Bupa Care Homes (ANS) Limited

Elm View Care Home

Inspection report

Moor Lane
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Somerset
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Date of inspection visit:
18 November 2019
19 November 2019
20 November 2019

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31 December 2019

Ratings

Overall rating for this service	Good

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

Summary of findings

Overall summary

About the service
Elm View Care Home is a nursing home providing personal and nursing care to 43 people. At the time of the inspection 41 older people were living at the home.

People's experience of using this service and what we found
People received their medicines safely. People were supported by staff who had checks undertaken prior to starting within the service. The registered manager was in the process of recruiting to vacant posts and they arranged additional agency staff to cover shortfalls when required. Some people felt improvements could be made to the time it took staff to answer their call bells. Not everyone received their lunch time meal inline with their individual requirements. Not all staff were receiving supervision in line with the provider's policy.

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. Referrals were made to health care professionals when required.

People were supported by staff who had a clear understanding of infection control. Staff received training to ensure they were competent in their role. Along with how to use personal protective equipment and handle soiled and contaminated laundry.

People felt supported by staff who were kind and caring and all felt able to raise concerns if they occurred. Care plans were personalised and contained important information relating to people's likes and dislikes. Staff felt it was a nice place to work however not all staff felt the manager addressed things they raised with them. People could attend various activities and be part of daily routines within the service. Incidents and accidents were recorded, and an overview held so that any trends and themes could be identified. People had end of life wishes recorded within the care plan.

Rating at last inspection: Requires Improvement (published November 2018).

Why we inspected: This was a planned inspection based on the previous rating. At this inspection we found the overall had improved to Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Elm View 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 Care Act 2014.

Inspection team:
The inspection was undertaken on the 18, 19 and 20 November 2019. It was carried out on the first day by one adult social care inspector, and an assistant inspector. On the second and third day the inspection was carried out by one adult social care inspector.

Service and service type:
Elm View Care Home is a nursing home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.
The service at the time of the inspection had a registered manager in post who was registered with the Care Quality Commission. This meant the registered manager and provider was legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
The inspection was unannounced on the first day.

What we did:
We reviewed information we had received about the service. This included details about incidents the provider must notify us about. The provider completed a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection we spoke with five people and six members of staff, as well as the registered manager, area manager and quality manager. During the inspection we reviewed five people's care and support

records and three staff files. Following the inspection, we contacted eight relatives and gained views from three. We also contacted one health care professional however were unable to gain their view of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also looked at records relating to the management of the service such as incident and accident records, questionnaires, recruitment and training records, policies, audits and complaints.

After the inspection the provider sent additional evidence relating to quality assurance reports, training and the service improvement plan.

Good

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

This meant people were safe and protected from avoidable harm.

Staffing and recruitment

● Staff, people and relatives had mixed views on if the service had enough staff. However, on the days of the inspection we found people had their care needs meet by staff.

● At busy times sometimes people had to wait for their call bells to be answered. People told us, "They won't answer the bell. Sometimes it's Six minutes to three quarters of an hour to an hour sometimes". We reviewed the call bell responses and although we didn't find people waiting 45 minuets on the dates we checked we did find on occasions people were waiting for between 10 and twenty minutes before support was provided.

● During the inspection one person's bell took staff over 13 minutes to answer the bell within their room. We fed this back to the registered manager.

● One relative felt there could be more staff at the weekend. They told us, "When I visit there never seems to be staff around when I want to find them, it's at the weekend. However, this might be because they are supporting people to get up". Otherwise they were happy with the care their relative received.

● One member of staff told us, "Staffing levels. Could do with some more, an extra member of staff". Another member of staff told us, "Get days not enough staff". Another member of staff told us, "We've got more people with dementia. To give them care they deserve we should have more staff. We are rushed, mornings are manic and evenings too, before residents are going to bed".

● Staffing levels were within the identified ranges set by people's dependency and the registered managers rota. However, on occasions when staff rang in sick the service had to use agency staff. The registered manager confirmed at the time of the inspection they had three vacancies within their staff team. They were in the process of recruiting to these vacant posts.

● The provider undertook checks for new staff prior to working with vulnerable adults. Checks included a satisfactory Disclosure and Barring Service (DBS) and references.

