

South East London Baptist Homes

The Elms

Inspection report

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14 January 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

The Elms is a residential care home providing personal care and accommodation for up to 26 older people with physical health conditions and/or people living with dementia. At the time of this inspection 17 people were residing at the service.

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

People we spoke with remarked positively about the quality of care.

People did not always have enough staff available to meet their needs and systems to safely recruit staff were not sufficiently robust. These concerns placed people at risk of not receiving staff support in a timely way and receiving their care from staff without suitable experience and skills for their roles.

People were not always safely supported by staff with their medicines, including topically applied creams and other items.

Infection prevention and control practices did not ensure people's safety.

People were supported by staff who knew how to protect them from abuse and harm. Allegations of abuse were reported to the appropriate authorities.

Risks to people's safety were identified and guidance was developed to address these risks. However, potential risks to the health and wellbeing of people who were supported to maintain early morning routines were not considered and documented.

People did not always received care that was personalised and planned in accordance with their needs and wishes. People's care plans did not show people and their supporters were assisted to consider risks and benefits of chosen early morning routines in a balanced and informed way.

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

Staff received training and support from the provider to meet people's needs, although there were differing views from staff about the quality of support and guidance from the registered manager.

Monitoring and auditing systems were in place to identify and remedy any issues with the quality of the service. However, we found shortfalls across a range of areas including medicine management and the recording of cleaning schedules which were not identified by the provider's own quality assurance checks. The registered manager did not demonstrate the knowledge and skills to manage the service because they

failed to make necessary improvements to the service and did not promote a supportive and harmonious environment for staff to work and develop.

The registered manager was provided with additional support and mentoring since the last inspection to carry out their responsibilities. Findings at this inspection demonstrated this did not achieve the necessary standard of knowledge and practice to operate a service that safely met people's needs.

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 rating for this service was requires improvement (published 9 September 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do to improve and by when. At this inspection we found the provider remained in breach of regulations. The service remains rated requires improvement for two consecutive inspections.

Why we inspected

This inspection was prompted in part due to concerns received about infection control practices, the safety of people living at the service, staffing levels for care staff and domestic staff, and the standard of management performance at the care home. A decision was made for us to inspect and examine those risks. We also followed up on action we told the provider to take at the last inspection and confirm they now met legal requirements. This focused report covers the entirety of the key questions Safe and Well-Led but only parts of the key questions Effective and Responsive, which were found to be in breach of regulations at the last inspection. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating 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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Although the overall rating for the service has remained requires improvement, the rating for the key question of Well-Led has declined from requires improvement to inadequate. This is based on the findings at this inspection. Please see the safe, effective, responsive and well-led sections of this full report.

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

Enforcement

We have identified continued breaches in relation to the recruitment of staff, management of medicines, infection prevention and control practices, person-centred care and the monitoring and auditing of the quality of people's care and support. We have sent a Regulation 17(3) Letter to the provider in relation to their failure to effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activities. A Regulation 17(3) Letter stipulates the improvements needed to meet breaches of regulation, seeks an action plan and requires a provider to regularly report to CQC on their progress with meeting their action plan.

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow-up

We will meet with the provider to discuss how they will make changes to ensure they improve their rating to at least good and request an action plan to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this question we had specific concerns about.

Inspected but not rated

Is the service responsive?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this question we had specific concerns about.

Inspected but not rated

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

The Elms

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.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

The Elms 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. Inspection activity commenced on 23 December 2021 and ended on 14 January 2022, following a remotely held feedback session to the registered manager. We visited the care home on 23 December 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection which included information of concern from anonymous sources. We requested documents and other evidence from the provider in relation to these concerns. Following the receipt of this information we conducted a remotely held meeting with the registered manager and the provider's Human Resources (HR) advisor on 9 December 2021, to discuss our concerns and seek further clarification. We also reviewed notifications from the provider, which is information about important events which the provider is required by law to send us. We contacted four relatives and received comments from one relative. We used all of this information to plan

our 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.

