Cambridge Nursing Home Ltd

Elm Lodge Nursing and Residential Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

About the service
Elm Lodge Nursing and Residential Home is a residential care home providing personal and nursing care to up to 64 people. The service provides support to older and younger people including people who were living with dementia and people with physical disabilities. At the time of our inspection there were 59 people using the service.

Elm Lodge Nursing and Residential Home is a large building made up of three floors, each of which has separate adapted facilities and various communal spaces and a shared garden.

People's experience of using this service and what we found
People told us they were often bored with little to do. While there were some planned events, people were not always engaged in meaningful activities or given opportunities for regular, informal chats with staff.

People were still positive about the care they received and told us they did really like the staff who treated them well despite being very busy. People were supported by a kind and compassionate staff team who had got to know people as individuals.

People did not always receive personalised care in practice, but staff were aware of people's likes, dislikes, and preferences. People were involved in reviews of their care and able to make choices about how they were supported. People's independence, privacy and dignity was, in the main, promoted by staff.

People were kept safe by a staff team which knew how to safeguard them from harm. Risks to people had been assessed and procedures were in place in all areas of their care. Staff had received training relevant to their role.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to see health professionals and to live healthy lives.

People were supported in an environment which was clean and odour free. The environment did not currently support people living with dementia, but the new provider was making improvements to the premises to further improve people's care and support.

People had access to a complaints procedure and complaints were dealt with promptly and thoroughly. People were supported with dignity and respect at the end of their lives.

The registered manager completed audits to monitor the quality of the service and put improvements in place where necessary. People, relatives, and the staff team were encouraged to feedback about the service. The registered manager and staff team worked with other professionals to promote good outcomes for

people.

People and the staff team were positive about the management of the service and the management style of the new provider. They were also very positive about the changes the new provider had made and the plans for further improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for the service under the previous provider was good, published on 27/09/2019. At our last inspection, under the previous provider, we recommended the provider improve opportunities for how people spent their time. At this inspection we found people had some opportunities open to them but people continued to lack opportunities for ad-hoc interactions with staff unless it was task based. The new provider has developed an action plan to address this shortfall which is yet to be fully implemented.

Why we inspected
This inspection was prompted by a review of the information we held about this service. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement and Recommendations
We have identified a breach in relation to a lack of person-centred opportunities for how people spend their time at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always 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?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-led findings below.

Elm Lodge Nursing and Residential 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team
This inspection was carried out by two inspectors, a medicines 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.

Service and service type
Elm Lodge Nursing and Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elm Lodge Nursing and Residential Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
This inspection was unannounced. Inspection activity started on 19 April 2023 and ended on 18 May 2023. We visited the location's service on 19, 22 and 26 April 2023. We spent time reviewing documents remotely and speaking with relatives, staff and professionals. The Inspection finished when we gave formal feedback to the management team on 18 May 2023.

What we did before the inspection
We reviewed information we had received about the service since their date of registration. We sought feedback from the local authority, Healthwatch and professionals who work with the service. Healthwatch is an independent consumer champion which gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
We spoke with 12 people and 20 of their relatives. We spoke with 18 staff members including the registered manager, senior staff, nurses, housekeeping, catering and care staff. We also spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 4 health and social care professionals who work closely with the service.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked this was a suitable communication method, and people were happy to use it with us. We did this by reading their care and communication plans and speaking to staff or relatives and the person themselves. In this report, we used this communication tool with 2 people to tell us their experience.

We also 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 talk with us.

We reviewed 9 people's care records and 10 people's medicine records. We reviewed 3 staff recruitment records and various quality assurance documents and audits.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe due to the security of the building and knowing the staff team well. One person told us, "The care is good. I feel safe and they look after us well."
- Staff received effective training on safeguarding adults and had a good understanding of what potential abuse might look like in practice. They knew how to report concerns both internally and to other agencies such as the police, the local authority safeguarding team and CQC.
- The registered manager had systems in place which prompted early identification of any concerns, and these were regularly monitored through auditing. The registered manager and nominated individual also regularly spent time walking around the service to observe practice and intervened where they felt care could be improved.

Assessing risk, safety monitoring and management

- People had risk assessments in place to meet their individual needs. These were regularly reviewed and updated as and when there was any change to a person's condition. Use of an electronic care planning system meant changes to risks could be flagged for staff awareness and updates were immediately available to the entire staff team.
- People were supported safely when needing to use moving and handling equipment such as hoists and there was clear guidance in relation to people who required additional support with re-positioning to prevent damage to their skin.
- The registered manager had a completed fire risk assessment in place as well as up to date servicing for all health and safety equipment. People had individual plans for safely evacuating the building both during the day and at night if required. Staff told us they had more fire training planned so they could all practice how to safely use new evacuation equipment for people who were unable to walk.

