

Oakland Primecare Limited

Elmbrook Court Care Home

Inspection report

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Date of inspection visit:
22 June 2022
28 June 2022

Date of publication:
03 August 2022

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

Elmbrook Court is a purpose-built residential care home providing personal and nursing care to up to 74 people across three separate floors, each of which has separate adapted facilities. One of the floors specialises in providing care to people living with dementia. At the time of our inspection there were 31 people living at the service and only across two floors.

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

People told us they felt safe living at Elmbrook Court. Staff knew how to identify and report any concerns. The provider had struggled to recruit permanent staff and were using regular agency staff. The provider had safe recruitment and selection processes in place which incorporated their values.

Risks to people's safety and well-being were managed through a risk management process. There were sufficient staff deployed to meet people's needs. Medicines were managed safely, and people received their medicines as prescribed.

People and relatives told us staff were caring. Staff did all they could to promote people's independence and we saw examples of this. People received personalised care, tailored to their individual needs and preferences, and staff supported people and their relatives to be involved with decisions relating to their care. People's privacy and dignity was upheld through the approaches taken by staff as well as in relation to the care environment, as people each had access to their own bedrooms with ensuite bathroom facilities.

People had a pleasant well-presented dining experience which offered a variety of appetising food choices available at times that suite people's preferences. Staff supported people to maintain food and fluid intakes, including, through the use of snacks, and making people hot drinks during the night to help them relax and maintain their comfort. There were hydration points and bottles of drinks freely available and placed at many accessible areas. People's feedback on food had been used to improve the dining experience.

People had access to several meaningful activities of their choice and the lifestyle team continued to work with people and their relatives to explore people's interests and hobbies. The home had established community links which allowed further friendships to be formed and maintained.

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. Staff had a particularly good understanding of when the principles of the Mental Capacity Act should be applied. People were supported to meet their nutritional needs and complimented the food at the home.

There had been changes in management following commissioning of the home and this had affected stability of management. However, the home was now well-led by a registered manager who was

committed to improving people's quality of life. The service had a clear management and staffing structure in place and staff worked well as a team. The service used the learning from people's feedback, complaints and concerns as an opportunity for improvement. The provider had effective quality assurance systems in place that included the use of technology to monitor the quality and safety of the service. Staff worked well with external social and health care professionals.

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

Rating at last inspection

This service was registered with us on 30 April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Elmbrook Court 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 team consisted of three 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

Elmbrook Court 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. Elmbrook Court is a care home [with/without] nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the service registered with us. We sought feedback from the local authority and professionals who work with the service. 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 used all this information to plan our inspection. We looked at notifications received from the provider. A notification is information about important events which the provider is required to tell us about by law. This ensured we were addressing any areas of concern. We used all this information to plan our inspection.

During the inspection

We spoke with nine people who used the service and one person's relative. Some people living in the home could not verbally give us feedback. As such we looked around the home and observed the way staff interacted with people. We further received feedback from six relatives. We also received feedback from two healthcare professionals. We looked at six people's care records and six medicine administration records (MAR). We spoke with 12 members of staff including the registered manager, the clinical lead, nurses, carers, the chef, domestic staff, lifestyle coaches and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records relating to people's care and the way the service was managed. These included staff training records, five staff recruitment files, quality assurance audits, incidents and accidents reports, complaints records, and records relating to the management of the service.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and harm and they said they felt safe living at Elmbrook Court. One person told us, "Yes, I am safe. I felt safe from the minute I moved into the Home."
- Relatives were equally positive their loved ones were safe. One relative echoed, "Yes, I feel that the staff and management are very conscious of their duty of care and this shows in the day to day routines which take into consideration the needs of the individual."
- People were supported by staff that knew how to raise safeguarding concerns. Staff said that they had undertaken mandatory adult safeguarding training and was able to tell us what they would do if they witnessed any form of abuse in the home. Records showed staff had received regular safeguarding training and updates.
- The provider had a safeguarding policy in place which staff followed. Where concerns had been identified, the registered manager had raised these issues with the local authority safeguarding team and worked to help resolve the issues.