During the inspection

We spoke with two people who used the service about their experience of the care and support provided. We also spoke with the registered manager, two care workers, two senior care workers, the administrator, the cook and the deputy manager.

We reviewed a range of documents which included five people's care plans, cleaning schedules for the premises, medicines administration records and five staff recruitment files. We also reviewed records relating to the management of the service, including infection prevention and control policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke by telephone with four members of the staff team. We spoke with a health care professional from the NHS and a senior commissioning manager, the contracts monitoring manager and a public health officer from the local authority with knowledge of the service. We held a remote meeting with the Board of Trustees to share our concerns and obtain their views.



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 requires improvement. At this inspection the rating for this key question has remained 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.

Staffing and recruitment

At our last inspection the provider did not always demonstrate safe recruitment practices for appointing new staff. This was a breach of regulation 19 (Fit and proper persons employed) 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 19.

- Recruitment procedures were not rigorous enough to ensure people were consistently supported by staff with suitable backgrounds and experience to work at the service. At our last inspection we looked at five recruitment files and noted there were unexplored gaps in the employment histories for two staff members and no employment history on file for a third employee. At this inspection we checked five different recruitment files and found insufficient information in three of these records in relation to the employment histories of the staff members.

Safe staff recruitment systems to protect people were not always demonstrated. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection we received concerns from people and staff in relation to people being placed at risk of unsatisfactory care due to insufficient staffing on night shifts. The provider informed us they were regularly monitoring the night-time care and support needs of people and were keeping the staffing arrangements of two waking care workers under review.
- Prior to this inspection we received anonymous information of concern in relation to the safety of people using the service due to the staffing levels at night-time and not enough domestic staff scheduled to work at weekends. We sought and received information from the provider which did not provide assurances that sufficient staff were deployed to meet people's needs and ensure their safety and wellbeing.
- There were not enough staff on duty to support people in a safe and timely way that upheld their dignity. For example, we observed a person with dementia opening different doors along a corridor and standing directly outside of the bedroom of a person being cared for in isolation, placing themselves and other people at risk. The two night-duty staff were both engaged in assisting people on a different floor and were not aware of this person's urgent requirements for support to ensure their physical safety and reassurance to meet their emotional needs. We immediately assisted the person and informed a member of staff.

- Staff told us how staffing levels were insufficient at night time. Staff said people were at risk from five o'clock in the morning and potentially earlier, as they were asked by the registered manager to get seven people up between this time and seven-fifteen. Both staff members needed to work together in bedrooms across two floors in line with people's assessed needs and were constantly busy during the inspection. The early morning schedule placed people at risk of accidents, falls and possible injuries if they attempted to get up without the essential assistance they required.
- Insufficient housekeeping staff were rostered at weekends to make sure people and staff were provided with hygienic premises to mitigate the risk of infection. Rotas showed the hours allocated for staff with designated cleaning and laundry duties were significantly lower at the weekends. The reduction of domestic staff on specific days hampered the service's ability to provide a consistent level of cleanliness, and did not take into consideration the exacting standards of environmental hygiene required to prevent and manage the spread of COVID-19. Following the inspection visit the registered manager informed us they had increased the allocated hours for domestic staff.
- The dependency tool used as a guide to calculate how many staff were needed on each shift was not effective. The registered manager told us they had used this at a previous place of work. We were not presented with any evidence to show the registered manager and senior staff at the service had received any formal training to use this recognised tool or whether they maintained active links with the organisation that developed it. The version of the tool being used was out of date. Therefore, we were not assured the tool was accurately implemented by the provider.

The provider did not ensure sufficient numbers of staff were deployed and did not demonstrate an effective system for determining staffing levels. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At the last inspection the provider did not ensure appropriate practices were in place to enable people to safely receive their medicines. This was a breach of regulation 12 (Safe care and treatment) 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 12.

