

Carisbrooke Healthcare Ltd

Elm Tree House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service: Elm Tree House is a residential care home that was providing personal and care for 15 older people at the time of the inspection.

People's experience of using this service:

- The provider had not ensured enough staff were deployed to meet people's needs throughout the day. Staff did not always have time to support people with meaningful and fulfilling activities. When they had time, the activities were meaningful and stimulating.
- People did not have personal emergency evacuation plans that would be used in the event of an emergency, such as a fire. These were completed after our inspection.
- People were happy living at Elm Tree House. They felt safe and liked the staff who looked after them. Relatives were satisfied with the service the staff gave to their family members and they felt welcomed at the home.
- Staff enjoyed working at the home and felt supported by the manager. They understood people's needs their needs and had received the relevant training.
- Staff were caring and supported people in ways to make people feel they mattered to them. Staff respected people's privacy. People were involved in decisions about their care and support.
- Staff followed infection prevention and control procedures. However, during our inspection we saw a mouse in the manager's office. The manager arranged for a pest control person to come to the home. We reported this to the appropriate local authority environmental health department.
- Staff supported people to access health services when they needed them. External healthcare professionals supported staff to help people maintain or improve their health.
- Staff supported people to have enough to eat and drink. Staff cooked a variety of nutritious meals, based on people's choices and including special diets for those who needed them.
- Staff did not always weigh people when they should. Two were weighed a month after they were last weighed instead of a fortnight later.
- Staff supported people to have the maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. However, not all staff understood the purpose of the Mental Capacity Act 2005. We have made a recommendation

about staff training on the subject of the Mental Capacity Act 2005.

- The provider was working to improve the décor of the premises to make them 'dementia friendly'.
- When staff had time they supported people to participate in activities they enjoyed. Staff had creative ideas about activities but did not always have the time to support people with these.
- The provider had not ensured that the Care Quality Commission (CQC) were notified of events or changes at the service.
- The service did not have a registered manager. The provider had not supported the manager to understand and meet the responsibilities of a registered manager.
- The provider wanted to improve the service but there was no plan of how they would do this.
- We found there were breaches of regulations. Action we told the provider to take is at the end of the report.

Rating at last inspection:

At the last inspection we rated the service Good (Report published 16 July 2016).

Why we inspected:

This was a planned inspection based on the rating at the last inspection. At this inspection we found the service had dropped to Requires Improvement. We found that the provider was in breach of two regulations. Please see the 'action we have told the provider to take' section towards the end of the report.

Follow up: We have required the provider to submit an action plan of how they intend to improve the service. We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Elm Tree House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, 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:

Elm Tree House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided and both were looked at during this inspection.

The service is required to have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The service did not have a registered manager at the time of our inspection.

Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we had received about the service. This included notifications of events that had happened at the service such as deaths and serious injuries, which the provider is required to send to us by law. We looked at the Provider Information Return (PIR). This is information we ask the provider to send to us at least annually to tell us about what the service does well and any improvements they plan to make. This information helped us to plan our inspection.

During the inspection, we spoke with two people who used the service and two relatives. We carried out observations in communal areas to assess how staff supported people.

We spoke with the acting manager and three care workers. We spoke with a senior manager and managing director who came to the service during our inspection visit. We viewed four people's care records. We saw records relating to the management and operation of the service such as audits, policies and procedures.

Is the service safe?

Our findings

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

Requires improvement: 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.

Staffing and recruitment

- There were not enough staff deployed to ensure staff could support everyone safely at all times.
- Two care staff were on duty to support 15 people. This was not enough to ensure people were consistently well supported. The manager was available to support staff to provide care but only for limited periods because they had their management duties to carry out.
- One of the care staff was the activities co-ordinator, but on the day of the inspection they were responsible for cooking people's meals. This meant they could not support people with activities or personal care.
- On the day of our inspection visit we did not see people being supported to follow their interests. A person's care plan included a requirement, 'Staff to ensure [person] is offered a full programme of activities each day to maintain independence and keep them occupied and stimulated.' This did not happen because there were not enough staff.
- One person always required the support of two care staff which meant that when they had that support, no care staff were available to support the other 14 people. Their relative told us, "[Person] needs two staff at times which leaves no one for the other people."
- Staff and a relative we spoke with said that there were not enough staff. A staff member said, "It would be easier if we had three staff. We could do more, activities for example. Also, if something goes wrong two isn't enough."

This was a breach of Regulation 18 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

- The provider did not have sufficiently robust safety monitoring systems in place to protect people from harm.
- The provider carried out a fire risk assessment dated 27 April 2017 which should have been reviewed 12 months later but hadn't been.
- The fire risk assessment and people's care plans and referred to people's ability to evacuate the premises in the event of a fire. However, people did not have a personal emergency evacuation plan (PEEP) that detailed how they should be supported in the event of an emergency.
- Fire evacuation drills did not include the participation of people. This, and the absence of PEEPs meant there was a risk that emergency evacuations would not be orderly and safe. The senior manager arranged for bespoke PEEPs to be written and included in people's care plans. The home manager confirmed after our visit that this had happened.
- People's care plans included assessments of risks associated with their care and support. Staff followed

these to keep people safe but without restricting their independence.