Systems and processes to safeguard people from the risk of abuse

● People, relatives and staff felt the service was safe. One person told us, "Yes. I feel safe". Another person told us, "Yes, I'm happy here". One relative told us, "Yes, I feel [Name] is safe. I think they are excellent".

● People were supported by staff who had a good understanding of abuse and who to go to should they have any concerns. One member of staff told us, "Abuse is physical, financial, I'd go straight to the manager, the Care Quality Commission, Police or council. I feel people are safe".

Assessing risk, safety monitoring and management

● Systems were in place that checked the fire safety arrangements within the home. Checks were also in place for equipment and water compliance. Records confirmed lifts were serviced along with portable appliance testing.
● People had personal evacuation plans. Plans confirmed what support and equipment the person required in an emergency situation.
● Care plans contained risk assessments which identified the risk, what support the person required and any equipment.

Using medicines safely
● People's medication administration records (MARs) were accurate and up to date.
● Staff had clear guidelines to follow when people required medicines 'as and when'.
● MAR's charts contained important information relating to people's diabetic protocols. This meant staff knew what was normal for the person and what actions should be taken if they presented unwell at any time.
● Medicines were in date and correctly stored. Where thickener was required for people at risk of choking. This was safely stored and administered as per instructions.

Preventing and controlling infection
● People and staff had access to effective hand washing facilities. For example, people's en-suites had liquid hand soap, paper towels and bins. Staff used personal protective equipment (PPE) as required.
● Staff had a good knowledge of how to handle and wash laundry. The home was clean and odour free.
● Throughout the home people, staff and visitors had access to hand sanitisers. These could be used on entering and leaving the home to prevent the risk of cross infection.

Learning lessons when things go wrong
● All incidents and accidents were recorded including actions taken. The registered manager was responsible for monitoring these incidents and addressing any learning or improvements to prevent similar problems from arising again.
● Incidents and accidents were monitored by senior managers through the electronic reporting system. This meant incidents and actions taken could be monitored.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

Staff support: induction, training, skills and experience

- Most staff felt supported by their line manager however they were experiencing differencing support in relation to supervision sessions. One member of staff told us, "We work well as a team. I have regular and planned supervision". Another member of staff told us, "I feel supported. I haven't had a supervision yet. I have got one coming up soon". Another member when asked if they felt listened to said, "Its difficult". They went onto say, "I had supervision over a year ago. It was fine". This meant some staff were experiencing differing support and access to supervision sessions.
- Staff were not always receiving supervisions inline with the providers supervision policy. For example, we found nine staff had received one supervision session within 11 months. The providers policy confirmed, 'All employees should have supervision at regular intervals and a minimum of four supervisions per year'. The area manager confirmed supervision had been planned for the next few months which meant staff should receive supervision as per the provider's policy.
- Staff received training to ensure they were competent in their roles. Training included, basic food hygiene, fire training, safeguarding, medicines, infection control, mental capacity and deprivation of liberty, safeguarding and moving and handling.
- Staff received additional training for example, in nutrition and hydration, pressure ulcers, stress and distress, bedrails and how to keep information secure.
- Induction training was provided. This ensured staff were familiar with their role and the service before they worked alone.

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

- People had choice about what they wanted to eat and where.
- People were supported with their nutrition and hydration needs. Records confirmed support provided. Care plans had important information relating to specialists' diets and if people's food needed to be modified. However, one person had information within their room. The information reflected old guidelines that were now out of date. We raised this with the registered manager for them to up date this information.
- People and relatives felt the food was good. One person told us how the service accommodated their specialist diet. They told us, "The food is good there is a variety". One relative said, "The food is very good".
- Relatives and visitors had access to hot and cold drinks at a drink station in the dining area.
- Since the last inspection the registered manager confirmed lunch time was now two sittings in the dining area. This they felt was working better for people as it was an appropriate environment for people especially those who required a quieter dining experience.