Staffing and recruitment

- Staff told us they felt there was not enough staff on duty at busy times such as during the mornings or mealtimes. They told us more staff would mean they could spend more time with people and ensure there was also a staff member in the communal areas to observe people were safe.
- People told us staff were always busy and while they felt they were treatedwith kindness, they felt staff did not have enough time to sit and talk to them.
- During the inspection, we observed there were enough staff on duty to keep people safe and meet their physical needs. Rotas demonstrated enough staff on each shift. Call bells were answered promptly. However, during mealtimes, staff were not always available to see when a person was requesting or requiring additional support.

● We discussed this feedback and our observations with the registered manager and nominated individual who reflected on it. The registered manager has begun to work various shifts as, for example, a senior staff member, in order to gauge the pressures and actual time it takes to support people. This will help the provider further review staffing numbers and deployment and ensure their tools for calculating staffing levels are accurate.
● The registered manager ensured all staff had full employment checks on their suitability for the role prior to starting work. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely
● Medicines, including controlled drugs, were stored securely and at the appropriate temperature range. We observed staff give medicines. The staff were polite, knew the people well, gained consent, and signed for each medicine on the electronic medicine administration (eMAR) record after giving each medicine.
● There was an electronic system in place to record medicines administration. The staff recorded medicines-related allergies for people who had allergies on the eMAR system. However, for people who did not have allergies this information was left blank. The management informed us the eMAR system did not have this functionality previously. The system had been recently updated and the management provided us with assurance that allergy status for everyone living at the home would be recorded on the system as a priority.
● Medicine care plans were in place. However, these were not always person-centred. For example, risks related to high-risk medicines such as anticoagulants and how to manage their side effects were not always recorded in the care plans. Also, for one person who was prescribed palliative care medicines, the care plan did not have the necessary information on when to start the anticipatory medicines.
● Some people living at the home were prescribed medicines for pain relief and constipation to be taken on when required (PRN) basis. Guidance in the form of PRN protocols or information in care plans was in place to help staff give these medicines consistently.
● Clinical pharmacist from the local primary care network carried out medicine reviews for people living at the home. There was a process in place to report and investigate medicine incidents. The staff received training and were competency assessed to handle medicines safely.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured that the provider was supporting people living at the service to minimise the spread of infection.
● We were assured that the provider was admitting people safely to the service.
● We were assured that the provider was using PPE effectively and safely.
● We were assured that the provider was responding effectively to risks and signs of infection.
● 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.

Visiting in care homes
● People were encouraged to have visitors and told us there were no restrictions. Visitors had a mixed view about restrictions still in place such as needing to book an appointment. For example, one relative said, "I can visit anytime I want to. I do go at lunch time and help them to eat." Another relative said, "We still have

to phone up to say we're going. It's a shame we can't just go in. We visit [my family member] in their room because they prefer to stay in their room." The registered manager confirmed visitors do not have to phone first or give notice and are free to visit with their family members in their rooms or any communal spaces and has since informed all relatives about the current procedures.

Learning lessons when things go wrong

● The registered manager shared all lessons learnt with the staff team and other relevant people involved in reportable events. Most staff members told us they were given the opportunity to reflect on these and agreed ways of working to improve practices and keep people safe. Some staff were unclear about lessons learnt and whether they had the opportunity to do so. We discussed this with the registered manager who will refresh all staff on understanding the process.

Requires Improvement

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The service was in the process of re-decoration. Some areas were completed and others still in progress. There had been a lot of equipment upgraded or replaced and required maintenance completed. There was a development plan in place of which people had given some input.
- We spoke to the registered manager and nominated individual about the limited amount of signage and limited amount of decoration to support people living with dementia. We also spoke about the use of themes and how these were not likely to produce the planned benefit of supporting people to remember positive memories without staff taking time to talk to people about these things.
- The registered manager explained they had planned to develop one unit specifically designed to meet the needs of people living with dementia. However, people had not always chosen to live in those rooms for various reasons, which made this difficult. For this reason, they had decided to ensure the whole home supported people living with dementia and having sought professional advice, would continue to work towards this.
- Our observations showed the building had limited communal spaces which would support people to follow various pursuits without disturbing others. There was one main dining room and lounge upstairs and a smaller dining room and lounge downstairs. For example, this meant some people were throwing large plastic exercise balls around others who were trying to do jigsaw puzzles, read or just sit quietly. The television was often on but could not always be heard. People told us the garden was only used at times of better weather, but we did observe it was open for people to access if they chose to.
- People told us the service provided a nice, clean home and well maintained gardens, and the maintenance team were quick to act, for example, when they requested a picture hanging or a new shelf. They also told us they were able to bring in their own furniture and personal belongings where they wanted this.

