

Elmleigh Homes Limited

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Inspection report

Elmleigh House
133 Vernon Road, Kirkby-in-Ashfield
Nottingham
Nottinghamshire
NG17 8ED

Tel: 01623753837
Website: www.elmleighbhomes.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Elmleigh Homes Limited is a residential care home providing personal care to up to 22 people who may have learning disabilities and older people. At the time of the inspection 19 people lived across four separate buildings. The service consisted of one 'main house', two smaller detached houses, 'Sapling 1' and 'Sapling 2', and a small house containing one flat which was occupied by one person. There was a secure car park area with tables and chairs people could use in warmer days and one 'summer style house' which was in the process of being set up to be used for arts and craft and other activities.

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

Right Support

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. However, we found one medicine administration record was missing important information about a person's allergies to certain medicines.

Staff followed government guidance in relation to wearing personal protective equipment (PPE) such as masks, gloves and aprons. The provider ensured all people and staff were following government guidance in relation to COVID-19 testing.

People had a choice about their living environment and were able to personalise their rooms. People's rooms were very personalised, and people were able to decorate their room to reflect their interests and hobbies.

Staff enabled people to access specialist health and social care support in the community and people were supported to play an active role in maintaining their own health and wellbeing.

The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Care

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. However, we found some care plans were lacking information about people's health needs to guide staff.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

People could take part in activities and pursue interests that were tailored to them.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

Staff turnover was very low, which supported people to receive consistent care from staff who knew them well. This meant people received compassionate and empowering care that was tailored to their needs.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 05 November 2021) and there were breaches of regulation.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 04 November 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

We undertook this focused inspection to check whether the Warning Notice we previously served in relation to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 had been met and to check the provider had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elmleigh Homes Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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 well-led?

The service was not always well-led.

Details are in our well-led findings below

Requires Improvement ●

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Detailed findings

Background to this inspection

The inspection

This was a focused inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 was carried out by two inspectors.

Service and service type

Elmleigh Homes Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. 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.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 25 February 2022 and ended on 08 March 2022. We visited the office location on 01 March 2022.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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 of this information to plan our inspection.

During the inspection

We spoke with four people who used the service about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager, carer and domestic staff. We observed interactions between people and staff throughout the day.

We reviewed a range of records. This included five people's care records and number of medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection, this key question has now improved to requires improvement. This meant 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.

Preventing and controlling infection

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12 however further improvements were still needed.

- The provider had completed some refurbishment work to the areas of the service we found in a poor state of repair at our last inspection. For example, water taps were descaled, microwaves were replaced and a broken window in one of the dwellings was replaced. At this inspection we still found some bathrooms in need of refurbishment work. The registered manager told us the provider had a plan in place for future improvement work.
- Staff were now wearing appropriate personal protective equipment (PPE) in line with the government guidance. We saw there was an ample supply of PPE within the service. However, there were no formal processes to ensure staff were following good hand hygiene practice or checking whether staff had donned and doffed their PPE correctly.
- People who were at increased risk of catching COVID-19 had a risk reduction plan to reduce the risk of infections. People and staff took place in regular COVID-19 testing programme.

Visiting in care homes

From 11 November 2021 registered persons must make sure all care home workers and other professionals visiting the service are fully vaccinated against COVID-19, unless they have an exemption or there is an emergency.

- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.
- The management team had improved their processes for allowing visitors into the service. Visitors were asked to show proof of their Lateral Flow Device (LFD) test result and visiting professionals were asked for a proof of their vaccination. This information was recorded and stored securely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Records of people's health conditions had not always been fully completed. For example, when people

had diabetes, the records did not always include treatment goals, details about medicines, blood glucose monitoring and insulin therapy information. We saw people's blood glucose monitoring chart with varied readings and on many occasions people's glucose level was high. There were no records of what actions were taken to help reduce blood sugar levels. This meant that health professionals would not have all the information required to monitor and assess the risks associated with diabetes. The registered manager told us they would review and update people's risk assessments to make sure they contained the necessary information and guidance for staff to follow.

