

# Mrs Z Stacey, Mr M Stacey, Mr & Mrs P M Coggins

## Elm Tree House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Elm Tree House is a residential care home providing personal care to up to 9 people. The service provides support to people living with mental health difficulties. At the time of our inspection there were 8 people using the service.

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

Risks to people were not always properly assessed to protect them from avoidable harm. Not all environmental risks for people using the service were safe, ensuring their safety, comfort and wellbeing. The registered manager was responsive to our feedback and took action to address the issues identified.

People's risk assessments were not always accurate and did not always provide staff with the information they required to safely meet people's needs. They were not always reviewed and updated following accidents and incidents.

Recruitment procedures were not always robust, and concerns were raised regarding staffing levels.

Peoples medicines were mostly administered safely by staff, although best practice guidance was not always being followed in relation to a clinical task delegated by a health professional.

The governance system had failed to identify the areas for improvement that we found during the inspection. The provider was responsive to address the shortfalls found within this inspection and took immediate action.

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.

People told us they felt safe and liked living at Elm Tree House. Staff supported people in a kind and compassionate way, considering their dignity and respecting people's rights. Throughout the inspection we observed kind, relaxed, compassionate and caring interactions between people and staff.

Infection control procedures and measures were in place to protect people from infection control risks.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 17 October 2017)

#### Why we inspected

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

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Enforcement

We have identified breaches in relation to safe care and treatment and the management of the service at this inspection. We have also made recommendations in relation to medicines and staffing.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider to monitor progress. 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 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** ●

# Elm Tree House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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.

#### Inspection team

One inspector carried out this inspection.

#### Service and service type

Elm Tree House 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. Elm Tree House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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 last inspection. 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 used all this information to plan our inspection.

#### During the inspection

We looked at a variety of records relating to people's personal care and support and the running of the service. These included, 4 people's records in relation to their care and support, 4 people's medicines records, 3 staff recruitment files and a variety of records relating to the management of the service including policies and procedures. We spoke with 4 members of staff including the registered manager. We spoke with 6 people and 1 visiting relative about their experience of the care provided.

Following the site visit we received feedback from 2 professionals who work with the service and spoke to a further 6 members of staff and 1 relative over the telephone.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed 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.

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

- Risks associated with the environment were not always managed to ensure people's safety and wellbeing. The home had a fire risk assessment that was completed by someone who was not qualified and competent to do so. This fire risk assessment referred to the wrong legislation, contained inaccurate information and did not contain all the information required. The providers fire policy and risk assessment were sent to Devon and Somerset fire service for review, who advised that the 2 documents were not considered to be suitable and sufficient. The fire service provided advice to the provider regarding the concerns.
- Water temperatures were not checked to ensure they were maintained at a safe temperature. We found the hot water coming from taps in individuals' rooms and communal toilets were too hot to hold our hands under after running for 1 minute. The temperatures exceeded the Health and Safety Executive (HSE) recommended temperatures. (No hotter than 44 °C should be discharged from outlets that may be accessible to vulnerable people). This presented a risk of scalds for vulnerable people who lived at the home.
- Risks from water borne diseases such as Legionella had not been adequately assessed. A risk assessment was in place which stated the required range for water temperatures to prevent the risk of Legionella. As water temperature checks were not completed at the service we were not assured the risk was being managed. On the 2nd day of the inspection water samples were sent away for testing.
- People's risk assessments were not always accurate and updated following accidents and incidents which meant it was difficult for staff to effectively monitor and manage risks. On the first day of the inspection we viewed incident forms that detailed 1 person had 2 choking incidents within 6 months. There were no details within the persons care plan or risk assessment that they had been referred to a speech and language therapist (SALT). The registered manager was unsure if a SALT assessment had been completed and made an immediate referral. A few days later they advised that they had spoken to the SALT who had completed a previous assessment, and they will be visiting to complete a review. No details regarding the previous assessment was detailed within the persons care plan or risk assessment. This meant the risk had not been fully assessed and the service did not have sufficient guidance in place for staff to support the person safely.

The provider had failed to adequately assess, monitor and manage risks to service users' health and safety. This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection to the concerns we discussed. They arranged for thermostatic mixer valves (TMV) to be fitted to taps and commissioned an external company to complete a Legionella Risk Assessment, Fire Risk Assessment and Health and Safety Assessment.

- Following the inspection, the provider told us they had implemented a legionella audit tool to test for sentinel temperatures and legionella training had been completed by management. An updated risk assessment was also sent to CQC in relation to the person who was at risk of choking.
- Incidents and accidents were recorded on individual accident records. Although there were no records to confirm this, the registered manager told us that all incidents and accidents require a manager sign off and were analysed to identify potential trends and themes.

### Staffing and recruitment

- Recruitment processes were not always robust. The provider carried out some recruitment checks to ensure staff were suitable to work at the service. For example, references from previous employers and Disclosure and Barring Service (DBS) checks. Full employment histories and gaps in employment were not always fully recorded. This was raised with the registered manager during our 1st visit who confirmed during the 2nd visit that these were now all in place.
- Staffing levels were adequate to meet people's needs. People told us that they were supported by enough staff, although they "Frequently come and go."
- Staff gave mixed feedback about staffing levels. Comments included, "Staffing varies from day to day, some days there are more staff than others" and "Staffing is alright in the week, but weekends can be short." Concerns were raised regarding one person not receiving their allocated 1-1 support. This was discussed with the registered manager who provided assurances that people did receive their commissioned support hours.
- Concerns were also raised by some staff regarding working alone overnight. Other staff spoken with felt one staff overnight was sufficient. The concerns raised were discussed with the registered manager who told us she was aware of the concerns and kept staffing levels under constant review. She explained that these were the current assessed safe staffing levels, and explained the measures put in place to try and alleviate staff concerns which included a risk assessment and an on-call arrangement.