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

- People who Had been assessed to require support to eat were given help to do so. Food was prepared for people depending on their dietary needs and intake was recorded. However, people gave mixed views about food provided by the service. One person told us, ''The food is often cold." Another person said, "I am not a fan of some things, but they will give you want you want and we have plenty to drink."
- We observed at busy times there were not always staff available to be present in communal spaces and observe when people who did not typically require help, might do so. We observed 3 people not receiving the support they required at this time. We spoke to the management team about this and they are currently looking at ensuring they have the right numbers of staff deployed such as utilising non-care staff at busy

periods like mealtimes.
● Staff offered people additional snacks and drinks, which were available at all times and were located on trolleys around the service.
● The catering staff had a good understanding of people's likes and dislikes with regards to food. They told us how they stayed up to date with people's changing dietary requirements and showed how people had been involved in giving feedback and helping to create the new menus.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

● People told us staff asked for their permission before supporting them with care. Relatives felt people were offered choices. One relative told us, "The staff support [my family member] to make their own choices; they decide what they want to wear and what they want to eat."
● People had mental capacity assessments in place for various areas of their care such as if they were safe to leave the home without support or to access their medicines. The registered manager completed best interest decisions which involved people, their relatives, and other professionals if people needed support to make decisions.
● People had DoLS applications applied for and put in place in line with current guidance and legislation. However, not all staff were aware of who had restrictions and what the restrictions were for. Staff were also not confident about upholding people's choices and in one case sought relatives' views before asking the person themselves. This could mean that there is an impact on people's safety, their rights being upheld, and any conditions attached to an approved DoLS authorisation. .

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The registered manager assessed people's needs prior to them moving into the service. This included reviewing information about likes, dislikes, preferences and life and social history as well as their care needs.

● The registered manager and nursing staff kept up to date with best practice and guidance. People's assessed needs and care plans were then updated, based on this guidance.
● Nursing staff and the staff team took part in thorough handovers each shift. This was to ensure staff members knew about people's assessed needs and any changes they needed to be aware of.

Staff support: induction, training, skills and experience
● People told us staff were well trained. One person said, "I think they are well trained to do their job. I never see the staff wandering round wondering what they've got to do next."
● Staff members told us, and records showed they received training in areas such as medication, moving

and handling, supporting people living with specific conditions and health and safety.
● The senior management told us they were also starting to look at including more immersive training where staff are supported to experience care so they can understand how this feels for people. One current example of this was staff training on dementia awareness which uses dementia simulators for staff to experience how it feels to live with dementia.
● Staff members told us they were well supported and received regular supervisions and competency assessments to ensure they had the necessary skills for the job role. This included ongoing observations of practice and on the job coaching where practice could improve.
● New staff members received an induction at the service. Staff members told us this was helpful and enabled them to complete their job roles effectively.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● People told us they were supported to live healthy lives and see health professionals such as GP's and opticians. One person said, ''When I first came here, I had loads of sores, but they sorted it out straight away and now I have cushions [to prevent further sores]."
● People's health appointments and any recommendations from these were recorded and used to update people's care plans. Staff members accommodated transport and company for people who attended health appointments.
● The nursing staff had a good relationship with other professionals who dealt with specific conditions to ensure their care needs were met in a timely manner. Professionals gave positive feedback about how the staff and managers worked with them. One professional told us, "Elm Lodge always work really well. If we can help improve our services to help theirs then usually we work together in the best way to perform this."

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and their relatives were positive about the care they received. People told us, ''[Staff] are very kind." And "Staff are very helpful, very busy but good." A relative said, '' They are very welcoming here. We can't speak highly enough of them, from the cleaners to the management. They are marvellous.'' Another relative told us, "The staff are kind, considerate knowledgeable and very friendly."
- Staff supported people with kindness and respect. We observed that people felt comfortable and relaxed in the presence of staff team. People were happy being supported by staff members.
- People's equality and diversity was respected. For example, people were supported in areas which were important to them such as religion and had their preferences noted in their care plans in relation to sexuality and identity.
- Staff members knew the people they supported well. People's care plans were written in a kind and caring manner and highlighted their individual needs.