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 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). Where the service is currently depriving a person of their liberty, whether under a Deprivation of Liberty Safeguards (DoLS) authorisation or under authorisation or under authorisation from the Court of Protection.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● People's care plan contained important information relating to people's capacity. Where people lacked capacity, mental capacity assessments and best interest decisions had been made when required.
● DoLS applications had been submitted when required. The registered manager kept a log of the applications submitted and those granted. This meant they were able to track when new submissions were required.
● Staff offered people choice and they sought consent before providing care and support.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
● The service had two lead dementia staff. Their role aimed to deliver support to the staff group around implementing best practice guidelines. They had started to attend training sessions which was an opportunity to discuss best practice. They were then responsible for disseminating the information and improvements back to the staff team. The registered manager confirmed this was an area they aimed to work on over the next few months.
● The service had nurses. They were responsible for administering medicines, monitoring people's medical conditions such as diabetes, and providing wound and catheter care. Staff liaised with health and social care professionals when required.
Staff working with other agencies to provide consistent, effective, timely care
Supporting people to live healthier lives, access healthcare services and support
● The service liaised with health care professionals when required. Care plans contained important information relating to people's health care needs and professionals involved. Records were retained of visits and outcomes from visiting health care professionals.

Adapting service, design, decoration to meet people's needs
● People's rooms were clean and personalised. People's rooms had important personal possessions such as photos, pictures, display cabinets and important items collected over the years. All relatives we spoke with felt the home was always clean and tidy and odour free.
● People could access a garden area that had seating and flower beds. There was a lounge area where people could sit in comfortable chairs.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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 relatives felt staff were kind and caring. One person told us, "Staff are very nice". Another person said, "Yes staff are kind and caring. It's a happy place". One relative said, "The care staff are excellent".
- Most people felt staff had a positive attitude however this wasn't always experienced by people. One person told us, "Some are good some aren't". They went on to describe their personal experience as at times could be variable.
- Staff had a good understanding of equality and diversity. For example, one member of staff explained equality and diversity means, "Colour, culture, age, gender, sexuality". They went on to say it's about someone being respected for who they are.
- People were seen to wear clean clothes and were well presented. There was an on site hairdressers should people wish to have their hair done. However, one relative raised concern's regarding the quality of the laundering of the person's clothes. We fed this back to the registered manager for them to address.

Supporting people to express their views and be involved in making decisions about their care and Respecting and promoting people's privacy, dignity and independence

- Staff demonstrated a good knowledge of how to promote people's privacy and dignity. One member of staff told us, "Shut the curtains and doors. We don't have private conversations in public". However during lunch we found one person was not supported in line with their individual support needs. For example, their care plan confirmed a plate guard was required to prevent food from being pushed off their plate. We observed the person push most of their dinner off the plate and onto the table. They then used their fingers to get the spilt food into their mouth. Their care plan confirmed kitchen staff needed to cut up the person's food this was to support their dignity and promote their independence. We found this hadn't happened. The person ended up not eating some of their pastry of their pudding because of this. We fed this back to the registered manager.
- People were supported by staff who promoted their independence and choice. One member of staff told us, "We always ask them what they would like to wear. Also, if they would like a shower or bath". People choose to spend time in their rooms or within the communal areas of the home.
- People were able to have visitors throughout the day. This was important to supporting people to maintain relationships that were important to them.
- People had their views sought through regular care plan reviews. This was an opportunity for people to

make changes to their care and support.
● Staff spoke with people in a polite and respectful manner asking how they were and if they wanted a hot drink.

Good

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans were personalised and individual. They included people's hobbies and family information.
- Care plans were evaluated monthly and the registered manager confirmed people and their families were invited to a formal review every six months.
- People had choice and control with their preferred daily routines. Such as if they wanted to have their meal in their room or go to the dining room.
- Care plans contained people's medical histories. Staff had clear guidance to follow relating to people's diabetes, wound care, behaviour and catheter care.
- People's care plans contained information relating to their spiritual wishes. The service had regular visits from the local church. People were seen during the inspection enjoying a service and a sing along.
- Most people had access to a variety of activities such as physiotherapy, arm chair exercises, films, coffee mornings and gardening. One person had a battery powered dog that barked. This meant that their focus was re-orientated when they might otherwise be disoriented. The registered manager confirmed how beneficial this had been to the person who had always had a love of dogs. However, we found people who spent a significant amount of time in bed had limited sensory stimulation. For example, although we found people had their physical needs meet. There was limited social stimulation provided to those who could benefit from one to one support whilst being cared for in bed.

