

Bupa Care Homes (CFChomes) Limited

Elm Grove Care Home

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This focused inspection of Elm Grove Care Home commenced on 23 August 2017 and was unannounced.

This inspection was prompted by the provider's notification to CQC of a significant event. The information shared with CQC about the incident indicated potential concerns about safe care and treatment of people. This inspection examined those risks and reported on the findings in the safe and well led domains. This incident is subject to a separate investigation by the provider and as a result this inspection did not examine the circumstances of the incident

This report only covers our findings in relation to these topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Elm Grove Care Home' on our website at 'www.cqc.org.uk'. The last inspection report was carried out 24 and 25 August 2016. At that inspection the service was rated overall as "good" and was meeting all of the relevant regulations. Our findings at this inspection have not changed the current rating of 'requires improvement' for the key question Safe and the rating of 'good' for the key question Well-led. We have not changed the overall rating of 'good' for this service because we did not review all of the key questions. We will review all of the key questions at our next comprehensive inspection.

Elm Grove Care Home provides residential and nursing care to up to 60 older people. Adjacent to the main house, in the same grounds, there is a specialist unit for people who live with dementia, called The Chesnutt Unit. This unit is separately staffed but managed by the same registered manager. 48 people were using the service at the time of our inspection. Some of the people living at the home were living with dementia or other long term health conditions.

The home has a registered manager. 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 and associated Regulations about how the service is run.

People felt safe living at Elm Grove Care Home. However, people's risks had not always been clearly assessed and risk assessments were not always clear or contained sufficient detail. As a result, there were not always sufficient instructions for staff to follow to minimise risks to people. The registered manager had identified prior to our inspection that improvements were needed to ensure people's care records contained all the information staff would need to know how to keep people safe. They had started reviewing all of the care plans and risk assessments and we will review whether the planned improvements have been completed at our next comprehensive inspection.

Management systems were in place to ensure people were kept safe from preventable harm. The registered manager and senior staff ensured action was taken where shortfalls had been identified. The service learnt lessons from incidents within the service to prevent future harm.

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

People felt safe living at Elm Grove Care Home. However, we found people's risk assessments and care plans did not always contain sufficient detail for staff to know how to keep people safe if they were to refer to people's records for guidance.

The registered manager had identified prior to our inspection that improvements were needed to ensure people's care records contained all the information staff would need to know how to keep people safe. They had started reviewing all of the care plans and risk assessments and we will review whether the planned improvements have been completed at our next comprehensive inspection.

The rating of 'requires improvement' has not been changed from our last inspection as we did not look at all the areas of the key question of Safe. We will review all areas of the key question of Safe in full at our next comprehensive inspection.

Requires Improvement 

Is the service well-led?

The service was well led.

Management systems were in place to ensure people were kept safe from preventable harm.

The registered manager and senior staff ensured action was taken where shortfalls had identified. The service learnt lessons from incidents within the service to prevent future harm.

Staff, people using the service and their relatives spoke positively about the leadership at Elm Grove Care Home.

Good 

Elm Grove Care Home

Detailed findings

Background to this 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.

We undertook this unannounced focused inspection of Elm Grove Care Home on 23 August 2017. The inspection was prompted by a notification of an incident following which a person using the service sustained a serious injury. This incident is subject to a separate investigation and as a result this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of risk of people living at Elm Grove Care Home. This inspection examined those risks. During this inspection we looked at the two key questions; Is the service safe? and Is the service well-led?

This inspection was carried out by one adult social care inspector and an Expert by Experience (ExE). An Expert by Experience is a person who has personal experience of using or caring for someone using services. During this inspection, the ExE spent time speaking with and observing the people living at Elm Grove Care Home. The ExE also spoke with visitors to the service.

We spoke with nine people using the service. Additionally we spoke with eight members of staff which included a nurse, care staff, the deputy manager, the registered manager and the area manager for the service. We reviewed eight people's care records. We also reviewed management records in relation to staffing and incidents and accidents at Elm Grove Care Home.

Is the service safe?

Our findings

People we spoke with felt safe living at Elm Grove Care Home. One person told us, "I feel very safe here. The staff are wonderful and take very good care of me." The person said "I wouldn't let them do it if I didn't feel totally safe. They feel confident about what they are doing, so I feel confident." Relatives we spoke with told us they felt their loved ones were safe living at Elm Grove Care Home. One relative said "He (person using the service) is safer here than we could manage at home, and he is just as happy."

All of the staff we spoke with said they felt people were safe using the service. One member of staff said "The safety of the people living here is imperative. If I have any concerns, I will discuss these with the nurse in charge or one of the managers." Another staff member said "I raise any concerns with the manager. I have confidence the manager will take the appropriate action." One member of staff said "Yes I feel they are very safe here". Another member of staff said "I feel we provide good care here and the people are safe. They are happy here."

People's individual risks and care needs were assessed by nursing and care staff. People's care plans contained assessments based on their individual risks in relation to areas such as falls, moving and handling, maintaining safety, nutrition and skin integrity. However, we found people's risk assessments and care plans did not always contain sufficient detail for staff to know how to keep people safe if they were to refer to people's records for guidance.

For example, one person who required support with moving and handling had a risk assessment which detailed that they required a hoist to support with transfers. However, the risk assessment did not detail the type of hoist or any specific information for staff on how to support the person to transfer safely. We also looked at this person's care plan for moving and handling but this was also insufficiently detailed. However, from our observations when staff were supporting people with hoisting, it was evident staff had the skills to support people safely. The staff we spoke with confirmed they had received training around moving and handling and felt confident to support people in this area. One person who was supported by the staff with hoisting told us they felt confident when staff were supporting them.

