around the management of infection prevention and control demonstrated that lessons were not always learned in a consistent or timely manner for people's safety.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care
At our last inspection the provider had not implemented systems and processes to ensure they could assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found some improvements were made but not enough to rectify the breach.

● The provider's arrangements to ensure good governance for the quality and safety of people's care were not always effective to ensure timely, consistent and sustained service improvement when needed.
● We found a number of concerns at this inspection. They included areas relating to unsafe medicines management, infection prevention and control arrangements and gaps in the provider's related risk management, monitoring and oversight arrangements for people's care.
● Following significant incidents, management monitoring and remedial actions to avoid repetition were not always consistent or timely. Information shared with us from relevant external authorities involved in people's care at the service and the provider's ongoing service improvement plan; showed the provider did not always seek to proactively improve the quality and safety of people's care until they were told to do so.
● There was a registered manager appointed in November 2021, alongside a new clinical lead and deputy manager. There was no clearly defined scheme of delegation or related individual job descriptions, for their respective roles and responsibilities. This meant there was a risk to the quality and safety of people's care from related gaps in oversight, leadership, communication and decision making. Following our related feedback, the provider added this to their monthly report of actions, which they are required to send to us. However, this was not yet demonstrated as completed and embedded operationally.

Therefore the provider's governance arrangements were not always effectively operated, to ensure proactive, timely service improvement and related decision making for people's care and safety. This was a continued breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● We found a range of service improvements that were either made or in progress for the quality and safety of people's care. However, these were not always yet demonstrated as either fully made or embedded or sustained ongoing for people's care.
● Examples included staffing measures, Deprivation of Liberty Safeguards (DoLS) monitoring; risk

assessment and care planning improvements; emergency contingency planning improvements, including out of hours support for staff and a number of infection prevention and control measures.
● A relative said, "Yes, the service has very much improved of late; they put the residents forward more now; it's a better service than before." Another told us, "It definitely seems to be more well run now and organised into a routine."
● Eight out of nine relatives we spoke with said they would now recommend the service to family and friends.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Overall, staff had good relationships with people, knew them well and provided personalised support. We observed good caring, interactions from staff with people they were supporting.

● People were engaged throughout the day, also including time for quiet and relaxation.
● Work was in progress to further consider people's equality characteristics through revised care planning measures
● Relatives and staff, felt there had been some improvements in the provider's arrangements for their consultation, communication and involvement. Relative comments included, "It's definitely improving, we had a letter telling us about the new registered manager and other information; we have regular contact now."
"They've recently sent out a questionnaire survey and I am more than happy with the weekly phone calls." And, "They have improved a lot in terms of staff wellbeing and being professional, they are helpful."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● The registered manager understood and acted on their duty of candour when needed. This included acting on our concerns by to address a number of areas immediately.
● Relatives we spoke with overall felt communication and response to concerns had recently improved. Although many felt this now needed to be demonstrated ongoing. One relative said, "They need to keep the communication and improvements up now."

Working in partnership with others
● The provider worked with relevant agencies, including external health, social care and educational partners when needed for people's care. Although some of their related feedback showed that agreed care expectations were not always met in a timely manner.
● We signposted the registered manager to Skills for Care. Skills for Care is the strategic workforce development and planning body for adult social care in England. They work with social care providers to effect positive change through improvement of practice, workforce development and regulation in social care.