Assessing risk, safety monitoring and management

- Staff regularly assessed risks associated with people's care and well-being and took appropriate action to ensure these risks were managed and that people were safe. The provider's electronic recording system effectively interlinked people's risks allowing personalised planning of care.
- People's risk assessments included areas such as falls, choking, malnutrition, medicines, skin integrity and use of call bells. Where people had been assessed as requiring hourly checks, records seen indicated that these had been completed and we saw staff completing them.
- People felt safe and acknowledged that the team was meticulous in preventing infections and noted that extra regulations had been introduced to augment existing procedures. One relative commented, "They dealt with Covid very well here, they were always very thorough. They adapted a room at the end of the corridor for visitors with a Perspex screen. Although a lot of my visitors are put off by the strict entry rules they have for visitors here, people still have to make prior bookings."
- People's environmental safety was maintained through the maintenance and monitoring of systems and equipment.

Staffing and recruitment

- People were sympathetic but critical regarding staffing levels. They were conscious of the difficulty in attracting and retaining the required standard of staff and the key role of agency staff. People said, "I think that there are probably too few carers here at times but it is not management's fault though. We seldom have agency staff, but people here like to know if they are going to use agency", "There are definitely not enough staff here, definitely not enough. You do have to hang about for attention sometimes" and "They are

short of staff and time really have to be given more."

- Relatives told us the home had enough staff but struggled at times. They said, "Yes there are always plenty of staff on hand when I visit", "I have never had any reason to think not. I was there today, had a query and a carer came with me and resolved the issue", "In the day there are enough staff, but mother is often active during the night when there are fewer staff and it has been necessary to bring in agency staff to help look after her" and "I know that they do struggle for staff. On Sundays I usually take my mother out, she comes back for lunch with us- we come back in late afternoon and ring the bell but you have to wait for five, ten or more minutes for it to be answered. I think there has been a lot of staff turnover too but those that remain have been fantastic."
- Staff told us staffing levels had not always been enough, but they had now improved. Comments included, "We could be better during days. Short staffed due to sickness. They get agency quickly", "Not enough staffing as we are getting more residents. Weekends are a nightmare; nine out of 10 weekends are short. We need more staff" and "From two until six it can be difficult, and at suppertime if the senior or nurse is doing the medicines. The manager often helps on the floor."
- On the day of the inspection we saw there were enough staff on duty to meet people's needs. People were attended to in a timely manner and staff were not rushed. The registered manager told us they had struggled to get the right staff and were using regular agency staff when needed and that recruitment was on-going.
- The provider was doing all they could to ensure safe staffing levels. They had introduced recruitment and retention strategies including incentives for staff working unsocial hours. Some flexible staff shifts such as twilights had been introduced to target busy periods. They had created new staff roles including kitchen assistants, hospitality assistant and lifestyle assistants who could help to ease up time for care staff.
- The provider followed safe value-based recruitment practices and ensured people were protected against the employment of unsuitable staff. Appropriate recruitment checks were carried out as standard practice.

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. Staff used an electronic system to manage medicines which allowed real time auditing, therefore reducing the possibility of errors.
- We observed staff administering medicines to people in line with their prescriptions. There was accurate recording of the administration of medicines.
- Staff met good practice standards described in relevant national guidance, including in relation to non-prescribed medicines. Staff had been trained in administering medicines and their competence regularly checked.
- The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

- The provider supported people with safe visitation and this aligned with government guidance. People and relatives told us visits were facilitated and encouraged. We evidenced that staff at Elmbrook Court had taken many steps throughout the pandemic to ensure that people and visitors were kept safe during visiting, with outdoor garden meetings taking place in good weather.

