

Elm Lodge Nursing and Residential Home

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

Elm Lodge 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.

Elm Lodge can accommodate up to 64 people in one adapted building, over two floors. At the time of our inspection there were 57 people living there.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last inspection in May 2016, we rated the service as Good. During this inspection, which took place on 15 August 2018, we identified some areas requiring improvement. Consequently, we have changed the rating from Good to Requires Improvement. This is the first time the service has been rated Requires Improvement.

Why we rated the service Requires Improvement:

People did not always receive their medicines in a safe way. Staff had missed the fact that one person had not been given an essential medicine on two occasions. We also found that staff were not maintaining accurate records in terms of stock levels for certain prescribed medicines or how often people were being given homely remedies, such as paracetamol.

In addition, audits were being carried out to check the quality of records being maintained by staff and the service provided to people. However, these checks were not always effective and had failed to identify areas that required improvement, or result in robust action to address these in a timely way.

We did find that the service continued to provide a good service in other areas that we checked. For example, there were processes in place to protect people from avoidable harm and staff were aware of their responsibilities to report potential concerns. Risks to people were assessed and managed appropriately. People were protected by the prevention and control of infection and the provider had processes in place for when things went wrong, so that lessons could be learnt, in order to improve the service.

Staff had been recruited using a robust recruitment process. They had attended a variety of training to keep their skills up to date and were supported with regular supervision. There were enough trained staff to support people with their needs.

People had enough to eat and drink. They could make choices about what they ate and were provided with

support when required.

People had access to additional health care professionals, to ensure they received effective care or treatment when required.

Staff gained consent to care before supporting people; this was sought in line with legislation. People were enabled to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff treated people with kindness and compassion. People were treated with dignity and respect, and had the privacy they required.

People's needs had been assessed prior to admission. Care and support plans were personalised and reflected people's individual requirements. People and their relatives were involved in decisions regarding their care and support needs.

There was a variety of activities on offer and people were supported to follow their interests. They were able to make decisions about how they spent their time.

The provider had a clear vision, and was open and transparent. They involved people and their relatives in developing the service. There was a complaints procedure in place and people knew how to complain if they needed to. People also knew who the registered manager was and could see them when they needed to.

Further information is in the detailed findings below.

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.

Systems were in place for the safe management of medicines, however they were not always effective.

Staff were knowledgeable about protecting people from harm and abuse and processes were in place to report any concerns.

Staff had been recruited using a robust recruitment process. There were enough trained staff to support people with their needs.

Risks to people were assessed and managed appropriately.

People were protected by the prevention and control of infection.

Is the service effective?

Good 

The service was effective.

People's needs had been assessed prior to admission.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Consent to care was sought in line with legislation.

Is the service caring?

Good 

The service was caring.

Staff treated people with kindness and compassion.

People were able to make decisions about their daily activities.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a variety of activities on offer and people were supported to follow their interests.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Quality Audits were in place but they were not always effective.

People and their relatives knew the manager and were able to see them when required.

The provider had a clear vision, and were open and transparent.

People and their relatives were involved in developing the service.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 15 August 2018 and was unannounced.

The inspection was carried out by two inspectors and a member of CQC's medicines team. They were accompanied by an inspection manager and two inspectors who were shadowing or observing the inspectors.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority, we checked the information we held about this service and the service provider. No concerns had been raised.

During our inspection we spoke with people and their relatives, spoke with staff, carried out observations of meal times, activities and general observations of staff interaction. We reviewed records of people's care, medication records and records relating to the management of the service.

During our inspection we spoke with ten people who used the service, eight relatives/visitors, the registered manager, the deputy manager, the business and support manager, two nurses, one senior care staff, two care staff, one agency staff, the cook and a laundry assistant.

We reviewed six people's care records, medication records, four staff files and records relating to the management of the service, such as quality audits, maintenance records and staff training.

Is the service safe?

