Burlington Care Limited

The Elms Care Home

Inspection report

Elm Drive
Louth
Lincolnshire
LN11 0DE

Tel: 01507350100

Date of inspection visit:
13 November 2018

Date of publication:
30 April 2019

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

About the service: The Elms is a residential care home. It provides personal care and support and/or nursing care for up to 86 older people, people living with dementia, a sensory impairment or a physical disability. The home has three separate units; Larchwood, residential care for people living with dementia; Woodlands for people with nursing needs and Oakwood, for people in the later stages of dementia who require nursing care. On the day of our inspection 73 people were living at The Elms.

People's experience of using this service:

•□The provider met the characteristics of 'Good' in all areas. This has improved from a rating of 'Requires Improvement' at the last inspection in June 2017. More information about this is in the full report.

•□People were cared for by competent, skilled and experienced staff who knew how to keep them safe from harm and abuse. People's rights were maintained and staff followed the principles of the Mental Capacity Act 2005.

•□Staff were provided with a comprehensive induction and received ongoing training to support their professional development and provide care in line with national guidance.

•□People lived in a clean and homely environment. Staff followed good infection control practices. The design and decoration of the home environment met the sensory, cognitive, mobility and social needs of the people who lived there.

•□Lessons were learnt when things went wrong. The registered manager and staff worked together to make improvements to the service. Good working practices had been developed within the service and across organisational boundaries to support peoples' health and wellbeing.

•□People have their care needs and preferences assessed and were enabled to have choice and control over their lives and were encouraged to maintain their independence. There were enough staff to provide care and support to people to meet their individual needs.

•□People were provided with a nutritious, varied and balanced diet. Their risk of dehydration, malnutrition and obesity were closely monitored by staff.

•□People were supported to follow interest and hobbies of their choice and maintain links with the local community.

•□People were treated with dignity, respect and compassion by kind, caring and supportive staff. People were enabled to share their wishes and preferences for their end of life care. Staff supported people to have a pain free and dignified death.

•□People and their relatives could share their experience of the service; both positive and negative. Any issues or complaints shared were investigated, resolved and responded to in a timely manner.

•□The manager was an approachable and visible leader. The manager and their team were committed to improving the quality and standards of care people received. Links were being built with the local community and partner agencies. There is a good governance framework, leading to improvements in the service.

The service met the characteristics of Good in all areas that we inspected. More information is in the full report.
Rating at last inspection: The Elms was last inspected on 24 and 25 April 2017 (report published 23 June 2017) and was rated as requires improvement overall.

Why we inspected: This was a scheduled inspection based on previous rating of requires improvement.

Follow up: We will continue to monitor intelligence we receive about The Elms until we return to visit as per our re-inspection programme. If any concerning information is received 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?

Good

The service was safe

Details are in our Safe findings below.

Is the service effective?

Good

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good

The service was well-led

Details are in our Well-Led findings below.

The Elms 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance, in the care of older people and people living with dementia.

Service and service type:
The service is a 'care home'.

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:
We did not give the provider notice of this inspection.

Inspection site visit activity started and ended on 13 November 2018.

What we did:
Before the inspection we reviewed information, we had received about the service since the last inspection.

The provider completed a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help us plan our inspection.

During our inspection we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of

observing care to help us understand the experience of people who could not speak with us. We spoke with the registered manager, the regional manager, three unit managers, two registered nurses, two members of care staff, the cook, an activity coordinator and ten people who lived at the service. We also spoke with six visiting relatives.

