

Brickjet Limited

The Elms Care Home with Nursing

Inspection report

Staunton
Coleford
Gloucestershire
GL16 8NX

Tel: 08453455793
Website: www.blanchworth.co.uk

Date of inspection visit:
14 August 2018
16 August 2018

Date of publication:
05 November 2018

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

What life is like for people using this service: Following our previous inspection the provider had made the decision to retire. At the time of our inspection staff were anticipating a change in ownership and we found the provider had been open and transparent with people and staff about the anticipated changes.

At this inspection we identified shortfalls in both 'Is the service Safe' and 'Is the service Well-led' key questions and have rated the service 'Requires Improvement' overall.

Staff were committed to providing good quality care but the service was not consistently safe. We found people's needs had not always been comprehensively assessed and staff did not always have the information they needed to understand how to support people to remain safe. We found people who required moving and handling support and those who required support to manage their behaviour did not always receive care in accordance with current best practice guidelines.

The provider and registered manager continuously worked to improve the service. Following our inspection feedback the provider took immediate action to increase staffing in the afternoons so that people could have staff support when they needed it. Additional staff training had also been arranged.

The provider had reviewed their internal quality assurance systems to ensure a more comprehensive audit of the service was completed. The audits had effectively identified most of the shortfalls we found prior to our inspection. However, progress against the provider's action plan had been slow and the provider's area operation manager was working alongside the registered manager to make the required improvements.

More information can be found in the Detailed Findings below.

Rating at last inspection: Good (Report published on 4 April 2017)

About the service: The Elms Care Home with Nursing accommodates up to 22 older people in one adapted building. 13 people were using the service at the time of this inspection. Some people using the service were living with dementia, physical disability and/or sensory impairment.

Why we inspected: This inspection was prompted by concerns raised by a health professional regarding people's safe care and treatment. The information shared with CQC indicated potential concerns about the management of risk relating to safeguarding, response to deterioration in people's physical health and safe moving and handling techniques. This inspection examined those risks.

This was the second concern raised to CQC about the service within the last 12 months. In December 2017, similar concerns had been raised by a health professional and relatives, relating to one person's care and treatment. This concern was shared with the Local Authority who found action had been taken by the registered manager to address shortfalls in the care provided.

We inspected the service against two of the five questions we ask about services: Is the service safe? and Is the service well-led? No risks, concerns or significant improvement were identified in the remaining three Key Questions through our ongoing monitoring or during our inspection activity so we did not inspect them. The ratings from the previous comprehensive inspection for these Key Questions were included in calculating the overall rating in this inspection.

Follow up: We will meet with the provider following this report being published to discuss how they will make changes to ensure the provider improves the rating of the service to at least Good. We will revisit the service in the future to check if improvements have been made.

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 findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our findings below.

Requires Improvement ●

The Elms Care Home with Nursing

Detailed findings

Background to this inspection

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

Inspection team: The inspection was carried out by one inspector.

Service and service type: The Elms Care Home with Nursing is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

A registered manager was in post; they had been registered to manage the home in September 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Notice of inspection: This inspection was unannounced.

What we did: Before the inspection, we reviewed information we held about the service including notifications. A notification is a report about important events which the service is required to send us by law. We used information the registered manager sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. The provider had informed CQC that from 06 December 2017, nursing care was not being provided at the home.

Throughout the inspection we observed the support being provided to people. 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 spoke with three people who use the service and four relatives. We reviewed four people's care files which included pre-admission assessments, care plans and risk assessments. We checked medicines records for four people and observed a staff member administering medicines. We reviewed the processes in place for managing medicines, including the use of 'as required' medicines.

We spoke with the provider's area operations manager and the registered manager, three members of the care staff team and the maintenance person. We spoke with four health and social care professionals. We looked at staff training records and rotas, accident and incident records, maintenance records and reviewed provider policies and quality assurance systems.

Is the service safe?

Our findings

People were not consistently safe and protected from avoidable harm

Supporting people to stay safe from harm and abuse/ Learning lessons when things go wrong

- Following a delay in notifying emergency services, lessons had been learned to ensure care staff would be able to identify when people became unwell and request medical assistance promptly. Staff had received sepsis training and universal assessment tools had been introduced to support staff to identify when people's health deteriorated.
- We had received concerns about the way some staff communicated with people and their attitude towards them. We observed one staff member appeared argumentative and unprofessional with one person and were abusive in manner towards another. We informed the registered manager and they took immediate action to safeguard people, including involving external agencies.
- Staff were not always clear on their responsibilities to report and investigate concerns relating to staff's conduct towards people. We were informed about two other incidents where staff communication and attitude had been poor. Only limited documentation was found regarding the former incident and staff had not always raised their concerns with the registered manager. The area operations manager was investigating whether these concerns had been managed in accordance with the provider's safeguarding and whistleblowing policies.
- We recommend the provider review the effectiveness of their whistleblowing procedures to ensure concerns relating to staff would always be reported and investigated.