Two people had been assessed as being at risk of falls but their risk assessments and falls care plans did not contain any detail on how staff were to support this person to minimise the risk of falls. However, staff we spoke with understood people's risks and could describe how they would support people to walk safely. One member of staff we spoke with told us how they would support one person to mobilise who was at risk of falling. They said "X (the person) requires a lot of encouragement from staff. We just need to be there for the person and this helps with their confidence." Following incidents such as falls, care staff had been involved in reflective learning, where they had discussed the actions they would take to ensure any future potential incidents were reduced. For example, following a recent serious incident where a person had fallen, all care staff had received individual supervisions with the registered manager to discuss the moving and handling needs of the people living at Elm Grove Care Home. Staff also told us how the registered manager had spent time discussing the protocols for supporting people with moving and handling needs, and supporting them to minimise the risk of falls.

We discussed the quality of the risk assessment with the registered manager and area manager who told us they had identified that people's care records required further information to ensure they were more robust prior to our inspection. They had started reviewing all of the care plans and risk assessments to ensure they contained sufficient detail and guidance for staff to follow. We will review the progress and whether improvements have been made at our next comprehensive inspection.

Where people's care needs and risks had changed, nursing staff ensured care and assessments had been amended to reflect these changes. For example, nursing and care staff had identified one person's mobility had deteriorated. We saw evidence of how staff had worked closely with the relevant health professionals to assess this person's mobility levels and ensure the appropriate equipment was being used to support them to mobilise. The persons moving and handling care plan and risk assessment had been updated following their assessment.

Call bells were accessible to people 24 hours a day. People had call bells within their rooms and care and nursing staff informed us they ensured people had these on them to enable them to call for assistance. The service kept a record of when the call bell system had been used and carried out spot audits on a weekly basis. One person living at Elm Grove told us "The staff make sure I always have my call bell with me. If I use my bell, the staff come quickly." Another person said "The staff always come to me quickly if I use my bell."

From our conversations with staff, it was apparent staff had a good understanding of protecting people from avoidable harm and neglect. Staff told us they had received safeguarding training. The staff we spoke with were able to describe the different types of abuse and how they would raise concerns.

Is the service well-led?

Our findings

The inspection was prompted by a notification of a safety incident. The provider took prompt action following the safety incident to ensure people in the home would receive safe care and treatment. The registered manager informed us of some of the actions they and their staff team had taken following this incident. These actions included reviewing the risk assessments and care plans of the people using the service. At this inspection we saw action was being taken to improve people's care records. Care staff had been involved in reflective learning, where they had discussed the actions they would take to ensure any potential incidents were reduced. This had been in the form of individual supervision with the registered manager to discuss the moving and handling needs of the people living at Elm Grove Care Home. The registered manager told us where required, staff had been booked onto further moving and handling training. The area manager told us they had commissioned an external agency to complete a root cause analysis investigation of the incident and would be sharing this information with CQC when completed. The registered manager told us there will also be a staff meeting to discuss the finding of the investigation once this information was received.

Systems were in place to monitor the management of people's risks and the quality of the service. Improvements were made when shortfalls were identified. For example, the registered manager completed a monthly falls audit. Where one of these audits had identified one specific person was regularly falling in the evening, the registered manager had reviewed the staffing arrangements and increased the number of staff for the evening shift. It was evident from looking at the falls records that this had been effective in reducing the number of falls suffered by this individual. Where other issues were raised with the registered manager, it was evident prompt action was taken to address the issues. For example, it was brought to the attention of the registered manager the day before the inspection that there had been a significant drop in the temperature of food transferred to the Chesnutt Unit using a heated trolley. The registered manager had taken prompt action to initiate an investigation into this and had removed the food trolley from service. We looked at the temperature records and these evidenced that although there had been a drop in temperature, the food was well within the recommended temperature guidelines when it was served.

Systems were in place to report and investigate safety concerns. The registered manager and deputy manager input all accidents and incidents into the provider's central electronic monitoring system which generated a monthly report. This identified the number of accidents which had occurred to both people and staff every month and actions the service had taken, as well as other areas such as infection control, safeguarding and health & safety.

The registered manager told us all incidents were investigated and where there had been concerns due to poor staff practice, the staff involved had been suspended whilst the investigation was ongoing. The registered manager told us all incidents would be followed by reflective learning for the staff and where further training was required, arrangements would be made for staff to attend the relevant training course. We looked at the incident and accident records and found these were detailed and clearly documented the actions taken to protect the person as well as lessons which could be shared with all staff.

People could be assured the home was safe and secure. Safety checks of the premises and equipment used for supporting people such as hoists were regularly carried out. People's electrical equipment had been checked and was safe to use. People's mobility equipment had been serviced in accordance with manufacturer guidelines. Fire safety checks were completed to ensure the service was safe. Fire exit routes were clear, which meant in the event of a fire people could be safely evacuated. There were personal emergency evacuation plans for each person. A copy of these plans was kept alongside fire safety documents in the event of an emergency. Fire drills were carried out at different times of the day, a clear record of the date and time of the drill had been recorded as well as the members of staff involved.

The staff we spoke with all told us they felt there was good leadership from the management team. The majority of the staff we spoke with told us they felt the registered manager was approachable and willing to support the staff. The registered manager told us they had an open-door policy and were always available for staff. The registered manager carried out a daily 'walk around' of the service and staff told us they could stop the manager and discuss any issues with them. The registered manager acknowledged that due to working patterns of staff, it was not always possible for staff to speak with the registered manager whilst on shift but they were always available for staff to speak with over the telephone or by appointment. The people living at Elm Grove Care Home and their relatives spoke positively about the registered manager. One person said "The manager is very good. Always smiling." Another person said "The manager will do her best to help me if I have any concerns". One relative said "The manager is a very kind and caring person. She works very hard to help the people living here and make sure they are happy."