Learning lessons when things go wrong

- Staff understood and fulfilled their responsibilities to raise concerns and report incidents and near misses; they were fully supported when they did so.
- The registered manager ensured they reflected on where things could have been improved and used this as an opportunity to improve the service for people and staff. For example, a monthly analysis of incidents showed people were developing bruises after the falls. This was narrowed down to possible incorrect moving and handling after falls. As such, all staff received moving and handling refresher training and an all staff team meeting was held to discuss skin integrity and basic care to ensure team members aware of skin frailty. As a result, bruising after falls had reduced.
- Discussions with staff showed there had been learning following shortfalls. Records of staff meetings also highlighted where learning and change had been implemented.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People received care and support that was centred around their assessed needs, choices and decisions. Care was planned and delivered in line with current evidence-based guidance, standards, best practice, legislation and best use of technology. This was monitored to ensure consistency of practice.
- Assessments of people's needs were comprehensive, and the home had a dedicated person who supported people through the transitioning process. People's records showed a streamlined process from first contact to admission benefitted both people and relatives.
- People's expected outcomes were identified, and care and support regularly reviewed and updated. Appropriate referrals to external services were made to make sure that people's needs were met. People and relatives told us they were involved in the assessment and care planning process. One relative told us, "Yes they had a care plan in place for dad before he moved in and have helped greatly in preventing the falls that he was having before moving there."

Staff support: induction, training, skills and experience

- New staff completed a comprehensive induction and did not work unsupervised until they and their line manager were confident, they could do so. The induction included the provider's own mandatory training as well as shadowing an experienced member of staff. New staff also shadowed experienced members of staff during and after induction.
- Staff had access to supervisions and appraisals which were used to develop and motivate staff, review their practice and focus on professional development. Staff told us they felt supported and that these meetings provided an opportunity for them to meet with their line managers and agree objectives as well as discuss their performance.
- Staff were offered development opportunities, and these were often discussed in team meetings. The registered manager told us they had introduced new roles such as assistant practitioner as a development pathway.

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

- People were supported with nutrition and hydration in a dignified way. The dining environment was pleasant, and food was well-presented.
- Mealtimes were set to suit people's individual needs, were not rushed and were supported by enough members of staff who provided personal support. We saw people had an enjoyable dining experience. Some people chose to have meals in their rooms and staff respected that and facilitated a tray service. People had the same pleasant dining experience and support wherever they chose to have their meal.
- People told us they enjoyed the food and that they were always offered choices. They said, "The food here

is well balanced. I couldn't ask for more or for less", "We get plenty of food here, there is more than enough to eat. If there is any complaint, it is that some of us are putting on weight" and "I have produced a big list of things (food) that I don't like and they always abide by it. I was out for the day yesterday and missed lunch and they provided me with a packed lunch to take with me."

- Relatives were equally complimentary of the food. One relative commented, "I have eaten there with dad and would say the food is restaurant standard, it is excellent." Another relative complimented, "The choice of food seems to be excellent although mum doesn't agree. She thinks there is too much food, but we have pointed out that she doesn't have to eat it all."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People experienced positive outcomes regarding their health and wellbeing. The home had systems and processes for referring people to external services. These were applied consistently and had a clear strategy to maintain continuity of care and support.

- Where referrals were needed, this was done in a timely manner. One healthcare professional told us, "I am very grateful to each staff member. When we visit, we are treated with respect and offered any help we may need. The care staff offer to see patients with us, which allows them to gain and understanding of their resident's care from an outside organization."

- People's care and support was planned and coordinated when people moved between different services. The service involved people in decisions about their health and encouraged people to make choices, in line with best interest decision-making.

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

- Elmbrook Court was a purpose-built home which had been decorated to a high standard. People's rooms were personalised and decorated with personal effects. Rooms were furnished and adapted to meet their individual needs and preferences. People had memory boxes outside their rooms which had their personal effects.

- There were several highly decorated sitting areas around the home where people could spend their time. These included a cinema room, quiet room and a hairdressing saloon which were constantly used. There were several quiet sitting areas around the home where people could spend their time.

- There were destination points created such as a Vintage sewing machine on display for decoration which prompted conversation between people and staff.