We looked at a range of records related to the running of and the quality of the service. These included risk assessments, six staff recruitment and induction files, staff training information and arrangements for managing complaints. We looked at the quality assurance audits that the registered manager had completed. We also looked at care plans and daily care records for ten people and medicine administration records.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe and secure living in The Elms. One Person said, "After my husband died I was frightened at home. I feel safe here. I have the key to my door, but people can pop in. It's pleasant sitting here looking at the nice view." Another person said, "The fire alarms are tested every Friday and the [internal] doors close automatically. I feel very safe here."
- Relatives told us that the service was secure. One person's relatives said, "When I arrive there is always a member of staff to let me in and greet me and ask me to sign in." We saw that there were secure key pad door entry and exit systems on the three units.
- The registered manager and three unit leads were safeguarding ambassadors registered with the local authority safeguarding board.
- To reduce the risk of adverse effects in event of a fire, there was a precautionary notice at the main entrance alerting emergency service personnel that oxygen was in use in the service. The information included the rooms where it was stored. We saw similar signage on bedroom doors where oxygen was in use.
- We found that recently appointed staff had received safeguarding and whistleblowing training, and their employee handbook provided step by step guidance on how to raise safeguarding concerns and access the provider's in-house whistleblowing service.
- We found that staff were aware of the level of vulnerability of a person living with dementia. A registered nurse on Oakwood, the dementia unit told us, "This is a dementia unit, our people cannot always keep themselves safe, so we have to help them." A recently employed member of care staff told us how they would escalate their concerns and would not hesitate to whistleblow to CQC or the police. A member of housekeeping staff told us, "I would not hesitate to report anyone, anyone at all for not treating our residents properly."
- Staff had access to policies and procedures on safeguarding and whistleblowing.

Assessing risk, safety monitoring and management

- At our last inspection in April 2017 we found that risk assessments were not always up to date, care plans did not reflect a person's changing care needs to minimise risks and staff did not always ensure people were protected from harm.
- On this inspection we found significant improvements to the assessment, monitoring and management of risks. For example, when a person was assessed at risk of falls, we saw that staff had acted in their best interest to keep them safe. Some people had sensor mats on the floor beside their bed or armchair and if they stood on them staff were alerted. These improvements meant that people were safe and protected from the risk of harm. Staff had guidance on how to calculate the severity and likelihood of the potential risk of harm.

•□People and staff were aware of the action to take in the event of a fire or other emergency and people had individual personal emergency evacuation plans in place.
•□We saw up to date records were kept on the maintenance of fire safety and utility systems such as electrical items and gas appliances.
•□People were involved in a comprehensive pre-admission assessment. This included their wishes and feelings and "life map" showing their relationship with family and friends. This information helped to inform their care plans.

Staffing and recruitment
•□The Elms has three individual units; Larchwood, Oakwood and Woodlands. Each unit had a dedicated unit manager and allocated nursing and care staff who worked independently from the other units. This stability in the workforce provided continuity of care and reduced the risk of people not knowing or recognising the staff who looked after them. Any shortfalls in the rotas were covered by the provider's bank staff, and some agency staff to cover registered nurses. Each unit had a designated activity coordinator.
•□Each unit used a dependency tool to calculate their staffing needs once a month or when there was a significant change in a person's care and support needs.
•□There was a safe recruitment and selection process in place and staff had been subject to criminal record checks before starting work at the service. These checks are carried out by the Disclosure and Barring Service (DBS) and helps employers to make safer recruitment decisions and prevent unsuitable staff being employed. This process was also applied to the recruitment of volunteer staff.
•□Both registered nurses and care staff told us that there were enough staff on duty to meet individual care needs. One staff member said, "There's enough staff so that we can care for people properly." Another staff member spoke of the provider's understanding of individual care needs of people and said, "They are [provider] quite generous in comparison to other care homes. It is therefore easier to properly know and spend time with the residents." People were therefore cared by staff who were not rushed and could take time to get to know them.

Using medicines safely
•□At our last inspection in April 2017 we found that staff did not always record when topical medicines had been applied.
•□On this inspection we found that all medicines were recorded as given at the time they were administered. We observed a registered nurse take an "as required" medicine to a person mid-morning. The registered nurse carried out all safety checks before the person received their medicine.
•□Safe systems were in place for the safe ordering, storage, administration and disposal of medicines. The medicine policy adhered to up to date national guidance for the safe management of medicines in care homes. Registered nurses administered medicines to people who required nursing care and senior care staff to people who received residential care.
•□We found that people's medicines, including controlled drugs were managed consistently and safely by staff who were assessed as competent to do so.
•□Some people were prescribed as required medicine, such as pain relief, and staff had access to protocols to enable them to administer their medicines safely. Where a medicine was prescribed once a week there were clear instructions to administer it recorded on the MAR chart. When a person lacked the verbal or cognitive ability to express that they were in pain or discomfort, staff had clear guidance on triggers in their behaviour or mannerisms, such as grimaces to alert them to their need.
•□Each unit manager was responsible for ordering, storage and disposal of unwanted medicines and undertook a weekly medicine audit. We found that robust systems were in place for the safe ordering, storage, administration and disposal of medicines.