- Systems for ensuring people were safely supported with their medicines in accordance with best practice were not sufficiently robust. The management team conducted monthly medicine audits, but these had not succeeded in finding the problems we saw in relation to the administration of topical medicines.
- We could not be assured people were receiving prescribed medicines in line with the instructions of their doctor or other health care professional. For example, the medicine administration records (MARs) showed gaps where topical creams and lotions were not administered for consecutive days and where a topical medicine was prescribed for three times each day, we saw staff were only signing for one application per day. A topical cream that should have been applied 22 times in December 2021 was signed by staff as administered on five occasions. These topical medicines are known as 'barrier creams' and are prescribed to protect the skin of people who are at risk of developing pressure ulcers due to their lack of mobility and/or at risk of developing skin irritation associated with incontinence. The inconsistent administration of these barrier creams and the absence of correctly completed MARs impeded the delivery and effective monitoring of safe care to protect people's fragile and vulnerable skin.
- Other issues of concern included the discovery of a person's prescribed eye drops which were not marked with the date of opening to ensure the product was only used during its valid period and the inappropriate use of ink correcting fluid on a MAR we looked at. We observed a person's dispensed medicines left

unattended in a medicine pot, on top of the medicine trolley. The staff member administering medicines told us they had temporarily left the medicines to support a person in an adjacent room.

The provider did not ensure the safe and proper management of medicines. This was a continued breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

At the last inspection the provider did not ensure there were sufficiently robust systems in place to protect people from the risk of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Infection prevention and control (IPC) practices were not sufficiently rigorous to keep people safe from COVID-19. Following the last inspection the registered manager put some improvements into practice, including the development of COVID-19 specific care plans for each person using the service and risk assessments for any members of the staff team exempt from wearing a mask for medical reasons. However, we found issues of concern in relation to the registered manager's understanding of how to meet best practice protocols and government guidance.
- The COVID-19 risk assessment for a person who tested positive was not updated to guide staff about how to promote the person's safety and wellbeing, taking into consideration factors including their individual personal care and emotional support needs during their period of isolation.
- The service was not following guidance in relation to cohorting people who have tested positive for COVID-19 to a designated area within the care home and ensuring specifically allocated staff are rostered to care for them, to reduce the risk of infection spreading. A person was supported to remain in their own bedroom as this enabled access to their telephone line, however there was no risk assessment carried out to consider the person's bedroom being near to another person who wandered without purpose due to their health care needs.
- As previously stated, there were insufficient domestic staff on duty on Saturdays. Cleaning schedules were not always properly completed and we could not be assured that high touch areas were cleaned regularly.

Suitable actions to assess the risk of, and prevent, detect and control the spread of infections were not in place. This was a continued breach of regulation 12(2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received infection prevention and control (IPC) training and were observed to be wearing appropriate personal protective equipment (PPE). We received mixed comments from staff in relation to how the registered manager supported them to protect people from the risk of COVID-19 and her ability to promote best practice. For example a staff member told us a laundry bag with soiled items for a person who was COVID-19 positive was left unsecured close to the bedroom of another person. The staff member said they could not raise their concern about this practice with the registered manager as they feared a critical and negative response.
- Regular COVID-19 testing for people who use the service and staff was in place and appropriate measures were followed to support relatives to visit their family members. For example, lateral flow device (LFD) COVID-19 testing of personal visitors was carried out before entry to the care home was allowed and PPE was supplied.

From 11 November 2021 registered persons must ensure all care home staff and other professionals and contractors visiting the service are fully vaccinated against COVID-19, unless they can demonstrate they have an exemption or they need to enter the premises to respond to an emergency.

- The service was not meeting the requirement to ensure visiting professionals and contractors were vaccinated against COVID-19 at the time of our inspection visit. The registered manager told us they did not establish a system for the management and staff team to check the vaccination status of NHS professionals visiting for routine appointments due to a lack of understanding about the relevant government guidance. We also found examples of non-NHS health care professionals and contractors not being subject to correct checks before they entered the premises.