Our findings

The service had procedures in place to make sure that people received their medicines as prescribed, but these were not always followed safely.

Some people had been prescribed warfarin, a medicine to reduce the risk of stroke. This needs to be monitored regularly so that the dose can be adjusted to a safe level. People had regular blood tests but the results were received by telephone from the GP surgery and there was no written procedure to make sure this was managed consistently and safely. In addition, we saw that one person had been given an incorrect dose on two occasions in the last two weeks, and the errors had not been noticed by the staff. The registered manager said they would review the process for administering warfarin and immediately informed staff that two people should check and administer this particular medicine. They also said they would develop a template for recording the results when they were received over the telephone.

Controlled drugs (medicines that require extra checks and special storage arrangements because of their potential for misuse) were stored securely and records were kept in line with regulations. However, staff did not carry out regular checks on stock levels, so that problems could be resolved promptly. When we raised this, the manager decided to introduce weekly checks on all controlled drugs.

The service kept a range of homely remedies, such as paracetamol, to offer to residents for up to four doses before contacting the GP. They kept records in a homely remedy folder but did not always record the dose on individual medicine records, so that they could monitor what each person had taken. This made it difficult to check how often a person was having homely remedies.

There was information to guide staff on how each person liked to take their medicines, for example, '[Person's name] likes to take their tablets with a cup of tea.' One person was supported to look after their own medicines. They told us they enjoyed doing this and that staff were always available to help if needed.

People were protected from avoidable harm by staff who had received safeguarding training. The provider had in place systems and processes to protect people. Staff we spoke with had a good understanding of safeguarding processes and their responsibility to report concerns. One said, "I would report anything to [name of registered manager] or deputy." There were notices in the home explaining how to report any safeguarding concerns.

People we spoke with told us they felt safe. People and relatives told us they would feel comfortable reporting anything that felt unsafe.

People had risk assessments in place within their care plans which supported them to feel safe but allow their freedom. These included; use of bed rails, moving and handling and risk of falls. These had been reviewed when required.

Systems were in place to ensure the premises and equipment was managed to promote the safety of

people, staff and visitors. We saw that routine checks of the building had been carried out along with servicing of equipment on a regular basis. Staff told us there was a maintenance man around every day which meant repairs got resolved quickly. One staff member said, "If there is a problem in the laundry he will have a look, on one occasion he was able to repair the belt on the machine straight away."

During our inspection the fire alarm sounded. We were informed it was not a drill. Staff all responded as trained. As one staff member arrived at the meeting point they told the registered manager that it was toast cooked too well, however, the appointed person went to investigate before resetting the alarm.

There were sufficient numbers of staff, with varying skills on duty to support people with their assessed needs. We looked at the rotas and staff allocation sheets which showed there to be enough staff on duty. Most people told us there were enough staff. A relative said they knew when they arrived if there were agency staff on as the atmosphere was different and people would sometimes have to wait longer to be taken to the toilet. The registered manager told us they had struggled to recruit care assistants recently so they were using more agency staff than usual, however, they had a full complement of permanent nurses.

The provider had robust recruitment practices which had been followed. Staff files we looked at contained information including; a copy of the application form, proof of identity and address, references, Disclosure and Barring Services (DBS) check and copies of offer letters.

People were protected by the prevention and control of infection. The provider employed domestic assistants who carried out the cleaning. Cleaning schedules were in place which had been signed when a job had been completed. There were plentiful supplies of Personal Protective Equipment (PPE) available. Staff knew when they should use the appropriate equipment to prevent the spread of infections. They told us, "I would wear gloves for changing pads." And, "I would wear an apron when giving food or drinks."

Staff who prepared food or worked in the kitchen had completed appropriate food hygiene training. They had been awarded 5 Stars at the last Food Hygiene Rating Score (FHRS) visit.

Is the service effective?

Our findings

Within people's care records we saw that pre-admission assessments had been completed, and care plans developed to cover a variety of areas. This was in line with current legislation and guidance. The home had an in-built call system. When people called for assistance we saw that staff responded immediately.

