

Croftwood Care UK Limited

Elm House Residential Care Home

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 House is a residential care home providing personal and nursing care to up to 39 people. The service provides support to older people. At the time of our inspection there were 30 people using the service. The service can accommodate people in one purpose-built building.

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

Identified shortcomings in the quality of care in recent months had been recognised and improvements had been achieved by a new management team. The team recognised that while many improvements had been made, further progress was needed. This view was also shared by relatives of people living at the service.

Medicines were not always safely stored. We found a flammable prescribed cream in one bedroom that was not safely stored. The manager informed us subsequent to the inspection that action had been taken to address this and that ordinarily, all other creams were appropriately stored and risk assessed. Audits had been carried out on medicines systems and more work to drive up standards had been recognised.

People living at Elm House were happy with the support they received. People felt safe and were complimentary of the staff approach to them which was said was kind and caring.

The building was well maintained although it was identified that future refurbishment would be needed.

The management team had been transparent with other agencies including CQC and had introduced improved audits and set up more regular contact with families. The staff team felt more included in the running of the service and felt that a more inclusive culture had been created.

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.

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

Rating at last inspection

The last rating for this service was good (published 20 February 2019).

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.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elm House on our website at www.cqc.org.uk.

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 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 House Residential 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 was carried out by one inspector.

Service and service type

Elm 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 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 not a registered manager in post. A new manager had been in post

for one month and had submitted an application to register. We are currently assessing their application.

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 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.

During the inspection

We spoke with 5 people who used the service about their experience of the care provided. We spoke with 8 members of staff including the area manager, manager, care workers and ancillary staff. We reviewed a range of records. This included 5 people's care records, risk assessments and medication records. We looked at 4 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 looked at various documents and continued to seek clarification from the provider to validate evidence.

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 requires improvement. At this inspection the rating for this key question has remained 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.

Using medicines safely

- Medicines were not always safely stored. We found a flammable prescribed cream in one bedroom that was not safely stored. The manager informed us subsequent to the inspection that action had been taken to address this and that ordinarily, all other creams were appropriately stored and risk assessed.
- A recent medicines audit noted that there were issues that needed to be addressed before the service could demonstrate safe medicines management. Where issues had arisen as a result of this audit, plans were in place to action these.
- The Local Authority Quality team had identified back in November 2022 that not all staff administering medication had their competencies to do so checked. This was identified by the management team at the same time. The service had taken steps and now all staff were competent.
- Medication records were appropriately signed and for those people prescribed medications when required (known as PRN), protocols were in place for staff to consistently provide this medication.
- People told us they always received their medication when needed and on time.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us that they felt safe living at Elm House. They told us that they had no concerns and found the staff team to be "kind and helpful."
- Initially safeguarding training had not been received by all staff. The management team had sought to address this with training now having met organisational standards.
- Staff were aware of the steps to take in reporting abuse.
- The service had co-operated with the local safeguarding teams in ensuring the safety of people.

Assessing risk, safety monitoring and management

- Assessments outlining the risks people faced in their daily lives were in place and had been reviewed.
- Records evidenced the manager auditing records and included appropriate actions for staff
- The building was well maintained with safety checks on equipment on a regular basis as well as checks on fire detection systems.

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 and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.
- Staff training in the Mental Capacity Act had been identified as an improvement action by the service.

Staffing and recruitment

At our last inspection we recommended the provider reviewed its staffing levels in line with the layout of the property and people's assessed needs. The provider had made improvements.

- People told us that there were sufficient staff to meet their needs. They told us, "Yes there are always staff around if I need them" and, "They are very busy, but they are good. There is sometimes a delay in responding to call alarms but that is because they are so busy."
- Staff told us that staffing levels were maintained although agency staff were used on occasions.
- The manager stated that agency use was diminishing with new starters going through the recruitment process.
- Staff rotas evidenced a mix of staff skills supporting people with their needs.
- We evidenced staff attending to people's needs in a timely and supported manner.
- Staff were recruited appropriately to support vulnerable people.

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 supporting people living at the service to minimise the spread of infection.
- 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 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's infection prevention and control policy was up to date.

Visiting in care homes

- People continued to receive visitors and maintain contact with their relatives.

Learning lessons when things go wrong

- Following improvements identified for actioning to provide a good quality of care within Elm House, the service had created an action plan and had shared this with us and Local Authority quality teams.
- An analysis of accidents had been introduced with details of patterns of falls, for example, in order to prevent re-occurrence.

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.

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

- We received intelligence to suggest that people living at Elm House were not always being supported appropriately. Shortcomings had been identified with training, staffing levels and the management of complaints.
- As a result, changes to the management of the service has been made. The current management team consisted of people familiar with the registered provider's processes as well as the permanent presence of an area manager.
- Significant progress had been made however, further improvement was required. The service provided evidence of how shortcomings were to be addressed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others

- The new management team had ensured action plans were submitted on a weekly basis to CQC and the Local Authority, providing an update on progress against the shortfalls in the quality of the service.
- This inspection found that further work was needed to ensure that people were fully supported appropriately. This related to issues such as staff training and care planning, for example.
- The manager had introduced audits to monitor the quality of the service in relation to medicines management, analysis of accidents and to better capture the views of people and their families. Records relating to people were audited and a series of quality assurance visits both during the day and out of hours had now been introduced.
- The service always notified CQC of key events.

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

- People were happy with the service they received. They told us, "They [staff] are very kind and very good" and, "they are always there for me."
- Relatives told us that they were aware of the challenges the service had faced in recent months and commented, "They are good, but it is a work in progress."
- We saw people being supported in a caring and timely manner.
- People were consulted about their care and gave consent accordingly.

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

- Staff told us about changes in management that had occurred in recent months. They felt that the service was now more focused on meeting people's needs, providing a good quality of care and involving the staff team.

- Relatives had been provided with an opportunity through surveys to comment on the care provided. Surveys had been sent in 2021 with new surveys having been sent out at the time of the inspection. A series of relative's meetings had also been set up for 2023.