- The home allowed free access and people could move around freely in the communal areas of the building and the outside space which had beautiful landscaped gardens with a gazebo and several sitting areas. The outside space had been assessed for risks and had quiet areas for people to see their visitors.

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 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 MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People were supported in line with the principles of the act. Where people were thought to not have capacity to make certain decisions, capacity assessments had been carried out, or decisions were made in people's best interest in line with the principles of the Act.
- People's rights to make their own decisions were respected and people were in control of their support. Care plans contained consent to use of photographs and to care documents signed by people or their legal representatives.
- Staff had received training about the MCA and understood how to support people in line with the principles of the Act. One staff member told us, "Support people with choices and in their best interest."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 were consistently positive about the caring attitude of the staff. People said, "I am very, very comfortable here. When you first come here you are overcome by the welcome. Overall, the carers' attitude is good. They look after me well here you know" and "Some of the ladies are very good, they are so polite and they do not create any problems. I only have ladies, I don't see many men."
- Relatives told us staff were caring and provided compassionate care. They commented, "The staff have shown their kindness and caring attitudes towards mum especially following her release from hospital. One carer even volunteered to go to the fracture clinic with mum on her day off. The staff have a friendly approach which is evident in their good relationships with the residents" and "The staff are friendly and cheerful and they know who my mother's important family are so that if she wants to contact us they know how and who to call."
- During the inspection we observed staff talking to people in a polite and respectful manner. We heard staff and people indulging in appropriate light-hearted banter which created a very pleasant atmosphere.
- The provider had an equality, diversity and human rights approach to supporting staff as well as respecting people's privacy and dignity. People's culture and religion was acknowledged as an important aspect of their care and people were empowered to maintain their cultural needs. Staff treated people as individuals and respected their choices.

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

- People and their relatives were involved in the planning of ongoing care. Records showed staff discussed people's care on an on-going basis. One relative said, "I am involved and updated from time to time and the staff are happy to tell me anything if I have any questions."
- Staff understood when people needed help from their families and others important to them when making decisions about their care and support. This was done in a sensitive manner to each person's individual needs and they did all they could to encourage support and involvement.
- The service made sure that staff had the information and support they needed to provide care and support in a compassionate and person-centred way. One relative commented, "The staff have a good understanding of my mother's needs and are good at engaging with her."

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect at all times and were not discriminated against. One person told us, "It amazes me that they always remember to knock on the door, and they bring in my pills and say 'hello'. They know I don't mind not being an early bird, I go to bed when I want to. It was 11 o'clock last night after a last drink, they say to give them a ring when I am ready to be put to bed."

- Staff knew how to support people to be independent. During the inspection we saw many good examples of people being supported to be independent.
- The provider ensured people's confidentiality was respected. Staff were discreet and challenged behaviour and practices that fell short of this. Records containing people's personal information were kept in the main office as well as on electronic systems and only accessible to authorised persons. Staff were aware of the laws regulating how companies protect confidential information.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 received personalised care and support specific to their needs, preferences and routines. Care planning was focused on the person's whole life, including their goals, skills and abilities. People's care plans reflected individual needs with clear guidance for staff to follow to ensure person centred care.
- Staff knew people very well, had a good understanding of their individual needs and made sure those needs were met. People's care plans were regularly updated to reflect people's changing needs.
- The management team ensured people's needs and any changes were communicated effectively amongst the staff. Information was shared between staff through update notes on electronic care planning system, daily handovers and update meetings. This ensured important information was acted upon where necessary and recorded to ensure monitoring of people's progress.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider complied with the Accessible Information Standard by identifying, recording, flagging, sharing and meeting the information and communication needs of people with a disability or sensory loss.
- People had communication needs assessments completed as part of the care planning process. For example, some care plans guided staff to look out for facial expressions, observe body language and maintain eye contact to promote communication and minimise frustration.
- Information was accessible to people in different formats such as audio, pictorial, large print as well as in different languages. Staff were advised of any significant communication barriers via a pictorial handover where significant risks are highlighted.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities at Elmbrook were facilitated by an expanding enthusiastic and dedicated lifestyle team who supported people with partaking in hobbies and activities that were meaningful to them seven days a week. They were exploring people's interests using the 'This is me' document to establish what people's interests were. The lifestyle coach commented, "We are trying to expand the range of activities, with service users' input, speaking to residents to find out what they like. Management team have been incredibly supportive,

given lots of direction."

