

Mr Paul Bliss

# Leonard Elms Care Home

## Inspection report

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Date of inspection visit:  
25 February 2019  
27 February 2019

Date of publication:  
30 April 2019

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service: Leonard Elms is a nursing home. People in nursing 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. The service comprises of The Cherries and The Elms units. The Cherries unit specialises in dementia care and the Elms unit is for general nursing care. The home can accommodate up to 37 people and on the days of our inspection, there were 27 people living at the service.

People's experience of using this service: Bed rails were not within recommended guidelines set to ensure they were safe.

- ☐ Shortfall relating to bedrails that posed a risk of people climbing over them and a missing care plan had not been identified prior to our inspection.
- ☐ Audits were in place for infection control, environment, care plans, medicines management, food and fluids records, complaints and water temperature checks.
- ☐ People were supported by staff who were kind and caring. Staff knew people well and supported people in a respectful manner.
- ☐ Care plans were personalised. However, we found one person on a short term stay did not have a care plan in place to provide staff with guidance and any risks the person presented.
- ☐ Relatives, people, and staff felt the service was safe. Staff were able to recognise abuse and who to go to.
- ☐ Staffing levels were adjusted to reflect people's needs. Medicines were safely stored however the policies and information staff had access to could be improved.
- ☐ Recruitment procedures were completed before new staff began work. Relatives spoke positively about the food provided at the service. The service was clean and tidy.
- ☐ People were supported by staff who received training. However, supervision was not always being provided in line with the member of staff's agreement.
- ☐ One member of staff required an appraisal and there was no overview system that confirmed who had received one or when their's was due.
- ☐ People had access to activities.

- ☐ Staff encouraged people to remain independent and provided privacy and dignity.
- ☐ Relatives felt able to talk to the management of the service and raise any concerns or issues should they need to.

Rating at last inspection: Requires Improvement (March 2018)

Why we inspected: This was a planned inspection based on the previous rating.

Enforcement: We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we made one recommendation relating to undertaking care plans for people on short term stays. Please see the 'action we have told the provider to take' section towards the end of the report

Follow up: We will review the report on actions the provider intends to take following the inspection. We will continue to monitor the service through the information we receive. We will inspect in line with our inspection programme or sooner if required.

## 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 effective

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service remained caring

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

**Requires Improvement** ●

# Leonard Elms 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. 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, and a specialist advisor nurse on the first day and an inspector on the second day.

#### Service and service type:

Leonard Elms is a nursing home. People in nursing 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 had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

The inspection was unannounced on the first day and announced on the second day.

#### What we did:

We reviewed information we had received about the service since the last inspection in March 2018. This included details about incidents the provider must notify us about. Prior to this inspection we did not ask the provider to send us a provider information return. We sought feedback from various health care professionals, however, we had no response following our contact.

We used a number of different methods such as undertaking observations to help us understand people's experiences of the service. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not

talk with us.

During the inspection we spoke with three people living at the service. We spoke with six members of staff, including the registered manager. After the inspection we contacted five relatives and received feedback from two. We reviewed four people's care and support records and four staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies, audits and complaints.

# Is the service safe?

## Our findings

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

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.

### Using medicines safely

- The records relating to the management of medicines was not always accurate and up to date. For example, staff had access to resources such as a medicines policy and the British National Formulary pharmaceutical reference book. However, these were not always current or up to date. Following the inspection the provider confirmed they had ordered a new British National Formulary book prior to our inspection and that the service hold medicine data sheets in a folder for every item dispensed. This meant actions were being taken however by having the old book available could mean staff access old and out of date information.
- Medication records (MARs) were mostly current and up to date but not all were accurate. One record that had not recorded clearly if the person had received their medicines or refused it. Staff were not consistently recording the reason why the medicines had not been given. Another person who was on respite had no front sheet that confirmed important information about them. Another person had the wrong room number recorded in their medicines records. Where medicines required countersigning some records had not always been countersigned by a second member of staff to confirm the accuracy of the record.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's medicines was stored safely and within optimum temperatures. Medicines were administered by nurses.
- MARs records had information relating to any allergies and how people wished to take their medicines.
- There were clear guidelines in place for medicines administered as and when. Where people were prescribed toothpastes records confirmed these had been given.
- Medicines were organised and bottles and creams had been labelled when opened. Where people were prescribed patches to manage pain relief the service used a supplementary record to record their use and removal.

### Staffing and recruitment

- The home assessed what support people required from staff and this reflected the staffing ratios within the home. Support was regularly reviewed by the management who confirmed staffing rota's reflected any changes to people's needs.
- Some people required one to one support and staff were allocated to support them as per their assessment and care plan. Where people required support from two staff this was reflected in their care plan and staff confirmed they supported the person in line with their assessed needs. Staff felt at times the staffing levels in the home could be improved however they all felt able to raise these concerns directly with

the management and the provider. One member of staff told us, "The staffing situation can be variable at sometimes".