Preventing and controlling infection

•□People were cared for in a clean environment and there were no offensive odours.

•□People told us that they were happy with the standard of cleanliness in the service. One person said, "The cleaner comes into my room every day and cleans it well."

•□The unit manager on Oakwood was the overall Infection, Prevention and Control (IPC) lead and ensured that all staff were kept up to date with current best practice guidance to keep people safe.

•□We spoke with the senior housekeeper who shared the cleaning schedules for all three areas of the service. Housekeeping staff had robust daily, weekly and deep cleaning duties to perform and cleaning tasks were signed off when completed.

•□The laundry was a good example of dirty and clean flow-through system. There was ample space to minimise the risk of cross contamination.

•□Risk assessments had been carried out for the safe use and storage of detergents and the provider followed the Control of Substances Hazardous to Health Standards (COSHH). The cleaning products had recently changed and staff were being trained on how to safely handle the new detergents.

•□Staff used personal protective clothing, such as gloves and aprons when assisting people with their personal care, handling soiled laundry or disposing of clinical waste.

•□The home had been awarded a five-star rating from the food standards agency. This is the top rating and shows appropriate systems were in place to ensure good hygiene levels.

Learning lessons when things go wrong

•□When an accident or incident occurred, staff reported this on an electronic reporting system. In addition, the registered manager completed a monthly analysis of all incidents and trends and common themes were identified and shared with the team, areas for improvement were identified and implemented.

•□Staff told us that incidents were investigated and one staff member spoke of medicine errors and said, "The last one was a while back, I learn from them. We all do."

Good

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.

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff support: induction, training, skills and experience

- At our last inspection in April 2017, we found that people had their care needs assessed, but their care plans did not always reflect the care they required. Monitoring charts for weight loss/gain were not completed consistently and neither were position changing charts.
- On this inspection we found that staff kept accurate records for all aspects of people's daily care needs, such as their food and fluid intake, weight charts, blood sugar monitoring and their position changing charts.
- People were cared for by staff who were enabled to develop their knowledge, skills and experience. Staff attended mandatory training such as fire safety, food hygiene and safe moving and handling. In addition, staff were provided with training relevant to their roles and individual needs of the people in their care. For example, we saw that registered nurses had extended their scope of practice and were competent in several procedures, including taking blood samples, urinary catheterisation (passing a tube into a person's bladder) and the care of a percutaneous endoscopic gastrostomy (PEG). PEG is an endoscopic medical procedure in which a tube is passed into a person's stomach through the abdominal wall, to provide a means of feeding when oral intake is not adequate. This meant that staff could respond to urgent need in a timely manner, rather than wait on a GP, district nurse or an ambulance to attend.
- On the day of our inspection several staff attended in-house training sessions on safeguarding that had been scheduled for the morning and afternoon.
- A unit manager who was also a registered nurse had been identified as the clinical lead. This was a new role to the service and the regional manager was supporting them to develop their role. The clinical lead would be responsible for clinical supervision with the registered nurses and oversee all clinical activities.
- We looked at supervision records for three members of care staff. Areas for improvement and professional development were identified and goals set.
- There was a comprehensive induction programme for all new members of staff. New staff were assigned a mentor who supported them through their 12-week induction programme. This programme enabled new staff to undertake the Care Certificate, a 12-week national programme that covered all aspects of health and social care.
- Staff on each unit had lead roles relevant to their area of interest and role. For example, the unit managers were the nutrition leads and each unit had dignity champions and dementia friends.

Supporting people to eat and drink enough to maintain a balanced diet

- In response to feedback from people who lived at The Elms the service had broken away from the traditional daily menu plan of cereal and toast for breakfast, a two or three course cooked lunch and sandwiches for tea. Most people preferred a cooked breakfast. However, the registered manager found that

people were not ready to eat a cooked dinner at lunchtime and were often sleepy in the afternoon and did not want to engage in any activities or hobbies. Therefore, people are now offered a light lunch and a cooked dinner in the evening. This change has meant that people's appetites had improved, they were more alert in the afternoon, there was a reduced incidence of weight loss and people reported that they slept better at night. People told us that they were happy with the changes made to mealtimes and the standard and choice of food provided and one person said, "There is still a good choice at lunchtime. We had chicken goujons and beans today, I could have had soup or even a choice of sandwiches."

