

Mr Paul Bliss

# Leonard Elms Care Home

## Inspection report

Brinsea Road  
Congresbury  
Somerset  
BS49 5JH

Tel: 01934853834

Website: [www.optimacarehomes.co.uk/](http://www.optimacarehomes.co.uk/)

Date of inspection visit:  
11 December 2020

Date of publication:  
06 January 2021

## Ratings

Overall rating for this service	Inspected but not rated
---------------------------------	-------------------------

Is the service safe?	Inspected but not rated
----------------------	-------------------------

Is the service effective?	Inspected but not rated
---------------------------	-------------------------

# Summary of findings

## Overall summary

### About the service

Leonard Elms Care Home is a care home providing nursing and personal care for up to 37 people. The service had 32 people living at the service at time of the inspection. The service was laid out over two floors, with a courtyard in the centre of the building.

We found the following examples of good practice

The provider had an outbreak of Coronavirus within in the home. The registered manager had regular contact with Public Health England and the local commissioning team to monitor the outbreak.

The outbreak had impacted significantly on staffing levels. However, staffing numbers were being managed. Adjustments were made to support staff as they returned to work. For example, shorter shift lengths.

Staff had received training in infection control, including how to use personal protective equipment (PPE). The service had a one-way system in place and stations for donning and doffing PPE. This is the putting on and taking off of PPE. Staff we spoke with were clear on the procedures and systems in place. The outbreak had highlighted the need to use appropriate PPE when there was a risk unintended contact from people living in the service may occur.

Due to the recent outbreak the provider did not have visitors coming into the home, except in exceptional circumstances, this was to help contain the virus. Systems were in place when people entered the home such as temperature checking, a COVID-19 declaration form and a handwashing station.

At the time of our inspection, the provider was not admitting people to the service because of the outbreak.

The registered manager ensured regular testing was carried out, weekly for staff and monthly for people. People could choose whether they wished to have a COVID-19 test. Where people did not have the capacity to make a decision around COVID-19 testing, best interest decisions were made in line with guidance. Staff had a good understanding and knowledge of the Mental Capacity Act (2005) and ensured people's choices and wishes were respected.

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?**

Further information is in the detailed findings below.

**Inspected but not rated**

### **Is the service effective?**

Further information is in the detailed findings below.

**Inspected but not rated**

# Leonard Elms Care Home

## **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.

As part of CQC's response to care homes with outbreaks of coronavirus, we are conducting reviews to ensure that the Infection Prevention and Control (IPC) practice was safe and the service was compliant with IPC measures. This was a targeted inspection looking at the IPC practices the provider has in place. We also reviewed staffing and consent to care and treatment in line with law and guidance in relation to COVID-19 testing.

This inspection took place on 11 December 2020 and was unannounced.

# Is the service safe?

## Our findings

S5 How well are people protected by the prevention and control of infection?

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have signposted the provider to resources and government guidance in relation to the wearing of Personal Protective Equipment (PPE) when unintended contact between staff and people may occur. For example, in times other than during personal care.

### Staffing and recruitment

- Due to the outbreak, staffing numbers had been significantly impacted. The service had support from another service within their organisation and the Local Authority to manage staffing levels during the outbreak.
- The provider ensured the service operated on a safe but reduced number of staff. One staff member said, "We have a high staff ratio usually so even though staff numbers were lower it was managed."

## Is the service effective?

### Our findings

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's capacity to consent to Covid-19 testing had been assessed where appropriate. When required, best interest decisions had been made in line with guidance
- Staff we spoke with had clear understanding and knowledge of the Mental Capacity Act (2005) and respecting people choices and wishes. Staff knew where to find relevant capacity assessments and best interest decisions documentation.