The registered manager informed us during the inspection visit that she would immediately take action to address this and commence a system to check the vaccination status of visiting NHS professionals, independent health care professionals and contractors.

The failure to ensure all visiting professionals had been fully vaccinated against COVID-19 was a breach of Regulation 12(3) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We identified a breach of Regulation 12(3), but the Government has announced its intention to change the legal requirement for vaccination in care homes.

Following the inspection visit we spoke with local health and social care professionals. The public health officer confirmed the provider had satisfactorily submitted information about the actions they were taking to protect people who tested positive to COVID-19 and to minimise the risk of infection within the service. The local authority informed us they planned to meet with the management team at The Elms to provide additional support and guidance.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to protect people from the risk of abuse and harm, but some aspects did not always appear effective. Staff received safeguarding training and knew how to recognise and report any concerns about the safety of people. However, some staff reported to us the registered manager did not respond to concerns they raised about people's safety and welfare. Some staff reported they contacted CQC with their concerns as the registered manager did not present as being approachable and responsive.

- The two people and one relative we spoke with did not have any concerns about how staff protected them, or their family member, from the risk of harm, neglect and abuse.

- The registered manager and the management team alerted the local authority about any safeguarding concerns and notified CQC. The provider gave staff information about how to whistle blow, which is when a worker reports wrongdoing at their work place.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Although systems were established to protect people from risks to their health, safety and wellbeing, the quality of some risk assessments were not sufficiently robust. For example where people were supported to get up by the night staff before seven-fifteen in the morning, we did not find appropriate details to demonstrate the service had carefully considered risks and benefits for an early morning routine in a balanced and informed way.

- People's needs for additional equipment including bed rails, sensor mats and mobility aids were identified, addressed and reviewed as part of their risk assessments. Risk management guidance was in place for people's specific needs, for example risk of weight loss, developing pressure ulcers and falls. The registered manager told us the service received regular advice, support and other input from the GP and district nurses to enable staff to meet people's individual needs.

- Staff received relevant training to promote people's safety and minimise their risk of harm. This included

training for fire safety, food hygiene, first aid, moving and positioning people, and health and safety.

- Systems were in place for the monitoring and analysis of accidents, however we did not find the registered manager demonstrated an appropriate understanding of the risk factors for people living at the service. The registered manager carried out several night shifts prior to the inspection to observe whether people's needs were safely met and reported to us they did not have any concerns. This evaluation did not correspond with our observations of concern during the inspection visit or the negative views expressed by some staff members.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Ensuring consent to care and treatment in line with law and guidance

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. In care homes, and some hospitals, this is usually through MCA application procedures called 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 had the appropriate legal authority and were being met.

- We were not assured the service was always acting in accordance with the principles of the MCA. People's capacity was assessed to ascertain if they could make decisions about their care and treatment. However, we observed one person who was documented by the service's capacity assessment and their care plan as being able to make meaningful choices about their daily routine and personal care. The person appeared confused, unable to express their views and visibly tired when being supported by staff at an early hour. The registered manager told us the person presented with fluctuating capacity and some members of the staff team said this individual was no longer able to consent to being got out of bed and given their personal care before seven-fifteen in the morning.
- DoLS applications were sent to the local authority to ensure people's freedoms were not unlawfully restricted. However, we spoke with the registered manager about the need to make a new application where a person without a DoLS presented with noticeably changing cognitive needs.
- Another person's capacity assessment was incomplete and did not confirm whether they had capacity or not, therefore staff did not have accurate guidance to provide suitable care and support.
- Staff had received MCA training and understood the importance of supporting people to make decisions and choices wherever possible about how they wished to receive their care. Two people we spoke with at the inspection confirmed they were consulted about what time they wished to get up and chose an early morning routine.