- Cleaning equipment and materials were kept outside in a 'COSHH' shed. This was unlocked despite a sign stating it should be locked at all times.

Systems and processes to safeguard people from the risk of abuse

- People felt safe at Elm Tree House. A person told us, "I feel safe here, day and night."
- Staff understood their responsibilities in relation to keeping people safe from harm and abuse.
- Staff received safeguarding training when they first joined the service. The manager kept records to identify when people were due to renew their training.

Using medicines safely

- People were supported to have their medicines at the right times. Staff told people what their medicines were for.
- Only trained staff who had been assessed as competent supported people with their medicines.
- People had medicines care plans which explained how their medicines must be given. Protocols were in place for 'as required' (PRN) medicines so staff knew when to administer these, for example for pain relief. People told us they had PRN medicines when they needed them.
- Medicines were stored securely and regularly audited by the registered manager to ensure they were being managed safely.

Preventing and controlling infection

- Staff followed infection control procedures and kept the home clean.
- However, we saw a mouse in the manager's office. The manager immediately called for a pest controller to attend. They found a dead mouse but assured us there were no signs of a mouse infestation. We reported this to the environmental health department of the relevant local authority.
- We saw discarded crisps immediately outside the rear entrance to the home, close to the kitchen and manager's office. It is possible this attracted mice. The manager added these areas to the cleaning schedule at the home.
- Staff followed infection control procedures to protect people and themselves from the risk of the spread of infection. They wore gloves and aprons when they supported people with personal care and eating.
- Communal areas, bathrooms and bedrooms we saw were clean. A person told us, "Its always clean."
- Laundry arrangements followed safe practice, for example ensuring that soiled items were collected and washed separately from other items.

Learning lessons when things go wrong

- The provider had systems in place so that they learnt lessons when things went wrong.
- The provider took actions, for example improving laundry arrangements, in response to an external infection prevent and control audit.
- After the lift repeatedly failed to work properly the provider engaged a different lift specialist to maintain the lift.

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

Requires improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. Six people had a DoLS authorisation and we found that the conditions were being met.
- Staff had training about the MCA. However, one of the care staff we spoke with did not understand the MCA and did not know which people had a DoLS authorisation.
- We recommend that the service finds out more about MCA training for staff that makes it easier for staff to understand.

Staff working with other agencies to provide consistent, effective, timely care

- The service involved health professionals such as dieticians and district nurses in people care. Staff followed health professional's advice. However, guidance about intervals at which people at risk of malnutrition should be weighed was not always followed.
- We saw in two people's care plans that they should be weighed every two weeks. However, after they were weighed on 15 December 2018, they were not weighed again until 15 January 2019. Neither had experienced unplanned weight loss, but staff had not followed guidance.

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

- Elm Tree House was formerly a family home that had been converted and extended into a care home. The design and décor of the home generally was not supportive of people living with dementia, though attempts had been made to provide people with sensory and visual stimulation. A senior manager had ordered a variety of 'dementia friendly' furnishings which they had identified from information about dementia friendly environments.
- People's rooms were personalised to their taste.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The acting manager assessed people's needs before they came to the service to ensure that Elm Tree House could meet their needs.
- People's needs were assessed and regularly reviewed. This ensured that the service could continue to meet people's needs.
- Staff told us that they read people's care plans to ensure they understood people's needs. They told us they found the care plans easy to follow.
- Staff meetings were used to ensure staff had the latest information about people. A person told us, "The staff know what they are doing, they pass information to each other very well."

Staff support: induction, training, skills and experience

- Staff received training that was relevant to the needs and requirements of people living at Elm Tree House.
- The manager supported staff to put their training into practice by working with them when they supported people.
- Staff told us their training had given them the confidence and knowledge to be able to support people. A staff member told us, "The training gave lots of learning, more than I've ever had. It definitely helped me." Staff told us the acting manager was very supportive by working with them and through regular supervision meetings.

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

- Staff ensured that people had a choice of nutritious food and drinks. A person told us, "I enjoyed my meal today. I knew what I would be having. The meals are pretty good." Another person said, "The shepherd's pie today was lovely, the food is always nice."
- Staff made meals of people's choice. Meals were freshly prepared by staff who were trained in food hygiene and preparation.
- If people decided they wanted something in addition to their meal staff provided this. For example, a person asked for soup before they had their meal and staff made them a bowl of soup. If people asked for an additional helping of food they were given more.
- Information about people's dietary requirements, food preferences and food allergies was available in the kitchen and we saw it being used when food was prepared.
- People who required support with eating received support.
- Staff gave people a choice of drinks throughout the day.

Supporting people to live healthier lives, access healthcare services and support

- The service worked closely with a range of health professionals to ensure that people received the right type of support.
- People had access to healthcare as required. A person told us, "When I've felt unwell they have always called for a doctor."