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

- People told us they could choose how they spent their time and what they liked to eat, when to get up and other daily choices.
- People and their relatives told us they were involved in reviews of their care plans if they wished to be. A lot of relatives chose not to. One relative said, "We don't attend care planning reviews." Another relative told us, "I am involved in [my family members] care plan. [Staff] ask me what I think they need."
- People and relatives were also invited to make suggestions for improvements and give feedback on the care both formally and informally. People told us they did not always like to ask. We spoke with the management team about this and ways they could encourage more open feedback such as building up relationships and trust through frequent but short conversations with people in an informal manner.

Respecting and promoting people's privacy, dignity and independence

- People told us staff upheld their dignity and privacy in most cases such as when supporting them in the bathroom or toilet. However, we observed one person having their blood pressure checked in the main lounge and staff had not checked if they would prefer to go somewhere more private.

Requires Improvement

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; End of life care and support

At our last inspection with the previous provider, we recommended the previous provider look in to supplying more varied and person-centred opportunities. And look at how people spent their time with meaningful interactions throughout the day, based on current best practice and guidance. The previous provider and registered manager had not made improvements in this area.

● People told us they were often bored and had little to do except watch the wall or watch other people facing them in the lounge. One person told us how upset they had become when just always looking at the same 3 people sat opposite them who did not move. Other people said while they really liked the staff, they were always busy and did not have time to simply sit and chat with them. People said they sometimes felt lonely and missed simply having company and someone to talk to. Staff told us they did not have the time with their workload to spend quality time with people and have a chat.
● While people were confident to speak up about this, some chose not to as they felt the staff were kind and did not want to 'be a bother'. One person told us, "I do get bored sometimes. I don't know what I do really. Watch the telly and do my books." Another person said, "I do get bored. It's not [staff's] fault. They have enough to do, they can't do everything."
● Relatives also felt more could be done in relation to what people were able to do in the daytime. A relative told us, "I think there may be not enough staff. There doesn't seem to be as many as there used to be. I've felt [my family member] spends a lot of time in their room. They don't socialise at all. They are in bed when I visit now." Another relative told us, "None of the staff chat to [my family member]. They will walk in with the food put it down and walk out."
● Care staff knew people well but did not utilise moments where they could have briefly chatted with people unless it was during or about a task for example, 'Do you want a drink?' or, 'Do you need the toilet?' Staff told us they were too busy and the workload did not allow for them to spend meaningful time with people. People told us they wanted company and were not interested in entertainers or going out into the community. Other people wanted to have a role to feel valued such as helping in the kitchen.
● We observed people helping other people with their queries about where to go after meals as there was no staff around in the dining area to hear their question or answer them. This was similar during other mealtimes where questions were left unanswered, and some people did not always eat as they appeared confused about what to do.
● People had detailed care plans which met all of their physical health needs, but they were not always

person-centred. People's end of life care plans did not detail when to offer people anticipatory medicines which help people with pain relief and comfort.
● Staff wrote detailed daily notes in relation to fluid intake and other health needs but the notes were all task led and did not include any person centred notes. For example, they did not include how a person was feeling, what their views were about their care or if staff have had a chat with them and if so, about what. This was a missed opportunity to evidence any person centred care had been given which was not observed by inspectors.
● We spoke about the above shortfalls in depth with the registered manager and nominated individual and again during feedback with the whole management team. The new provider understood the need for change and was passionate about implementing new approaches and encouraging new staff practices to improve in this area.

Opportunities for people to spend their time in meaningful ways using person centred approaches was not yet in place. This was a breach of regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The new provider acted immediately and updated their current action plan to address this area of concern during the inspection. While this was a positive step forward, this plan had not yet been implemented or made an impactful difference to people at the time of the inspection.

● The provider had arranged for links with local volunteer groups, schools and colleges to support more people in the service to be able to provide additional company for people. We observed one volunteer stay briefly and chat to people while being assessed by their assessor.
● There was an activities coordinator who planned some events, which some people said they had enjoyed, such as a monthly trip to a social club, animal visits, singers and arts and crafts.
● People were supported to remain in contact with relatives and friends. People sometimes went into the community with relatives for meals or coffee. Relatives told us staff supported people to stay in touch with telephone calls and also informed them via telephone or email of any changes.
● People's end of life wishes were identified (where they were happy to discuss them) and recorded in their care plans for staff awareness.
● Staff had received training in end of life care and had a good understanding of how to support people and their relatives during this difficult time.
● The staff worked closely with other professionals such as the palliative care team and district nurses to support a dignified death.