•□We spoke with the cook who told us that all ingredients were fresh and sourced from a local supplier. We noted that soups, cakes and desserts were freshly made.

•□Kitchen staff had access to an up to date record of individual food likes, dislikes, allergies and special diets. All dietary needs were cross referenced with individual care plans. One person told us, "I'm a vegetarian. I had egg sandwiches at lunchtime and I'm having cheese and tuna salad later."

•□People with swallowing difficulties had their food specially prepared. Some had their food mashed and others had it pureed or liquidised. To ensure their meal was always visually appetising, individual food items were set in moulds prior to being served on their plate.

•□People had their risk of dehydration, malnutrition and obesity closely monitored by staff. Food and fluid charts were completed daily and weight charts were analysed for early signs of risk. The cooks fortified soups, potatoes, desserts and cakes with milk, cream and butter to help people at risk maintain a healthy weight. Hot and cold drinks and snacks were available at any time, day or night.

Staff working with other agencies to provide consistent, effective, timely care

•□When a person recently moved into the service from another care setting, we found that all staff had effectively communicated the person's needs; their pre-admission assessments and plan of care reflected this. The person and their family had been involved in the process.

•□Records showed that staff worked closely with other health professional groups and the local authority.

Adapting service, design, decoration to meet people's needs

•□Throughout the service we saw that environmental adaptations had been made to support people living with dementia, sensory difficulties or a physical disability. There were signs in place to help people to orientate themselves around the service. Large print calendars were on show with the date and pictures of the weather and season. Some people had memory boards outside their bedroom; we saw pictures of their family, and small objects relevant to their past employment and interests.

•□Reminiscence and sensory objects were on the walls in the corridors and communal rooms to help people recall and chat about their life prior to moving into The Elms. We saw one themed corridor focussed on theatre and another on Lincolnshire.

•□Staff had taken great care to ensure that the dining rooms were a pleasant and homely environment, that enhanced the dining experience. Tables were set with linen tablecloths, place mats and vases of flowers. The decoration and furniture in each dining room reflected the needs of the people who dined there.

•□There were ample communal sitting areas throughout the service, such as lounges and quiet corners in the corridors. People could choose where they wanted to sit.

•□Several people had access from their bedroom to a secure garden or courtyard. The grounds had been developed so that people were able to maintain the raised beds, work in the greenhouse or tend the herb garden.

•□A communal room on Oakwood (nursing dementia unit), had been transformed into a "parlour". All the fixtures and fittings were reminiscent of the 1940s, 50s and 60s. There was a free-standing cooker, Moses basket, music cabinet and fire place. People were enabled to potter freely in this area.

•□The people who lived on Oakwood also had the benefit of recently made-over secure and safe garden. Its opening had been celebrated with a Hawaiian party and had been featured by the local press. A beach,

summer house and bird watching area featured amongst its' many attributes.

Supporting people to live healthier lives, access healthcare services and support
•□People and their relatives had access to a range of health promotion and guidance leaflets including living with dementia and the seasonal flu vaccination.
•□People were supported to access healthcare professionals such as their GP, dentist or dietitian. We saw that when a person had swallowing difficulties that the speech and language therapist (SALT) was involved to assess the person and advise staff on any special diets that the person may need.

