

Crosscrown Limited

The Elms Residential Care Home

Inspection report

5 Main Street
Clifton-upon-Dunsmore
Rugby
Warwickshire
CV23 0BH

Tel: 01788536701

Date of inspection visit:
11 January 2023

Date of publication:
08 February 2023

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Elms Residential Home is a residential care home providing personal care and accommodation for up to 27 older people, some of whom have dementia. The service is made up of a four-storey house with en-suite bedrooms and communal facilities. At the time of our inspection visit there were 21 people receiving care.

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

Risks to people's health had been assessed and identified, but staff were not always aware of people's risks to keep them safe. Records did not demonstrate safe practice and enable effective monitoring of risks to take place. Staff had not always recorded that people's topical medicines had been applied to provide assurance they were given in accordance with the prescriber's instructions.

Staffing was maintained at the level the provider had assessed was needed. However, due to the high numbers of new and agency staff, shifts were not always staffed with care workers who had extensive knowledge of people's individual needs. The provider did not have effective systems to confirm the identity of agency staff and ensure they had the appropriate training and employment checks in place.

Staff understood their role in reporting any safeguarding concerns. 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.

There had been recent and significant changes in managers and key senior staff at the service which had impacted on some quality standards. Systems and processes to monitor and improve the quality of care provided had not been effective in identifying the areas of improvement we found during our visit.

Despite the issues we identified, people and most relatives were happy with the care provided. Relatives told us they were kept informed about their family member's health and that staff worked with other healthcare professionals to improve outcomes for people.

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 this service was good (published 6 December 2019).

Why we inspected

The inspection was prompted in part due to concerns received about staffing and the culture within the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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

Enforcement and Recommendations

We have identified breaches of regulations in relation to the management of risks and the governance of the service 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

The Elms Residential 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. 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

The inspection was carried out by 2 inspectors 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

The Elms Residential Care 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. The Elms Residential Care Home is a care home without 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 no registered manager in post.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

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 reviewed information we had received about the service. We sought feedback from the local authority who commission with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all this information to plan our inspection.

During the inspection

We spoke with 7 people and 10 relatives/visitors about their experience of the care provided. We carried out observations within communal areas to understand people's experiences of the care provided.

We spoke with 9 members of staff including the deputy manager, the provider's operations director and their quality assurance manager, 3 care staff, a member of the housekeeping team, the chef and a member of agency staff. We received feedback from 2 visiting healthcare professionals who worked with the home.

We reviewed a range of records. This included 4 people's care records and 11 people's medicines records. We also looked at arrangements for administering, storing and managing medicines. We looked at a selection of monitoring records such as fluid input and output charts and repositioning charts. We looked at 2 staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Is the service safe?

Our findings

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

At our last inspection we rated this key question Good. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Assessing risk, safety monitoring and management; Using medicines safely

- Records showed risks to people had been assessed and identified, but staff were not always aware of people's risks to keep them safe. For example, some people were diabetic which meant they needed to be monitored for any symptoms of concern associated with this health condition. Although care plans were in place to manage the risks associated with their diabetes, two staff were not aware who was diabetic in the home.
- We received inconsistent information from managers and staff about which people had damage to their skin. Staff were not aware how frequently people needed to be repositioned and gave us inconsistent responses when asked. There were large gaps in records to demonstrate people at risk of skin damage had been repositioned to alleviate pressure on vulnerable areas in accordance with their risk management plans.
- Records did not demonstrate safe practice or enable effective monitoring to take place. People's fluid intake records were not consistently completed to show people had received enough fluids to maintain their health.
- Records did not evidence people's topical medicines had been applied in accordance with the prescriber's instructions. There was a risk people had not received their topical medicines as prescribed.
- Some people were prescribed medicines to be given on an 'as required' (PRN) basis. There was limited guidance for staff about when these medicines should be given. For example, one person's daily medicine indicated indigestion medicines should not be taken for 2 hours before or after the medicine had been given. The person was prescribed a PRN indigestion medicine, but because of a lack of guidance, this medicine had been given within this time frame.
- At the time of the inspection it was not clear if the provider had taken action to protect people from the risk of legionella bacteria. A risk assessment carried out by an external company in July 2022, highlighted multiple areas of concern and recommended some immediate improvement actions. At the time of the inspection visit, it was not clear how the risks to people's safety had been managed. The operations director provided evidence following our visit to confirm how 3 areas of concern had been managed. However, the provider's action plan recorded other areas requiring immediate attention would not be completed until June 2023.

We found no evidence people had been harmed however systems and processes were not sufficient to demonstrate risk was well-managed and people always received their medicines as prescribed. This exposed people to the risk of avoidable harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people had equipment to maintain their safety. For example, one person who was at risk of pressure damage had a dynamic seat cushion to reduce pressure. We saw this was in place.
- When people had fallen, their risk assessments were reviewed to identify any actions required to reduce their risk of falls.
- The deputy manager acknowledged the issues with topical medicines and was developing a system to improve this aspect of medicines administration.
- Medicines were stored securely and safely.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- The provider submitted DoLS applications, when necessary, to ensure people had appropriate legal authorisations in place. The provider had oversight of which people were subject to a DoLS authorisation, whether they were subject to any conditions and when they were due to expire.