Assessing risk, safety monitoring and management

- Staff understood where people required support to reduce the risk of avoidable harm. However, staff did not always follow current good practice when supporting people to mobilise safely and to reduce the risks when they became agitated.
- Where people experienced periods of anxiety we observed staff did not always know how to respond effectively. This was because they did not always give people the time and space to become calm and lacked the skills to distract or divert people effectively to help them to manage their anxiety.
- There had been a delay in assessing one person's mobility when they had become increasingly frail and we saw staff did not always follow safe moving and handling practice when supporting people.
- The area operations manager immediately reviewed people's behaviour and mobility support plans to ensure they provided staff with sufficient detail and arranged additional training to support staff to develop their skills. This included working with the Gloucestershire Care Home Support Team to update staff practice in management of anxiety and related behaviours to bring this in line with best practice in dementia care.
- One relative of a person cared for in bed told us the measures in place to reduce risk of injury were used consistently. Equipment was available to reduce the risk from falls such as hi-low beds, 'crash mats', sensor mats and people were checked regularly to ensure they were safe.

Staffing levels

- The provider had not ensured enough staff were on shift so that people received support in a timely way during the afternoon shift. We observed when staff were preparing the afternoon tea and breaks were taken, it left only one staff member to supervise the lounge and respond to people's requests for assistance. We spoke with the provider's area operations manager who agreed to change the way they worked out how many staff were needed. We discussed with the provider that this must be maintained to ensure safety and quality of the service. They agreed to do this and immediately increased the afternoon staffing.
- We saw all staff had been recruited safely by the provider.

Using medicines safely

- Some people occasionally required medicines when they became anxious and agitated to support them to manage their behaviour. Staff worked with mental health professionals and the GP to ensure people had access to appropriate anxiety medicines.
- Staff did not have all the information they needed to know when people required the use of these occasional medicines. Medicine care plans did not have sufficient detail to ensure that these medicines would only be used as a last resort. Information about use of occasional medicines was not always supported by a comprehensive positive behaviour plan for each person. Poor records increased the likelihood that errors would occur and that staff would not be consistent in their support when people became agitated.
- We recommend that the service consider current guidance on the recording of administration of medicines to support people to manage their anxiety.
- When medicine errors had occurred we saw they had been investigated and the GP contacted for guidance to ensure people would be safe. Staff had been retrained and their medicine competency checked following a medicine error to ensure they could continue to administer people's medicines safely.
- Staff told us they would know when people were in pain however no recognised pain assessment tool was in place to ensure when people living with dementia could not express their pain staff would be able to judge whether they required pain relief.

Preventing and controlling infection

- People and relative felt the home was clean. One relative said "It's always clean. I've been here when they've [staff] brought [person's] laundry. It's all beautifully folded. [Person] gets it better here than [they] did at home".
- Bedroom and kitchen spot checks were carried out as part of audit process. Where malodours were noted staff quickly responded and the housekeeping staff understood how to maintain good hygiene
- Staff followed good infection control practices and used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

Is the service well-led?

Our findings

Leadership and management did not consistently assure person-centred, high quality care and a fair and open culture.

Leadership and management/ Managers and staff were clear about their roles, and understand quality performance, risks and regulatory requirements

- We received mixed feedback about the leadership in the service. Staff we spoke with told us they liked and respected the registered manager and that the staff worked well as a team. However, not all staff and relatives felt that improvements would be made if they raised concerns.
- The provider had reviewed their audits and checks to ensure a comprehensive system was in place to monitor the quality of the service people received. These systems effectively identified some of the concerns we found for example, in relation to people's records. Progress against the provider's action plan had been slow and we identified similar concerns to those identified in the provider's June 2018 audit. Improvements were needed to ensure prompt action was always taken to address shortfalls identified by the provider's quality assurance systems. The registered manager's administration time was increased from 12 to 24 hours per week based on discussions we had with them and the provider's area manager during the inspection as the registered manager was struggling to find time to implement these changes.
- Training and supervision systems were not always effective as we found staff did not always understand their responsibility to raise concerns directly with the registered manager and did not always follow good moving and handling practices.
- We found the registered manager did not always identify when the CQC needed to be notified of incidents to monitor that appropriate action had been taken to keep people safe.

Promoting person-centred, high-quality care and good outcomes for people/ Continuous learning and improving care/ Working in partnership with others

- Staff were committed to providing high-quality care. However, we found the system for assessing people's needs required improvement. People's mobility and behaviour support needs had not been reassessed promptly and comprehensively to ensure staff would have the information they needed to meet people's individual needs. The registered manager was working with the local care home support team to review people's needs in accordance with current best practice.
- The GP told us that they had found the service had a better understanding of people's health conditions since the registered manager came into post.

Engaging and involving people using the service, the public and staff/ Working in partnership with others

- The service involved people and their relatives in day to day discussions about their care in a meaningful way.
- People and staff attended regular meetings to gain their views and the feedback had been used to continuously improve the service. For example, the front step had been painted white as relatives struggled to see it when visiting in darker evenings.
- The service had good links with the local community and key organisations, reflecting the needs and preferences of people in its care. Also, to aid service development.