Ensuring consent to care and treatment in line with law and guidance
•□At our last inspection in April 2017 we found that staff did not always undertake appropriate assessments with people who lacked the capacity to make decisions about their care and treatment.
•□On this inspection we found evidence in individual care files that appropriate capacity assessments and best interest decisions had been carried out. Where needed, staff called on the support of external healthcare professionals such as community psychiatric nurses.
•□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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). On the morning if our inspection one person was being assessed by a best interest assessor from the local authority DoLS team as their existing DoLS authorisation was near expiry.
•□We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
•□Prior to our inspection we requested and received information from the local authority mental capacity team about the number of current DoLS authorisations granted to people living in the service. Forty-eight people were currently being lawfully deprived of their liberty
•□Staff understood the principles of MCA and sought consent from people for aspects of their care. For example, when a person was admitted to the service as an emergency social admission staff obtained their consent to live in the service. Where a person had appointed a lasting Power of Attorney (LPA) to act on their behalf when they were no longer able to make decisions for themselves a copy was kept with the person's care file.
•□When a major decision, such as permanently moving into the service had to made, a best interest meeting was undertaken with the person and their family or representative. This recorded that staff were acting in the person's best interest.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- We observed that there was a good rapport between people, their relatives and staff. Staff were friendly and always smiling. They took time to ask people how they were or what they were doing when they passed through a communal area. We noted that people who were cared for in their bedroom were treated in the same pleasant manner.
- People and their relatives spoke highly of the care provided. One person said, "I'm spoilt." Their relative added, "Very well looked after. One happy family. I'm always made to feel welcome." Another person said, "I'm well satisfied with the care that staff give."
- Peoples' individual religious, cultural, spiritual beliefs and lifestyle choices were respected by staff. Once a month a religious service was held and people of all faiths and beliefs were welcome to attend. One person had been a naturist for most of their adult life and staff respected their lifestyle choice. The person followed their naturist lifestyle in the privacy of their own bedroom.
- People were treated by kind, caring and compassionate staff. We observed staff interact with people with cognitive difficulties. Staff were calm and spoke clearly with people, gave them time to answer and listened to them. Staff used touch to reassure people and we saw that people responded to this with a smile or reaching out for the staff members hand. We noted that people trusted staff, felt safe and had a bond with them. One person became agitated during their lunchtime meal. Without any fuss, a member of staff calmly sat down beside them, gently rubbed their back and the person soon settled.
- We observed staff on Oakwood (the dementia unit) being sensitive to a person's needs to live out their reality. The person was sat at a dining table eating sandwiches for lunch. They had a doll cradled in their arms and another doll sat in the chair beside them. They told care staff that the doll in the chair was hungry, but the one in their arms was asleep. Staff provided the doll in the chair with a sandwich. Staff treated the person as a unique individual.

Supporting people to express their views and be involved in making decisions about their care

- People were enabled to access an independent advocate if they wished. An independent advocate is a lay person, independent of the service and offers support and acts as voice for people who are unable to make decisions for themselves. For example, to make the decision to move into the service permanently.

Respecting and promoting people's privacy, dignity and independence

- Family and friends were welcome to visit at any time. However, it was recognised that some people did not have family or friends who lived locally or where physically able to visit. Therefore, people and their relatives and friends were invited to maintain contact through social media, and the activity coordinators facilitated Skype calls. We spoke with one person whose adult child lived abroad, they told us, "I can Skype and phone [name of adult child]

•□People were encouraged and enabled to personalise their bedrooms with familiar items from home, such as family photographs, ornaments and soft furnishings. When a bedroom was being refurbished, the person was involved in choosing the decoration. We spoke with a married couple who occupied a "suite". This was an open plan bedroom, sitting room and kitchen. They had chosen the decoration and flooring and were supported to have their own furniture.
•□People told us that staff encouraged them to maintain their independence. One person said, "The carers are very good with me. They encourage me. I often do not feel like doing anything these days."
•□Some people were unable to shop for personal items, or did not have family who could shop for them. Staff had overcome this obstacle and a "tuck shop" was introduced on Larchwood unit. Once a week a trolley was taken to people who were cared for in their bedroom so as they too had the opportunity to shop for essentials. A clothing company had been booked to visit on 26 November so as people could shop for personal clothing.
•□We saw that care records and personal files were stored securely and all computers were password protected. This meant that their confidential information was stored in compliance with the Data Protection Act and the General Data Protection Regulations (GDPR).
•□In addition, the registered manager's office and each unit office had notice boards with confidential information, such as the names of people who lived on the unit and on-call staff telephone numbers. To ensure privacy and dignity, the boards had roller blinds that could be pulled down when anyone who did not work in the service was in the office.
•□There was a dignity tree, where people hung comments on how they wanted to be treated by staff. We read comments such as, "close my door", and "to feel valued".