Improving care quality in response to complaints or concerns

- Most people and relatives felt able to raise any concerns should they be unhappy with their care. During the inspection we received feedback from one person and one relative who raised issues they were unhappy with aspects of the care. We passed this information onto the registered manager for them to address these concerns.
- The provider had a complaints policy accessible to people should they need to raise a formal complaint. The registered manager kept a log of complaints received and actions taken.
- Various compliments had been received by friends and family. One compliment included, 'To all the staff at Elm View. We'd like to express our thanks to you all for the wonderful care given to [Name] during their last Two weeks with you. Your kindness and compassion to [Name] and ourselves was much appreciated. Thank-you'.

End of life care and support

● No-one at the time of the inspection was receiving end of life care.
● People's end of life wishes were gathered through their reviews. Care plans were updated once people's wishes were known. The registered manager confirmed people's views were always being sought through regular conversations and when required with family members.
● People were remembered by the service in the event of their passing. A leaflet with their name, picture and a brief summary of them was available to people so as to remember the person by.

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Care plans contained people's communication and sensory needs. Staff supported people with their hearing aids and glasses as required.
● Staff spent time talking to people in a manner which gave them the opportunity to respond and react to conversations and questions.

Good

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good.

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

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

- The registered manager undertook various audits such as medicines management, health and safety, care plans and auditing incident and accidents. An action plan was in place that identified shortfalls that required improvements to be made. This identified areas for improvement, who was responsible and when actions would be completed. Actions included, staff supervisions and a weekly meal audit.
- The area manager monitored the performance for the service. Monitoring included, pressure ulcers, weight loss, medication errors, admissions to hospital, the use of bed rails, safeguarding referrals, accidents, falls and infections. The area manager visited the service once a week to support the service and monitor compliance. Staff were familiar with who they were and felt able to approach them should they feel the need arise.
- Environmental checks on water temperatures and fire safety was undertaken by the maintenance person. The area manager monitored this electronically.

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

- The service had positive links to the local community. For example, a local school visited regularly. The service held open events such as summer BBQ's and a local singing group had visited to sing some of their recent songs. This meant people had access to their local community with positive links being formed.
- Staff had meetings with the registered manager. The meetings were an opportunity to discuss any issues or problems, records confirmed discussions and topics discussed. Clinical staff also had specific meetings that were an opportunity to discuss changes to people's health needs.
- The service had resident meetings. These were an opportunity for people to discuss activities and any menu changes. This meant views were gathered so improvements could be made to people's care experience.

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

- Staff felt it was a nice place to work. However, some staff thought management were not always approachable or that issues raised were not always addressed. For example, one member of staff told us, "It's a lovely place to work very friendly. I've gone with a problem it isn't resolved nothing was really done

about it. [Registered manager] they will take the time to listen to you and are approachable". Another member of staff told us, "Happy bunch. [Registered manager] hasn't always got the time. They are approachable most of the time, sometimes I don't bother at that specific time and hopefully it doesn't crop up again. Their pleasant enough".

● The registered manager sent us the feedback from the recent staff survey. The feedback confirmed 37% staff felt unable to challenge the way things are done at the service. This reflected some staff's comments during the inspection. It was unclear at the time of the inspection due to the registered manager just receiving this feedback what actions were being taken.

● The registered manager spent time during the inspection talking to staff, relatives and people.

● The service was displaying their rating on the providers website and within the service.

● Notifications were made when required. Notifications are when certain changes, events and incidents occur that affect the service or people.

Working in partnership with others

Continuous learning and improving care

● The registered manager liaised with the provider and other registered managers, so that a sharing of practice and legislation changes could be discussed. They attended management meetings with the area manager where performance of the service was discussed.

● The registered manager worked in partnership with outside agencies such as the local authority and the safeguarding team as well as the care of the elderly nurse.

● Staff and the registered manager attended continuous learning courses such as safeguarding courses. The registered manager were due to attend an investigation training course. This meant they were keen to improve their knowledge so that people and their families could receive improved care experiences.