- People's individual personal emergency evacuation plans (PEEP's) did not always include up to date information about people's mobility needs and were not sufficiently detailed. A PEEP is a plan for a person who may need assistance, for instance, a person with impaired mobility, to evacuate a building or reach a place of safety in the event of an emergency. The registered manager told us they would review and update people's PEEPS to ensure they fully reflected people's evacuation needs.
- The service had not always managed incidents affecting people's safety well. We looked at recent incident records and found that on one occasion appropriate actions were not taken following a head injury. On this occasion the person had not suffered any injuries, however medical advice was not sought, and regular observations were not completed. We discussed the process of responding to head injuries with the registered manager who confirmed that medical assistance should have been sought and they would review their processes. Staff we spoke to confirmed they were aware that medical assistance should be sought each time a person suffered a head injury.
- Staff managed the safety of the living environment and equipment well through checks and action to minimise risk. Since our last inspection the provider ensured all large furniture items were secured to walls to prevent them from falling. The provider had installed additional window restrictors to prevent the risk of people falling from heights.
- Required health and safety checks were carried out on a regular basis to keep people safe.

Using medicines safely

- Medicine management required improvement. We found one person's medicine administration records had not included their allergies. Accurate recording of allergy to medicines is important to prevent the prescription and administration of medicines inducing allergic reactions.
- People were supported by staff who followed systems and processes to administer, record and store medicines safely.
- People who required 'when needed' medicine's such as pain killers had appropriate protocols in place.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. All the people we spoke to, told us they felt safe at the service and there were no reported safeguarding concerns.
- Staff had training on how to recognise and report abuse and they knew how to apply it.

Staffing and recruitment

- The service had enough staff numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Staff knew how to support people's individual needs, wishes and goals.

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the registered manager, the provider and staff were not always clear about their roles and understanding regulatory requirements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider had made some improvements and addressed the most serious concerns following our last inspection, however further improvements and refurbishment work to some bathrooms and communal areas was still needed. We found some areas of the service required updating and refreshing to allow better cleaning and disinfection. The registered manager told us that there was a plan for future refurbishment, however there were no timescales when this would be completed.
- Audits were completed by the registered manager; however, they were not always used to implement and drive improvement in a timely manner. For example, we found some care plans were out of date and needed to be updated. There was a medicines audit in place and checks on medicines stocks. However, we found a missing information on a MAR chart which the audit had not identified.
- Systems and processes to monitor peoples' risk assessments to ensure people's current needs were fully reflected were not always effective. We found people's care plans and risk assessments were not always detailed and up to date.
- Lessons had been learnt since the last inspection, breaches of regulation had been met and the registered manager acknowledged that systems and processes needed to be significantly improved as a measure of improving the quality of care people received.
- A consistent staff team meant that areas of risk were monitored, people's support needs were routinely assessed, and people received care that was centred around their needs, wishes and preferences.
- The culture at the service encouraged and supported people to be as independent as possible. People were supported to be independent in some areas of their life, such as choosing their meals, completing some domestic tasks or doing their own laundry.
- Throughout our inspection we observed people being genuinely happy with the care and support they received. People were very proud about their bedrooms and were very eager to show them to inspectors.

There was very friendly and homely atmosphere within the service.

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 understood the responsibilities of their registration with CQC. They reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.
- The registered manager was open and transparent with the inspection process and current challenges the home was facing with realistic expectations of improvements being made.

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

- There was a system in place to monitor staff through regular supervision. The registered manager told us they completed staff supervision every two months. We saw discussion records between the management team and staff had taken place in January 2022 regarding changes to Covid-19 updates, working through the pandemic and training requirements.
- Staff told us they enjoyed working at the service, felt supported, valued and involved in the delivery of care. One staff told us, "I love working here and people who live here are like family, most of us [staff] had been here a long time. Can't imagine working anywhere else."

Working in partnership with others

- The provider worked in partnership with a range of professionals and made referrals when appropriate. For example, we saw communication with district nurses, chiropody, occupational therapist and GP's in people's care files.