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection in April 2017, we found that people had individual care plans, but these were not reviewed regularly with the person.
- At this inspection we found that systems were in place to ensure that all care plans were reviewed at least once a month. The registered manager had introduced "the resident of the day" initiative on each unit. Each day one person was involved in their care plan review and their care file was audited by a senior member of staff.
- We saw that when a person's care needs changed that their plan of care was reviewed and their care plan was updated to reflect these changes. Care plans were person centred and clearly described individual care needs and preferences.
- We noted that people were treated as unique individuals and not as a task to be done. For example, when a person with leg ulcers required a dressing change; staff gave them pain relief half an hour before, this helped to reduce any pain or discomfort they may experience.
- Innovative approaches had been taken to give people a sense of self-worth and feel that they mattered. Plans were underway to contribute to BBC Children in Need appeal through knitting and crocheting workshops. Other initiatives included the "gentleman's club", the "knit and natter group" and the "dementia café".
- People were involved in planning a range of events to suit all tastes. Future events included a Halloween party with entertainment and "ghoulish" face painting.
- A "pen pal" programme had recently been introduced in August 2018. People had written 18 letters to other care homes in the United Kingdom and abroad, inviting people to be their pen pal. At the time of our inspection they had received replies from Canada, America and Australia. People could watch the progress made with their pen-pal activity; a large map of the world was on display in the activity room in Larchwood, that identified the countries that had been contacted.
- An appeal had been posted on social media for the public to send postcards from their summer holidays. We were told that the "British Summer Holiday" and been a big part of the lives of most of the people who lived at The Elms. The response to the appeal was positive and people looked forward to receiving and reading the postcards. The postcards acted as a trigger, and people now recalled events from their childhood holidays. One person recalled that their mother had hand knitted a swimming costume, unfortunately it stretched to their feet when wet.
- There was a "dementia café" on Larchwood that people and their relatives and friends visited. Themed events were held once a month, such as a Mediterranean afternoon with Greek food.
- In addition to the above, people were supported to maintain their hobbies and interests and enabled to develop new ones. For example, we saw that one person was going lawn bowling with a relative and was taking two friends that lived at The Elms with them. This had become a regular weekly event and they planned to make a day of it and have lunch there.

•□The unit manager on Oakwood (nursing dementia unit), had studied the care of a person living with dementia at an advanced level. They led their team to deliver person centred care based on current best practice guidelines. Several of the initiatives introduced to the unit had been researched and developed at The Bradford Dementia Centre; a national think tank for dementia care. We saw that music played an important role for many people on the unit. One person who was normally withdrawn became animated when music was played. To enable each person living with dementia to achieve their optimum level of well-being, the unit manager had worked with their family and friends to pull-together a life map. Staff had more insight into their past life and new the triggers that made people feel valued. For example, some people engaged in doll therapy and others would fiddle with mechanical gadgets or be content dusting or setting the tables in the dining room.

Improving care quality in response to complaints or concerns

•□People told us that they had no need to complain. One person said, "I don't think you'll be able to find fault with this place."

•□We noted that complaints made about the service were fully investigated and a detailed letter of the outcome was sent to the complainant.

•□Guidance on how to make a complaint was available at the main entrance. It advised potential complainants to contact other agencies such as the local authority, CQC and the Local Government Ombudsman if they were unhappy with the outcome of their complaint.

End of life care and support

•□The unit manager on Woodland was the end of life care lead for the service. They were involved in "Project Echo"; an end of life care programme set up by the local hospice. The aim of the project was to share knowledge and equip clinical teams to deliver best practice. The unit manager participates in on-line mentoring, training and education by video links.

•□People had their end of life care wishes recorded in their care plan, such as where they would like to die or have their funeral. We saw when a person had been identified as near the end of their life that staff had worked in partnership with the person, their relatives, their GP and other supporting healthcare professionals to promote a pain free and dignified death. For example, their GP prescribed anticipatory medicines to reduce the risk of a painful death.

•□Staff were trained in the verification of death and therefore relatives did not need to wait for a GP to arrive to confirm that their loved one had died.

•□Some people had a made the decision not to be resuscitated if their heart was to suddenly stop beating. We saw that the proper documentation had been completed by a competent healthcare professional, such as their GP.

•□We spoke with a volunteer whose relative had been cared for in The Elms at the end of their life. They told us that staff kept them informed and said, "The staff were so caring. We were all [family] supported by the staff. They even moved their bed so as we could sit at either side of the them."

•□We saw a letter from a funeral director complimenting the staff on they care they provided to people at the end of their life.