People told us staff had the right skills and training to deliver effective care and support. One person said, "The staff are well trained." Staff we spoke with told us they completed a variety of training as part of their induction and other training was on going. One staff member said, "Some of the training is really good." We saw the training matrix and copies of certificates within staff files. Training was appropriate to people's job roles. An agency staff member told us they had received a good induction on their first day.

Staff told us, and records showed, that they had regular one to one supervisions and annual appraisals. The registered manager explained she had recently introduced a themed supervision for the month which was regarding the Care Quality Commission (CQC), the Key Lines Of Enquiry (KLOEs) and what was expected of staff.

People told us the food was good. One person told us, "The food's pretty good." Another said, "There's a good choice of food." And the choice of food was 'beautiful.' We observed some people having breakfast and lunch in both dining rooms. There was a choice of two main courses and additional choices were offered for those who did not want either choice. The meals looked appetising and people told us they had enjoyed them. Staff assisted people with their meals where required.

We spoke with the cook who was aware of who required a special diet, for example diabetic, soft or fortified. They told us a four-weekly menu was in use but this changed with the seasons. They told us that they cooked all the meals from fresh where possible, apart from cakes which were bought in.

Records showed that people had been supported to access additional healthcare where required. People and staff told us a number of healthcare professions visited including; district nurses, chiropodist and GP's. Referrals for additional healthcare had been made in a timely manner when required.

The premises had been extensively extended to meet people's needs. Not all rooms were en-suite but additional supported bathrooms were available on each floor. There were a number of areas where people could go to be private or meet with family and friends. Gardens and outside space was safe and secure and accessible to everyone.

Within people's care plans we saw they had signed for consent to care and treatment, medicines administration and photographs. We observed staff gaining consent before carrying out any care tasks.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Within people's care records we saw evidence that MCA assessments had been carried out along with best interest meetings, and DoLS had been applied for and granted when required.

Staff had received training in MCA and DoLS and showed an understanding of these and their implications for people.

Is the service caring?

Our findings

We observed kind, caring engagement between staff and people who used the service. People told us staff were caring. One person said, "They're very nice." Another said, "The staff are kind." A relative said, "I'd recommend this place to anyone. The staff treat me like a friend."

It was clear that people felt comfortable in the presence of staff. Staff spent time with people and were spoke with them in a caring and respectful way and gave them time to respond. Within people's care records was information relating to people's life history and things of importance to them. This enabled staff to know about the person and engage in meaningful conversation. There was a calm, peaceful and happy atmosphere within the home.

People told us, and we observed, that staff responded to their needs in a timely way. We observed staff responding to call bells in a timely way throughout our inspection.

People were encouraged to express their views and opinions. We observed throughout our inspection that people expressed their wants and needs. Within people's care plans we saw that people had been involved in their development.

Information was available within the home regarding advocacy services, the provider vision and how to compliment or complain.

People told us their privacy and dignity was respected and kept. We observed staff speak with people in a discreet manner with regards to their personal care and knock and wait to be invited into people's rooms.

Staff understood that people's personal details and information needed to be kept confidential. Records were stored securely and conversations regarding people were held in private.

We saw a number of visitors arrive throughout our inspection. They were welcomed and staff knew who they were and who they had come to visit. There were areas available for people to sit with their visitors without going to their rooms and they were able to make drinks in a kitchenette.

Is the service responsive?

Our findings

Care plans we looked at were person centred and showed that people and their families had been involved in their development. They fully reflected people's needs and included; a personal profile, risk assessments and support plans for communication, diet, mobility and personal care. Additional support plans were in place for other individuals depending on their care requirements.

Individual sections of care plans had been reviewed each month and there was evidence of annual reviews which included the staff, family and the person themselves. One review had identified where a person's needs had changed and staff had worked with that person to find a solution. They don't like having their hair done lately as the curlers hurt their head and a perm took too long, so staff chatted with the hair dresser and she suggested a new style, the person was very pleased with it and felt it suited her well, so it cheered her up.