- People had access to a wide variety of activities which included individual and group activities some of which were linked with events such as Ladies day, Christmas and Easter. Activities also included Bees bugs and butterflies project, musicians, corridor games, mindfulness sessions, knitting and gardening club. People's personal experiences were explored including the Speedway Oxford cheaters supporters club, collecting of 1970 speedway bikes for residents to look at 1970 bikes.
- People and staff had opportunities to participate in fundraising projects. For example, the team from Elmbrook Court had signed up for Cancer Research UK for both residents and staff.
- People were protected from the risk of social isolation and loneliness as social contact and companionship was encouraged. On the day of the inspection we observed a group of ladies in the main foyer awaiting their hair appointments. It was clear this was regular meeting for ladies who had got to know each other, and friendships had been formed. They engaged in conversations over a cup of tea and there was so much laughter. One person commented, "We have a hairdresser here, there is no charge and we just turn up. That is just part of the standard here. It is important to have your hair done, it always cheers you up. The hairdresser is lovely, she is a nice woman and we have a laugh."
- The service took a key role in the local community and was actively involved in building further links. For example, Age UK, The Vale Charity, local day centre, friendship café and a baby club.
- People told us they were involved with the activities and said, "I like doing jigsaws. When I needed to do a jigsaw recently it was too large to do on my tray so they (Home) just provided me with an extra tray/table and it was all free, I didn't have to pay for it", "I get on very well with one of the other residents and she runs the Hand Bell class. We all sit together and have a good laugh. One of the ladies is a bit blind and I try to help her" and "The lady in charge of activities, arts and things, has organized a mobile library. That is an excellent idea and it doesn't involve any paperwork either."
- One relative commented on activities, "My dad used to be a member of Wantage Bowls Club. Elmbrook Court sponsor the club and they arranged for mum and some other residents to go along and watch a special England v Scotland match. She enjoyed going to watch the match in her wheelchair. It all ended in a convenient draw."
- Some people chose not to attend activities and staff respected their wishes. They told us they that they were not put under pressure to attend activities if they did not wish too. They were supported with 'in room' entertainment as they wished.

Improving care quality in response to complaints or concerns

- People and their relatives felt confident that if they complained, they would be taken seriously, and their complaint or concern would be explored thoroughly and responded to in good time because the service dealt with complaints in an open and transparent way, with no repercussions. One relative told us, "I know all the staff at the home so depending on the concern, I would select who I felt was the best person to approach. I have not complained about anything but very occasionally raised concerns from time to time on minor things that would improve my mother's situation and the staff respond well and with consideration."
- The service used the learning from complaints and concerns as an opportunity for improvement. For example, a complaint following a notice given to a person when the home no longer met their needs resulted in upskilling and development of senior care staff to ensure this never happened again.
- We saw many compliments regarding good care and effective management of the home.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. This included funeral arrangements and preferences relating to support. The staff ensured these preferences took account of people's cultural and spiritual needs.
- The registered manager informed us one person was receiving end of life support at the time of our

inspection. The team often worked closely with other professionals to ensure people a had dignified and pain free death.