Thorough and clear processes were not consistently used to protect and support people who lack capacity to make their own decisions and enable people to lead their lives with the least possible restrictions. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated

Activities) Regulations 2014.

Is the service responsive?

Our findings

Responsive - this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as good. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans showed certain areas where their personal histories, leisure activities, food preferences, wishes for end of life care and religious practices were clearly recorded. The care planning for these aspects of people's care and support showed staff spoke with people and spent time getting to know their individual backgrounds and interests.
- However we found insufficient information to demonstrate how people or their representatives were consulted about their morning routines. Please refer to Well-Led section of this report.

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 requires improvement. At this inspection this key question 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

At the last inspection the provider did not establish and operate effective systems to assess, monitor and improve the quality of the service, mitigate the risks relating to people's health, safety and welfare, and maintain accurate and contemporaneous records for each person. This was a continued breach of regulation 17 (Good governance) 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.

- At the last inspection people were not satisfactorily protected from the risks of COVID-19 due to shortfalls in the knowledge and practice of the registered manager. At this inspection we found multiple issues including a failure by the registered manager to implement regulatory requirements relating to COVID vaccination status of visiting professionals.
- Audits by the registered manager and the management team were not always effective. Some of these audits did not identify the areas for improvement we found in inspection, for example with environmental cleaning schedules, personalised care planning and ensuring mental capacity assessments were accurate and properly completed. The registered manager told us she had delegated specific monitoring tasks to senior care staff, including the medicine audits. The issues of concern we found with the management of medicines indicated the registered manager did not conduct her own periodical checks on the quality of these audits.
- The service did not demonstrate a culture of continuous learning and improving care. Although elements of positive improvements were found at the last inspection these were not sustained. This has resulted in the service failing to improve its rating in two consecutive inspections.

The provider did not operate effective systems to assess, monitor and improve the quality of the service, mitigate the risks relating to people's health, safety and welfare, and did not consistently maintain accurate and contemporaneous records for each person. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager did not demonstrate the knowledge and skills to fulfil the role. The two consecutive inspections where the service received a Requires Improvement rating were preceded by an

inspection where the service was rated Inadequate and placed in Special Measures. We found fundamental gaps in the registered manager's comprehension of how to meet the needs of older people, her understanding of regulatory requirements and ability to lead a staff team in a cohesive, supportive and inspiring manner.

- People's needs were not always met because the registered manager was not aware of current best practice. For example, there was no signage on the bedroom door of a person who wandered without purpose which could provide a familiar sense of reassurance and help them locate their own room. The care of a person's catheter equipment did not reflect clear and widely accessible NHS guidance about how to minimise the risk of infection and other potential complications.
- The registered manager did not take immediate action when we reported a concern about the safety of people during our feedback session at the inspection visit. We contacted the service the following day and discovered arrangements were not in place to protect people. We spoke with the deputy manager about our concerns and received a written response to confirm that appropriate action was taken on the same day as our telephone call.
- Following our inspection in October 2020 the Board of Trustees arranged for the registered manager to receive ongoing support from an independent health and social care consultant to develop her knowledge and skills but when the level of support was reduced, initial improvements that had been made were not sustained. For example, mental capacity assessments were introduced and carried out to provide an accurate understanding of whether people could make specific decisions. At this inspection we found these assessments were not kept under review and updated as required. Although the trustees conducted their own form of monitoring the service and sought the views of people and staff, this has not been sufficient to prevent the deterioration we found since the last inspection.
- We have received variable comments from staff members about the communication approach and leadership style of the registered manager. Some staff have commented positively about the way they are managed. Other staff have consistently reported difficult and challenging experiences in relation to how they have been communicated with and managed. Comments from staff included, "[Registered manager] has not got high standards" and "[Registered manager] treats certain staff members with disrespect and talks down to some members of staff. She also retaliates if she feels that anyone goes against her."