We recommend the provider review staffing levels to ensure enough staff are on duty at all times to meet people's needs.

### Using medicines safely

- Whilst we found most areas of medicines management were completed safely, we identified one area that needed to be reviewed in line with best practice.
- One person was being supported with a clinical task that had been delegated by a health professional. Best practice guidance was not always being followed in relation to this task. The competency assessment completed by the health professional was not specific to the person and task currently being undertaken. Staff's competency had also not been reassessed by a health professional for almost 3 years.
- Other medicines were managed and administered safely by staff who had been trained and assessed as competent to do so.
- Some people were prescribed medicines on an 'as and when required' basis, for example for pain management. The service had protocols which provided staff with information about when these medicines should be given.
- People were happy with the support they received with their medicines. One person told us, "They have always helped me with my medication okay, I am trying to do my own and they help me with that."

We recommend the provider completes a review to ensure they are complying with best practice guidance in relation to delegated responsibilities. This includes ensuring clear records are in place in relation to how the task is delegated, risk assessed, and the actions taken by the health professional delegating the task to ensure safe practice.



Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm. Staff knew people well, had training on how to recognise and report abuse and knew how to apply it.
- People looked relaxed and comfortable with staff who supported them. People spoken with said they would talk to staff if they had any concerns.
- Relatives and people spoken with raised no concerns in relation to safety. One person told us they felt "Very safe." Another person was asked if they felt safe at the home and told us, "Yes I like this place, really safe, it's a nice home, some people haven't got a nice home." One relative told us, "We feel comfortable with him living here."

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA. The registered manager had made appropriate referrals to deprive a person of their liberty.
- Some people experienced restrictions. 3 people's cigarettes were locked away and restricted by staff. MCA assessments and best interest decisions had been completed for people who lacked capacity. One person with capacity told us they were happy with this arrangement.
- One person told us, "I have a lot of freedom here, that's why I don't want to leave."

Preventing and controlling infection

- We conducted a tour of the building, observed staff practices and discussed the infection prevention control arrangements with the manager.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider's infection prevention and control and covid-19 policy was up to date.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- 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 was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.

Visiting in care homes

- The provider facilitated visits for people living in the home in accordance with government guidance. During the inspection a relative told us they could visit when they want.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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

- Quality assurance arrangements were in place to assess and monitor the quality of the service provided. However, these were not effective and had not identified the shortfalls found within the inspection. For example, fire and health and safety audits had been completed but did not identify the concerns which were identified during our inspection.
- We reviewed the audits the service had completed and identified these were not as robust as they could be. They were simplistic with yes or no answers, and showed although audits were undertaken, they did not always provide the auditor clear information regarding the checks to be completed. For example, the Health and Safety audit states for the temperature to be checked, but did not detail what the temperature should be. The fire audit states 'Fire audit evacuation procedures practised' but did not detail the frequency this needed to be completed.

Systems and processes must be established to ensure there is effective oversight of the service to monitor and improve the quality and safety of the service provided. This was a breach of Regulation 17 Good governance]of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider consists of 4 partners. One of the partners is the registered manager and another is a manager within the service. There is also a deputy manager and a senior support worker supporting them within their roles.

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

- There was a positive culture within the home. Staff interacted with people in a kind and considerate manner, treating them with dignity and respect. People told us staff were, "Alright", "Good" and "Nice." One person told us, "I have lived here for (many) years and have a reasonably good life. It's home in many ways and I am comfortable and happy here."
- Most staff spoken with were positive about working at Elm Tree House. Comments included, "I really like it and have found everyone really friendly", "I love the residents and work" and "Promoting independence is part of the reason I do care, to see the progress people can make and how people can become independent."
- Professionals were positive about the service. They told us, "When I visit it is clear staff have good relationships with all the clients and provide individualised care dependant on each client" and "Clients

have so far not expressed any concerns or objections to their care and I have seen nothing that has led me to voice any concerns on their behalf."

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; Continuous learning and improving care

- The service understood the underpinning principles of the duty of candour and had a policy in place.
- The registered manager understood their responsibility regarding the duty of candour. They were open and honest and took responsibility when things went wrong. For example, they were open throughout the inspection, accepted the shortfalls found and immediately sought to rectify them.

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

- People were consulted in decisions regarding their care and the running of the home. The home asked for people's views at residents meetings, keyworker sessions and care review assessments.
- One relative told us, "They keep me well informed."
- Staff meetings were held to give the management team and staff the opportunity to express their views and opinions on the day-to-day running of the service. Some staff were complimentary about the management and felt supported and listened too. Others spoken with did not always feel supported and listened to in relation to concerns raised about staffing levels at night.

Working in partnership with others

- Information showed the service worked with others, for example, healthcare professionals and services to support care provision.
- We received positive feedback from health and social care professionals who were involved with the service, about their engagement with the team. Comments included, "Staff and management are quick to contact me if they have any concerns about the clients mental or physical health and are great at communicating with me" and "The home has always made me welcome and always kept me up to date with any changes or concerns they have had, either by phone or email."
- People told us that they were supported to see health professionals. This included their doctor and optician.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to adequately assess, monitor and manage risks to service users' health and safety.</p> <p>This was a breach of Regulation 12 Safe care and treatment of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems and processes must be established to ensure there is effective oversight of the service to monitor and improve the quality and safety of the service provided.</p> <p>This was a breach of Regulation 17 Good governance]of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>