- People were supported by staff who understand their needs, were competent and had the skills to assess their needs. Staff involved family and friends in decisions about the care provided, to make sure that the views of the people receiving the care were known, respected and acted on.
- The provider always looked at improving people's experiences. They were training staff in the six-step end of life care. This is a programme aimed to enhance end of life care through facilitating organisational change and supporting staff to develop their roles around end of life care. They were also developing end of life champion roles.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There had been a change in managers since the new provider commissioned the home. This had created some instability in the beginning. However, since the current registered manager came in post, improvements were continuously being made. Staff told us the management of the home had continued to improve and we saw there was a general sense of calm and pleasantness in the home.
- People were complimentary about the management team, were aware of the management structure and told us they knew them and found them approachable.
- Relatives were positive of the way the home was managed and recognised the continued improvements since manager came in post. They told us, "It appears to be managed very well. The staff are all very nice and all know what they are doing. Planning and communication is excellent. The home appears to run like clockwork as far as I am concerned", "Exceptionally well managed" and "My view is that [manager] is managing Elmbrook Court well, she has introduced new systems of reporting and made changes to staffing to deliver a better service to the residents. I believe she has also improved the system of recording residents' notes so that the information is easier to access. [Manager] has always dealt with issues that I have raised in a courteous and professional manner."
- Staff were complimentary of the support they received from the management team. Staff said, "Manager is supportive and has been amazing with everything that I need. She is responsive. We have meetings all the time. She is always on the ball." and "Home managed ok. It's getting better now we have a manager. I can't fault her. Supportive, down to earth and willing to help us. She is hands on and can support us with care."

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 registered manager and provider met their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.

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

- The registered manager had been in post for 10 months. They were a knowledgeable and established

registered manager with lots of experience. They were continuously creating a clear management structure aimed at improving staff support and better care for people.

- Staff understood their roles and responsibilities, were motivated, and had confidence in the management team and the provider.
- The service had clear and effective governance, management and accountability arrangements. The staff team assessed the quality and safety of the service through audits and resident of the day reviews. Audits included all aspects of care such as health and safety checks, safe management of medicines and people's care records.
- The provider's governance systems were well-embedded into the running of the service. Quality auditing systems identified risks to the quality of care and staff used the information to drive improvement within the service. For example, an audit of records had identified shortfalls in recording of care at the point of care. As such the registered manager sought support from the provider's sister home for staff training on using the handheld equipment which included voice recording rather than typing. They also purchased extra devices. Staff told us they were positive about the changes and recording at the point of care was improving.

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

- People and their relatives had opportunities to raise any comments through suggestion boxes or via an open-door policy at any time. Relatives commented about the positive communication with the home. One relative said, "Communication was problematic in the first few months but has improved recently. I accept that it takes a while for a new team in a new building with new residents to settle into the routines. [Manager] has worked hard on improving the communication since she arrived."
- The service involved people, their families and friends in a meaningful way. People and their relatives had opportunities to provide feedback through meetings and surveys. The information gathered was used to improve the service. For example, a recent survey had identified communication as the main issue. As such the registered manager had introduced new communication channels for people, staff and relatives. These included regular meetings, 1:1 surgeries, comments books and resident of the day. This had proved to be effective and communication was much improved.
- Staff told us they felt listened to, valued and able to contribute to the improvement of care. Records showed staff were constantly praised for their hard work and commitment. During the inspection we observed effective team working. One member of staff told us, "Providers engage with staff in meetings."

Continuous learning and improving care

- The provider had a strong focus on continuous learning at all levels of the organisation. Learning was shared across the organisation and used to improve care. For example, following inspections of the provider's other services, the outcomes were shared and used to improve care across board.
- The registered manager told us they had developed staff action plan which focused on staff development. They had introduced new roles for staff and extra training. They also had a staff exchange programme with sister homes to share good practices and training.
- Staff had objectives focused on improvement and learning. Staff told us they had opportunities to develop and that the registered manager was supportive. Records of staff meetings showed staff development was a main feature on the agenda and discussed to identify staff progression.

Working in partnership with others

- The service was transparent and collaborative with all relevant external stakeholders and agencies. It worked in partnership with key organisations such as healthcare professionals to support care provision, service development and joined-up care.
- Records showed the provider also worked closely in partnership with the safeguarding team and

multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which allowed continuity of care.

- The home was transparent, and this was evidenced through their effective communication and reflective practices which aimed at improving care outcomes for people.