The provider employed an activities coordinator and staff offered activities over a seven day period. On the day of our inspection we observed people baking muffins which were served later in the day with a cup of tea. In the afternoon a people were making flower arrangements which were then displayed through the home. We also saw individuals doing puzzles, reading newspapers and watching musical DVD's. People appeared to enjoy the different activities.

The registered manager had told us that they had also had trips out to the local market, local groups and to church services. They had also introduced pub nights and board games sessions as requested by people.

The registered manager had made a small set back area of one lounge into a sensory area. Staff explained that one person liked to lie on the floor and was happy to do this in the sensory area which had soft coloured lighting and floating curtaining and was a very relaxing and calming area.

The provider had a complaints policy and monitoring in place. There had been one formal complaint received since the last inspection. This had been investigated and a response had been sent to the complainant. People we spoke with knew how to complain. A large number of compliments and thank you cards had been received.

Within people's care records we saw there was a section for end of life care. People and their families had been involved in planning for people's last wishes where they had wanted to. Some people had Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR) in place. These had been completed in conjunction with doctors, the person and family as appropriate.

Is the service well-led?

Our findings

Regular quality audits were being carried out in a number of areas, to check the quality of service provision. However, these were not found to be sufficiently robust or effective.

For example, monthly audits were being undertaken to check that medicines were managed safely. Records highlighted potential problems and recorded the actions needed to remedy these. The registered manager told us this information was then shared with staff during team meetings and records supported this. Despite this, problems that had been identified during an audit carried out in July 2018 had still not been fully addressed. One medicine should have been discarded two months after opening, but there was no record of when this had been opened. This placed people at risk of receiving ineffective medicines. The registered manager removed this particular medicine bottle straight away and reminded staff to record opening dates in future. In addition, we identified further problems during the inspection with medicine management that had not been identified through the service's internal quality monitoring processes.

Furthermore, we found that records relating to the care and treatment of people using the service were not always organised in a way which made finding information easy. For example, one person's care plan regarding their feeding regime stated, 'Refer to dietetic plan in this folder'. We found three dietetic plans dated February, April and May 2018. They all gave the same information but this could have caused confusion. Another record stated, 'If [name of person] experiences any unplanned weight loss review care plan'. We noted the person had gradually lost weight over seven months, but we could not easily see that anything had been done about this. After looking in depth we found they had been referred to, and seen by, a dietician and the Speech And Language Therapist (SALT) team. Quality monitoring checks of the person's care plan had not identified that the information was not easily available, or highlighted this as an area for improvement.

The provider and management had a clear vision of where and how they wanted to progress the service. The registered manager was aware of the day to day culture of the home. They told us that they worked varying hours, including evenings and at weekends to be available to staff and visitors at different times. The provider representatives visited regularly and were supportive of the registered manager.

We observed that staff and people spoke with the registered manager throughout the day. There was an open-door policy where people and staff could speak with any of the management team at any time. We observed this to happen on the days of the inspection. Staff we spoke with felt the registered manager was approachable and were happy with how the home was run. One member of staff told us "If I have any concerns I go straight to [line manager]."

Staff and management were aware of their responsibilities. There were processes in place for staff to account for the decisions they made on a daily basis. Data was kept confidential.

The registered manager held regular staff meetings. Minutes of these were seen and staff told us they found them useful.

People were encouraged to voice their opinions or at least make them known and staff acted on these appropriately. We observed staff asking people's opinions throughout the day. The registered manager carried out an annual survey for people who used the service and relatives. We saw the analysis for the latest survey. Some comments included; 'Always a pleasure to visit Elm Lodge,' 'Staff are lovely,' 'Always polite and answer any questions.'

The registered manager and provider worked in partnership with other organisations, where appropriate, to provide the best support for people. These included local authority and multi-disciplinary teams.