- The provider employed staff from different countries. They provided accommodation and transport to support and retain their staff. One member of staff confirmed this was very beneficial to them. Staff felt very happy with this support provided.



# 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

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

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. We found the registered manager was working within the principles of the Act.

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

- People had their consent sought prior to staff supporting them.
- The service recorded what preferences people had with regards to the gender of staff and which religion they practised.

Staff support: induction, training, skills and experience

- New staff received an induction when they commenced employment at the service. This included orientation to the service and shadowing more experienced staff members. Records confirmed areas covered in their induction included if they had met the required competencies in their probation period.
- Staff received training to ensure they were competent and skilled in their roles. Training included moving and handling, mental capacity and deprivation of liberty, safeguarding adults, and infection control.
- Staff also received additional training such as dementia awareness, equality and diversity, end of life, and supporting unpredictable behaviour.
- Staff had supervision agreements in place. However, supervision was not always undertaken in line with their agreement. For example, agreements confirmed supervision every 6-8 weeks yet staff were not always having supervision in line with those timescales.
- Appraisal were an opportunity to review staff's performance and development. Three staff files had an annual appraisal, one member of staff hadn't received one in the last year. The registered manager confirmed they tracked appraisals however there was no recorded date on the office tracker which meant there was no oversight of when staff had received their last appraisals and were due their next one.

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

- The service had a set menu with various meal options each day. Meal times were relaxed and people could choose to sit in the dining rooms or have their meal in their room.
- We observed staff ask people what they would like from the menu and if they would like larger portions and if the food was to their satisfaction.
- People could have visitors during meal times. For example, one person had their spouse visit and support them with their lunch. Their spouse tried to do this as often as they could. They felt it was a positive experience and the food served at the service was good.
- People who required their nutrition and hydration to be monitored had charts completed.
- Paperwork was sent following the inspection that confirmed national descriptors for diets that required modifying were in place.
- Two relatives confirmed the meals looked appetising and there were always jugs of water available. One relative said, "The food looks good and there is always jugs of water available."

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

- The service liaised with health care professionals when required. There was a weekly visit from a GP where the lead nurse would review all patients. Advice and support was sought from other agencies such as the falls team, mental health services, dietitians, occupational therapists and physiotherapists. People's care plans and records confirmed referrals and visits undertaken.

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

- The building was in the process of being redecorated. Improvements had been made to the corridors on the first floor. A neutral colour had been used and hand rails had been painted to improve how they stood out to people who might have visual impairments. The ground floor corridors had various pictures which created a busy and colourful environment but could be disorientating to people who were not familiar with their surroundings.
- The provider had a business plan to improve the internal colour scheme and areas within the service. They confirmed improvement plans included purchasing new furniture, painting corridors, putting in a new farm house style kitchen, changing flooring, a new lobby, putting in a café area and outside seating, cinema room, separate dining area. They confirmed they were working with experts to ensure the work was undertaken to ensure maximum results for people.

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

- Staff were knowledgeable about people's individual health needs and information was held in people's care plans about their medical history.
- Appointments and outcomes were recorded within people's care plans.

# 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

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 supported by staff who demonstrated a kind and caring approach. One relative said, "Really good. Care staff are very very good. Excellent". Another person said, "Can't fault the staff they are kind and caring. I have never know care staff care so much".
- Staff had developed positive relationships with people and knew them well. We observed staff engage in conversation and show an empathetic and sympathetic approach. For example, we observed people become upset and disorientated. Staff remained calm and reassured the person. This supportive approach meant people quickly became relaxed and settled.
- Various compliments and thank-you cards had been received. One thank-you card confirmed, 'I am writing to express our heart-felt thanks all the wonderful effort the Elms family made in making the challenge in looking after my brother so caring'. Another thank-you card said, 'This is just a little note to say Thank-you for all that you do for dad and the affection and friendship you show us. It really is like a happy family.'

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

- People were involved and asked their views about their daily care and support. For example, one staff member told us, "We give people choice on what to wear, how to have their hair, where they might wish to sit, what to eat and drink." The member of staff went on to explain that they offer two plates of food so each person can visually choose what they might like and they also confirmed they would do this for choosing clothes they might like to wear.
- People's care plans confirmed if people had been consulted with regarding their care and if they had an advocate in place. Where relatives were consulted about people's care this was also recorded within the person's care plan.

Respecting and promoting people's privacy, dignity and independence

- Staff knocked on people's doors before entering and asked people how they were. One member of staff told us, "We make sure people's curtains and doors are closed and we knock before going into people's rooms. We use towels to cover people and always explain to them what we are doing."
- People were encouraged to remain independent. One member of staff told us, "I encourage people to wash and dry their face themselves." People could choose where to spend their time within the home and were free to mobilise around the service. We observed staff supporting people to mobilise and this was done in a calm and unhurried manner. Staff were gentle and ensured people were supported in a dignified way.
- Visitors were welcomed and the service and people were supported to maintain relationships that were important to them.
- Staff were knowledgeable about maintaining confidentiality of information.