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

Good: ☐ People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People were treated in a kind and caring way by staff who demonstrated patience and compassion towards them. A person told us, "The staff keep me happy."
- Staff engaged in conversation with people when they supported them, they explained what they were doing and why.
- Staff respected people's individuality and differences and did things to make people feel they mattered. We heard staff telling people how nice they looked after returning from a hairdresser who visited the service. Staff encouraged and praised people saying, "Well done [person's name], I'm here to help you."

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

- Information in people's care plans showed that they and / or their relatives were involved in making decisions about their care. A relative told us, "The staff have involved me in decisions about [person's] care. They keep me informed about them."
- People and their relatives were given opportunities to make decisions about the person's care and support. A relative told us, "I get invited to resident's meetings where we discuss meals and suggestions about activities."
- Staff asked people how they felt, listened to what people said and responded promptly to requests people made, for example making drinks.

Respecting and promoting people's privacy, dignity and independence

- People told us they felt respected by staff. Staff told us how they respected the privacy and dignity of people they were supporting by ensuring that any personal care was in the privacy of people's rooms.
- People could spend their time where they wanted. They could go to their rooms at any time where they were not disturbed. A relative told us, "It's nice that we can spend time in the privacy of [family member's] room."
- People were supported to maintain relationships with family and friends who were welcome to Elm Tree House at any time.

Is the service responsive?

Our findings

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

Good: ☐ People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff were not always available to support people with activities.
- The service had an activities co-ordinator who had introduced lots of activities, but that was not their main role. For example, on the day of our inspection they cooked people's meals. Other days they provided support with personal care. When staff were able to devote time to activities people were stimulated and actively participated.
- We saw a folder of photographs of people participating in activities over the last 12 months such as bingo, quizzes, baking and shopping. At Christmas 2018, children from a local school came to Elm Tree House to mix with people and sing carols.
- The activities co-ordinator used the internet to search for ideas about activities. They had introduced 'animal therapy' activities where owls and meerkats were brought to the home. Staff brought their pet dog to the home.
- A person told us, "We like the singing and dancing." In the afternoon people participated in a singing activity which they said they enjoyed.
- A person told us, "It's amazing what staff think of sometimes." In the week before our inspection people participated in an 'old movie' activity which included having popcorn.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make a complaint if they felt they needed to. No complaints had been made since our last inspection.
- The complaints procedure was displayed and was available in an easy to read format. The procedure did not include information about how people could refer their complaint to the local government ombudsman if they were not satisfied with the response to a complaint. The senior manager arranged for this to be added to the procedure.

End of life care and support

- People were asked about their end of life wishes and preferences as part of the assessment process. Where people had specific requirements, these were documented in care files.

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

Requires improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- It was a condition of registration that the service had a registered manager. A registered manager left the service in November 2018 but the provider did not inform the Care Quality Commission (CQC) until 14 January 2019. When they informed CQC it was by email and they had not used the required statutory notification form.

This was a breach of Regulation 15 of the Care Quality Commission (Registration) Regulations 2009.

- The provider had not supported the manager to understand the responsibilities of a registered manager. The manager was distracted from management duties because they sometimes had to provide care. On the day of our inspection they supported people to have their medicines. They also spent time sweeping the dining area floor.
- The registration certificate of the registered manager who left was still on display in the entrance hall.
- It is a legal requirement for a service to notify CQC when people die. A person died in November 2018 but the death had not been notified to CQC. This happened at the time the registered manager had left. The manager made a notification after we discussed this with them.
- The provider's quality assurance had not identified any of the above.
- The provider had not assessed the risk of having only two care staff to support people for long parts of the day.
- The provider had procedures for monitoring the quality of the service which included receiving feedback from people, relatives and health and social care professionals. The senior manager supported the acting manager to carry out checks such as audits of medicines and people's care plans.

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

- The manager and staff planned and regularly reviewed people's care.
- People's care plans contained detailed information on how they should be supported, including consideration of their needs and wishes. A person told us, "I'm looked after very well."
- The ratings from our last inspection were not on display. After we discussed this the senior manager they printed a copy of our last report and put it on display where visitors could see it.

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

characteristics

- People's and relative's views were sought at resident's meetings.
- People were involved in reviews of their care plans.
- Staff had opportunities to be involved through regular supervision meetings and staff meetings. Staff told us they were confident about making suggestions, for example about activities people could participate in.

Continuous learning and improving care

- The senior manager told us, "It feels like starting all over again." They intended to make improvements that would bring the home up to the same standard as another home run by the provider. After we discussed this they said they would develop a plan of how this would be achieved.

Working in partnership with others

- The service worked with health professionals such as GPs, district nurses and occupational therapists to support people.

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 15 Registration Regulations 2009 Notifications – notices of change The provider had not properly or promptly notified CQC that a registered manager had ceased to manage a regulated activity.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There were not enough staff deployed to ensure people's needs were met throughout the day and to ensure their safety at night in the event of an emergency. Regulation 18 (1) Staffing.