The provider needs to ensure the registered manager has the necessary qualifications, skills and experience to manage the carrying on of the regulated activity. This was a breach of regulation 7(Requirements relating to registered managers) of the Health and Social Care Act 2008 (Regulated Activities) 2014

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

- On the day of the inspection visit we observed five people were got up by the night staff between five-thirty and seven in the morning, which was in accordance with their care plans. A person brought by staff to the dining room for breakfast before seven repeatedly fell asleep and voiced their objections to having been woken so early. Some of the care plans we looked at did not adequately explain why the service had designed such early morning routines for people with chronic health care needs and a range of frailties.
- Consultation with people's relatives or other representatives to demonstrate decisions were made in people's best interests was not properly demonstrated. Care plans stated staff had spoken with relatives where their family member was got up early and the person did not have capacity to agree to this. However, there were no clear records as to when these discussions took place, who was involved, how were the views of relevant health care professionals sought, how the service acted on relatives knowledge of their family members' customs and preferences for morning routines, and what was the balance of risks and benefits involved in people's plan of care.
- The care plans did not show these early morning routines were monitored and reviewed. The language

used was inflexible and instructed staff that people must be got up at a specific time. There was no exploration as to how staff should use their own judgement if people were tired or unwell, or were able at times to articulate or physically demonstrate they did not want to get up.

Care plans were not written in a person-centred style that signified people's individual needs and preferences for their care. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- As this inspection was carried out early in the morning we spoke with only two people who used the service for their views. Both people told us they were happy living at The Elms and did not have any concerns. Meetings for residents were organised, when safe to do so from an infection prevention and control perspective, by the management team to enable people to share their thoughts about the service. We spoke with one relative prior to the inspection visit, who was broadly pleased with the care and support delivered to their relative.

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 was aware of the need to inform the Commission of any notifiable events at the service, in accordance with legislation. There was a delay in sending us a notification about an environmental problem at the service that impacted on the safe and effective delivery of care.
- The registered manager was aware of the necessity to demonstrate duty of candour, which is a legal duty for providers to act with integrity and in an open way. This includes the need to be transparent when investigating complaints and apologise if something goes wrong. We received information from anonymous sources that the registered manager did not always ensure correct record-keeping occurred if incidents happened at the service.

Working in partnership with others

- At the last inspection the service demonstrated positive working relationships with external health and social care professionals to improve people's care and support. This included bi-monthly meetings with community nursing services and an outreach consultant for medically frail people, in order to better understand and meet people's specific health care needs. The registered manager confirmed this valuable partnership working continued.
- People continued to receive support from external religious ministers to meet their social and faith needs, which formed an important part of people's chosen engagement with their local community.

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 9 HSCA RA Regulations 2014 Person-centred care The provider needed to ensure people were supported to receive personalised care that met their needs and preferences, and people were enabled to discuss the risks and benefits of their care with a competent health care professional 9(1)(2)(3)abc
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent The provider did not always ensure people's rights were protected if they were unable to give consent because they lack capacity to do so 11(1)(2)(3)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure people's medicine needs were safely managed 12(1)(2)(g) The provider did not ensure people received care that protected them from the risk and spread of infection 12(1)(2)(h) The provider did not have effective measures in place to ensure all professionals entering the

service had received a full course of vaccination for COVID-19.
Regulation 12(3)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure suitable processes were in operation to assess, monitor and improve the quality and safety of the service provided to people and assess, monitor and mitigate risks relating to people's health and safety. Accurate and contemporaneous records must be kept for each person using the service 17(1)(2)(a)(b)(c)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider did not ensure the safe recruitment of staff. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 19(1) (2)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 7 HSCA RA Regulations 2014 Requirements relating to registered managers</p> <p>The provider did not ensure people were protected by the registered manager demonstrating the necessary qualifications, skills and experience to manage the carrying on of the regulated activity 7(1)(2)(b)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider did not ensure people were supported by sufficient staff to meet their</p>

needs and ensure their safety
Reg18(1)