Improving care quality in response to complaints or concerns
● The registered manager had implemented a complaints procedure and people and relatives were happy they knew how to complain and felt confident to do so.
● The management team regularly reviewed complaints to identify patterns and look at how they could further improve.
● People told us staff acted quickly to try and fix any problems when they had raised a complaint in the past. However, we did observe one occasion when staff did not pick up where a person was attempting to explain why they were complaining about the food.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get

information in a way they can understand it. It also says that people should get the support they need in relation to communication.

● Staff communicated to people in ways they understood.
● The registered manager and staff team assessed people's communication needs and understood how to adapt communication styles and use different tools to support people to understand and have a voice. For example, one staff member said, "We have booklets which use images, and we also use thumbs up and thumbs down cards. We adapt our sentences to shorter sentences and make sure people can hear us."

Requires Improvement

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager and new provider aimed to promote a person-centred approach to care. However, since the last inspection, the registered manager had not made progress based on our recommendations for improving giving more person-centred opportunities for how people spent their time. This demonstrated a lack of continuous learning and improving care.
- One area we also discussed with the management team was about staff use of language and the impact this can have on how staff view people. While we observed staff being very respectful towards people in person. When speaking about people, staff often gave people labels such as 'patients' for people requiring health support, 'feeds' for people who required support to eat or 'wanderers' for people who liked to walk about. There was also a lot of use of terms such as agitated and anxious which are often not helpful when it does not identify what 'agitated' looks like for an individual. The provider agreed to address this area with the staff team as it was important staff have a positive mindset and fully understand person-centred approaches.
- The new provider had focused on urgent improvements during their first year such as a new call bell system, mobility equipment, replacement floors and other environmental and staff support needs. They had created an action plan to improve on person-centred approaches and told us they felt their staff team and managers have worked hard to accept all of the changes and were positive about what they are aiming to achieve.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the need to be open and honest when things went wrong. They reported all concerns to the relevant people and organisations and shared outcomes with people, their relatives and the staff team. They were open with us about plans for continued improvements and the development of staff and the service.

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

- The registered manager staff team and new provider had a good understanding of their job roles and best practice guidance. They implemented a variety of audits and other quality assurance measures like spot checks and observations and gained feedback to help identify areas for improvement and make changes.
- The new provider had implemented an electronic care recording system. This enabled up-dates for risk

assessments and other changes to care plans to be immediately accessible for staff. Staff told us some staff still struggled with the new system as they were not very technologically minded but were slowly getting there and felt the new system was beneficial.

● Staff told us how morale had greatly improved, and they had been able to develop their knowledge and skills with the new provider's support. Staff felt able to request any additional training they felt would benefit their practice and the people they supported. A staff member said, "[The registered manager] is always going around [the service] and seeing things and will tell you about it on the spot. They are very good like this."

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

● Staff spoke highly of the new provider and the improvements they had made so far. Staff felt the improved environment and way they were consulted and treated made them feel much more valued and motivated to do a good job. One staff member told us, "Since [nominated individual] came, they have made a lot of improvement which was needed regarding the environment and the care devices to make it easier for us." Another staff member told us, "We have had a lot of change which has been hard, but we are levelling out. The new owner is absolutely lovely. They will always ask me how things are going and tell me their door is always open."

● The registered manager had implemented, various methods of seeking feedback from people, relatives and staff about the care and the service and used these to reflect and make improvements. Some of these methods included surveys, supervision, face to face chats, feed-back forms and reviews.

● People, relatives, staff and professionals all spoke positively of the staff team and registered manager and the positive impact they had on the quality of care. One person told us, "As far as the place and the staff are concerned, it is great." A relative said, "The staff are brilliant. They all deserve a medal. They are all really lovely."

● People and relatives felt able to speak to the registered manager and they would listen. A relative told us, "I know the [registered manager]. They are absolutely very approachable. "Staff told us how they felt supported by the registered manager. A staff member said, "[The registered manager] always supports us and encourages us to do our training."

Working in partnership with others

● The staff team worked with a variety of health professionals to ensure people's needs were being met. One professional told us, "We do not have any concerns. We believe this care home works and is run well by management." Another professional said, "Elm Lodge provides a good standard of care to their residents and have knowledgeable nurses who care deeply about each of the residents. [The registered manager] is passionate about providing excellent care for each of their residents."

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 Treatment of disease, disorder or injury	Regulation 9 HSCA RA Regulations 2014 Person-centred care People who used the service were not given opportunities for varied and meaningful ways to spend their time. Person centred approaches were not always practiced.