Good

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- People and their relatives told us that they knew the registered manager, that they were approachable and could turn to them with any problems or complaints.
- The provider promoted a positive culture where staff were supported, respected and valued by management and each other. Staff told us that the registered manager was approachable.
- Staff told us that they were happy in their work and enjoyed working at The Elms. One staff member said, "It's a lovely place to work."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider had an open and transparent approach to the service and information sharing. For example, people and their relatives and friends had access to the Service User Guide, Statement of Purpose and the most recent Infection, Prevention and Control annual report.
- We noted that the registered manager and unit managers were visible leaders and saw evidence of good team work.
- It is a legal requirement that a provider's latest CQC inspection report is prominently displayed. This is so that people living in the service and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the main reception area and on the provider's website. In addition, the registered manager's certificate was on display.
- There was an incentive for the three units to aspire to be the best. There was a notice on display at the main entrance announcing that Larchwood unit had achieved the "unit of the month award". The registered manager explained that since the introduction of the award staff had taken ownership of their unit, were prepared to go the extra mile and the intention was to drive up the quality of care that people received. Staff were positive about what was expected of them and one member of staff said, "The unit managers take great pride in their units. And it really matters that we get it right and then get it better."
- A robust clinical governance programme was in place. This was supported by a quarterly CQC type inspection by the provider's internal compliance manager. The registered manager told us that it helped them stay focused on their regulatory requirements.
- Staff had access to policies and procedures that reflected current CQC regulations, national guidelines and up-to-date research. The policies we looked at were clear, concise and easy to follow.

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

•□People and their relatives were kept up to date with events in the service. The registered manager issued a quarterly newsletter. We saw a copy of the Autumn edition that was packed with news, achievements and events.
•□The registered manager maintained several lines of communication with people and their relatives. For example, they held a "manager's surgery" once a week on a Friday afternoon.
•□People were asked to share their feedback on the service through a "what we asked, what you said, what we did initiative". The questions and outcomes were on display for all to access. In addition, people and their relatives were invited to feedback on the standards of care provided and give their suggestions for improvement through surveys. The results of the most recent surveys were positive and saw that relatives rated the service as excellent or good and people had rated it as excellent, but had suggested a mini-bus for outings.
•□The registered manager led a daily session called "10 at 10". This was a 10-minute meeting held at 10am. A senior staff member from each unit, and a representative from the housekeeping team, catering staff, maintenance and an activity coordinator attended. The shared updates on matters relevant to people in their care.
•□The unit managers meet once a week with the registered manager. We found that although the business discussed was serious, the atmosphere at the meetings was relaxed. Topics discussed included the audit schedule and recruitment programme.
•□Meetings were held with all staff from all areas and disciplines within the service. We saw the minutes from recent meetings with registered nursing staff, activity staff, housekeepers, kitchen staff and care staff. To ensure that all staff had the opportunity to attend meetings, the registered manager provided alternative dates and times. The topics discussed were relevant to the care that people received from each staff group. We noted that staff had a voice at these meetings.

Continuous learning and improving care
•□At our last inspection in April 2017, we found that although the registered manager and provider undertook regular audits, these did not identify that individual care needs were not always being met effectively.
•□At this inspection we found that there was a robust clinical governance programme that measured the effectiveness of all aspects of the service that had an impact on the people who lived there. Any identified areas for improvement were actioned, and where necessary, individual care plans were amended to reflect this.
•□The registered manager was supported by the regional manager who visited the service twice a month. The provider had recently taken their registered managers to a Dementia Care and Nursing Home Expo conference. The registered manager spoke of the positive experience and benefits of attending.
•□The regional manager held monthly meetings for all registered managers. One of the unit managers also attended, as they had expressed a desire to progress their career.
•□Unit managers had a degree of autonomy and this was evident when we walked about the three units. For example, on Larchwood we found that the unit manager had a theme of the month. November's theme was infection control and they had developed a board game called "game of germs". This innovative game took staff on a journey on how to identify infection risks and prevent them.

Working in partnership with others
•□The registered manager and activity coordinators had invited members of the local community too volunteer and join the "Friends of The Elms" group.
•□The registered manager and their team work in partnership with their local clinical commissioning group, the local authority contacting team and a local further education college.