## Is the service responsive?

### Our findings

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

People's needs were not always met. Regulations may or may not have been met.

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

- One person on a short term stay at the service didn't have a care plan in place that identified what care and support they required from staff. There was no care plan that confirmed what support they required with their moving and handling and equipment, health needs, personal care and medicines for diabetes. We raised this with the registered manager. They took immediate action to address this shortfall, however, the missing care plan had not been identified prior to our inspection.
- Another person had no update recorded in their care plan when they had been seen by the GP and diagnosed with a skin condition that needed cream applied. Their care plan had not been updated to reflect this new condition or what support they required from staff.

We recommend the service reviews and implements effective systems so care plans are undertaken and up to date.

- People who lived in the home had an electronic care plan that contained person-centred information. For example, people's likes and dislikes, routines, life histories, family, hobbies and interests.
- Activities were displayed on a weekly timetable. Activities included exercises, bingo, quiz, life skills such as baking, cooking, laundry, arts and crafts, reminiscence work, spiritual and faith readings. People were also supported with one to one sessions. During the inspection we observed the guitarist playing in the dining room where they asked what song people wanted to hear.
- The service undertook reviews and this identified when people's needs had changed. Care plans were updated and records confirmed this.

Improving care quality in response to complaints or concerns

- The service had a complaints policy which was visible to people and visitors.
- Where complaints had been made these had been investigated and responded to including actions taken to prevent similar experiences happening again.
- Relatives felt comfortable to raise any concerns. One relative said, "I have raised a problem about socks, they are sorting it and if not, I will be back onto them". Another relative said, "I have no complaints about the care. I have spoken to them about a bill that's all."

End of life care and support

- No one at the time of the inspection was receiving end of life support. People's care plans had information relating to where people had expressed their funeral wishes.

## 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

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

- Two bedrails were not high enough as they should be 220mm between the top of an uncompressed mattress and the bedrail. This was not in line with guidance from the Medicines and Healthcare products Regulatory Agency (MHRA) - BSEN 60601-2-53:2010. The registered manager confirmed on the second day of the inspection they had actioned all bed rails to be reviewed with the equipment provider.
- One person on a short term stays at the home had no care plan or assessment that confirmed what support and care they required. This shortfall had failed to be identified prior to our inspection. The registered manager confirmed they were due to undertake their care plan on the day of the inspection. They had been staying in the home for over a week at this point. This meant there was no assessment regarding what care and support they required and it placed staff, people and others at risk.
- The recording of medicines was not always accurate and up to date. For example, we found shortfalls relating to Medication records (MARs) and no record of if the person had received their medicines or refused it. The medicines policy and the British National Formulary pharmaceutical reference book were out of date however following the inspection the provider confirmed a new one had been ordered. Shortfalls were also found in records relating to one person's missing front sheet for medicines, incorrect room number on another MARs record and some records missing a counter signature.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Audits were in place to review the quality of the service in relation to; infection control, environment, care plans, food and fluids records, complaints and water temperature checks.
- The provider had displayed their previous CQC rating of the service on their website.
- Notifications were submitted as required.

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

- The registered manager confirmed they had worked hard on changing the culture by providing supervision and ensuring that staff met the provider's standards.
- The provider employed staff from different countries. All staff felt supported and valued.
- Relatives meetings were an opportunity to discuss menus, up and coming sporting events, community engagement, and activities within the home.
- Staff meetings were an opportunity to discuss staffing and agency use within the service, incidents,

information sharing, time keeping and sickness, and any other business.

- A survey was completed with people and staff. Feedback was sought on areas such as menus, care, activities, staffing and environment. An action plan confirmed areas for improvement following feedback.

#### Continuous learning and improving care

- The service held regular reflective meetings so that staff could learn and improve from when things hadn't gone as well as they could have.
- Regular staff meetings were held with care staff and nurses. Daily handover meetings were an opportunity to share changes to people's needs and any other important information relating to the service.
- The provider was keen to invest in initiatives that would improve people's health and well-being. For example, one of the management team was in the process of working with external businesses around ideas that could improve people's fluid intake. They confirmed this would be a leading piece of work that if successful would benefit people nationally. The provider was also keen to improve people's health and lives who have dementia. They confirmed their plans during the inspection to implement a project that could identify changes to people's health in relation to urine tract infections.
- Staff felt there was a positive atmosphere and culture within the service.

#### Working in partnership with others

- The service worked in partnership with the local GP practice and local schools and nurseries.

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

- Staff spoke positively about how the service was managed. One member of staff said, "I love it here. Its 100% different. The owners are as good as gold." Another member of staff said, "This place is for me, It is like family."
- Relatives were informed when things changed, their family member was involved in an incident or became unwell.

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 17 HSCA RA Regulations 2014 Good governance
Diagnostic and screening procedures	The provider had not always ensured that care records were accurate and complete. Audits were not always identifying shortfalls relating to medicines, incorrect height of bedrails and a missing care plan and information.
Treatment of disease, disorder or injury	
	17 (2) (a) (c)