Staffing and recruitment

- Staffing was maintained at the level the provider had assessed was needed. However, due to the high level of new and agency staff, shifts were not always staffed with care workers who had extensive knowledge of people's individual needs, and the relevant experience to provide care without support of other staff.
- We received mixed feedback from people about current staffing arrangements. One person told us, "There are lots of agency staff they are not as proficient as those who have been here a long time." Another person told us, "It [medication] has been a bit all over the place this week and they have been coming later in the morning." Other people did not raise any concerns.
- Two visiting healthcare professionals told us staff were not always available. They commented, "When we were looking for staff yesterday, we had to go round the back to find them. You feel as though you have to really look for everybody."
- Systems to ensure agency staff profiles and photographic identification were received before they worked at the home were not in place. On the day of our inspection, no agency profiles had been received for the three agency care workers on shift. This meant the provider could not be assured agency staff had received basic training or had Disclosure and Barring Service checks to ensure they were safe to work with vulnerable people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were somewhat assured the provider was using PPE effectively and safely. Some staff did not wear their masks in accordance with the provider's policy. Staff gave inconsistent responses about what the provider's expectations were about wearing a mask.

- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were somewhat assured that the provider's infection prevention and control policy was up to date. The provider's policy had been updated following recent changes in government and local health teams guidance. However, the policy was not clear and contained contradictory advice for staff.

Visiting in care homes

- The provider was supporting care home visits in line with government guidance and there were no restrictions. One relative told us, "They are pretty happy for visits anytime and they have said if I am there at food times, I can sit and eat with [name]. They have very open visiting times."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse. People told us they felt safe living at The Elms. One person told us it was the, "Surroundings and the people" who made them feel safe. Another person said, "I feel very safe and very happy here. Everyone is so lovely to me."
- There was information displayed in the home informing staff, people and visitors how they could raise any safeguarding concerns.
- Staff were confident reporting potential safeguarding concerns. One staff member told us if they saw any abuse or unsafe practice they would, "Calmly tell them to stop and inform the manager. If they didn't do anything, I would take it to the top until I got a solution." Another member of staff told us they could also report any serious concerns to the local authority.

Learning lessons when things go wrong

- The provider analysed falls and incidents to identify patterns and trends.
- Identified improvements in staff practice had been shared with staff following a recent safeguarding incident.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Governance systems to monitor the quality and safety of the service were ineffective. For example, they had not identified staff were not always accessing information about risk management.
- In November and December 2022, the registered manager and other key members of senior staff had left the service. At the time of the inspection, a management team made up of the provider's quality assurance manager and the operations director, were supporting the service. Despite this support, regulatory compliance had not been maintained.
- The provider had failed to ensure they had consistent and effective oversight to ensure tasks to mitigate risks to people's health and well-being were completed as required. Records had not been regularly or accurately maintained to show people had received enough drinks or they were being regularly repositioned to prevent skin damage.
- Medicines audits had not identified some of the issues we found in relation to safe medicines practice.
- The provider's systems to safeguard people required improvement. An effective system to confirm the identity of agency staff and ensure they had the appropriate training and employment checks to provide safe care was not in place.
- The provider's checks had not identified their training for agency staff was not always effective. Some agency staff were not able to use the provider's electronic care management system which placed extra responsibilities on permanent staff.

We found no evidence people had been harmed but governance and service oversight were ineffective. This was a breach of Regulation 17 (Good governance) of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider was actively recruiting to fill the vacant posts. A new deputy manager and senior care worker had been appointed and a new manager was due to start employment on 1 February 2023.
- The provider held a staff meeting the day after our inspection visit to share our initial feedback and start addressing the issues identified.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Despite the issues we found, people were happy living at The Elms. One person told us, "It is lovely. I was in another care home for 5 years and it was like coming from being a number into a family." Another person

commented, "They are very particular about your care. I have had several spells in hospital and when I have come out, they have been brilliant and really looked after me."

- Overall, relatives were happy with standards of care. One relative told us, "It is like a hotel with really caring people looking after you. [Name] has turned a corner and the carers have enabled that." Another said, "The atmosphere is really good, that is the reason why [Name] is there. It is as good as it can be, staff are very welcoming."

- People and relatives had been informed by the provider about the recent managerial and staffing changes. One relative told us, "We were told about the changes when I asked, then they sent an email. They have done very well to get more staff in and maintain a warm, friendly, family atmosphere."

- The provider sought the views of people, relatives and visiting healthcare professionals through annual surveys. We saw the results of the surveys conducted in March and May 2022 had been very positive about the standards of care.

- People understood the current challenges at the service and were confident previous high standards would be met again. One person told us, "It has got better this week. I am sure when we have got a manager in as well and as the newest carers get to know us, it will be better." However, some relatives felt further information and assurance was required, one commenting, "I would just like to know long term what changes are going to happen."

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 provider understood their responsibility under the duty of candour.

- Relatives told us they were kept well informed about any accidents or incidents or changes in people's health. Comments included: "They have kept me in the loop. If [Name's] blood pressure drops or their mental health or meds change, they keep me informed when they see me, and they ring me."

Working in partnership with others

- Relatives told us staff worked with other healthcare professionals to improve outcomes for people. One relative told us how their family member's health had improved saying, "They have transformed [Name] there. [Name] has put on weight, they took them to hospital appointments and they look better."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment 12(2)(b)(g) The provider's systems were not consistently effective in doing all that was practicable to minimise risks to people and ensure the proper management of medicines.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance 17 (2) The provider's systems and processes were not always operated effectively to assess, monitor and improve the quality and safety of the service provided.