

RV Care Homes Limited

# Elmwood House Nursing Home

## Inspection report

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## 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

Elmwood House Nursing Home is a residential care home providing personal and nursing care to 30 people aged 65 and over at the time of the inspection. The service can support up to 43 people.

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

The registered manager was no longer in post. However, the provider had ensured there was a temporary manager in post and an application for their registration was in process. Whilst staff spoke highly of the manager, some were uncertain about future leadership of the service. The provider had plans in place to ensure staff were supported whilst they recruited a new manager. There were effective quality monitoring systems in place which identified shortfalls in the service. People, staff and relatives were involved in the service.

Relatives, staff and people told us they felt there weren't always enough staff. People told us they felt safe using the service and they received support with medicines from staff. Staff knew how to keep people safe and information about how to raise a concern was accessible. Measures were in place to reduce the risk of infection to people.

People's dietary needs were met, and they had food they enjoyed. People's needs had been assessed prior to admission to the service. Staff received induction and ongoing training. The service had undergone a large refurbishment and the environment met the needs of people. People had access to ongoing health care service and had their capacity assessed where required.

Whilst some staff interacted with people positively, others showed a lack of interaction. People felt they were supported and treated well. Staff considered people's dignity and spoke to them with respect. People were encouraged to maintain their independence and skills.

People had personalised care plans in place. Information was accessible to people in different formats. People enjoyed activities they took part in, but people felt this lacked at times. The provider had a complaints policy and informal concerns were recorded. People's end of life wishes was recorded and relatives spoke highly of end of life care delivered.

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](http://www.cqc.org.uk)

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 27 March 2019) and we found a breach of regulation relating to governance in the service. 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.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 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 ●

# Elmwood House Nursing 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 Care Act 2014.

#### Inspection team

The inspection team was made up of one inspector and a Specialist Advisor who was a nurse .

#### Service and service type

Elmwood House Nursing Home 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 did not have a manager in post who was registered with the Care Quality Commission. However, a registered manager application had been submitted.

#### Notice of inspection

This inspection was unannounced.

#### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the manager, deputy manager, care workers, well-being coordinator, administrator and the chef.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People, staff and relatives told us they felt there weren't enough staff and there were occasions where people had to wait for support. Records showed that there were occasional short falls with staff and agency had been used to fill vacant staffing hours. However, during inspection, we observed people's needs being met in line with their care plan.
- We discussed this with the manager and they had already reviewed shift times as it had been identified as an area of concern. A new rota had recently been implemented with shift times which were developed around the needs of people.
- The provider continued to recruit staff safely and carried out pre-employment checks. This included, obtaining references and completing Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. This was to ensure staff were suitable to work with people living in the service.

### Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and understood how to protect people from the risk of harm and abuse.
- Information was available to staff to inform them how to raise a concern about a person's well-being. One member of staff told us, "I would go straight to [name of manager] if I thought a person was at risk. I would escalate it to senior management if needed."
- People and their relatives told us they felt the service was safe. One person said, "Oh yes, I certainly feel safe here."

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

- Risks associated with people's care had been identified, assessed and measures were put in place to reduce the risk of harm.
- Personal Emergency Evacuation Plans (PEEPs) were in place for each person, which detailed their individual needs and support required, in the event of an emergency evacuation. The information included, how many staff were required to support the person and any equipment needed.
- Accidents and incidents were recorded and analysed to identify themes and trends. Meetings took place with senior staff and heads of department to discuss people who experienced regular falls. Topics of conversation included action taken to reduce the risk of falls for people. For example, equipment to reduce the risk falls and additional checks being made.

### Using medicines safely

- Medicines were managed safely by trained staff. One person commented, "The staff are very good, they give me my tablets when I need them."
- Both oral and topical medicines had clear descriptions for staff to administer people's medicine. For example, prescribed creams had the frequency the cream should be applied and to which part of the body.
- Where 'as needed' medicines were prescribed, protocols were in place, which provided staff guidance to enable them to administer this consistently to people.
- Medicine audits which had been carried out by the manager had identified shortfalls relating to ordering stock, storing some prescribed items and stock cycles. There was an action plan in place and staff had already made some changes to resolve this.

#### Preventing and controlling infection

- Staff had received training relating to infection control and they took measures to reduce the spread of infection to people. We saw staff supporting people to clean their hands before their meals.
- Personal Protective Equipment (PPE) was available for staff use, which included, gloves and aprons. There were hand washing facilities accessible to staff, people and relatives. Alcohol gel was available for visitors to use when they entered the service.
- Infection control audits had taken place and where shortfalls had been identified, action was taken to ensure these were resolved.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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's needs had been assessed prior to admission to the service. This was to make sure the service could meet their needs and care plans were developed to ensure staff supported them correctly.
- Care plans detailed people's care needs, their preferences, likes and dislikes and communication needs. Protected characteristics under the Equality Act had been considered, for example, people's religious and cultural needs and lifestyle preferences.
- Equipment was available to enhance people's care. This included; mobility aids, adapted crockery, pressure relieving equipment and bespoke wheelchairs.
- People's oral health had been assessed and care plans were in place to promote good oral hygiene.

Staff support: induction, training, skills and experience

- Staff received an induction when they began employment in the service. This included two days receiving mandatory training, completing online training courses and shadowing an experienced member of staff.
- Ongoing training and regular updates were available to staff. Where staff were out of date with their training, there were plans in place to bring them up to date.
- The provider had in place a training course which focused on high quality memory care. This enabled staff to understand different memory care and how people living with dementia can be best supported.

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

- Staff supported people to maintain a balanced diet they enjoyed. People commended the chef and the kitchen team on the meals they produced. A choice of drinks was available and accessible in all communal areas.
- Some people were prescribed a modified diet to reduce the risk of them choking whilst eating. We observed people receive their prescribed modification and meals were presented in a dignified way.
- People told us they were able to choose what they wanted to eat. One person said, "The food is very good here but if I don't like the menu options, it's fine. They [staff] will get me something else."
- Some people received their meals through a tube directly in to their stomach. These were managed appropriately and safely by staff.

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

- People had access to ongoing healthcare services and support to ensure effective and timely care was

provided to them.

- The service received visits from health care professionals, such as; doctors, community nurses and occupational therapists. One person told us, "If I am not very well, the staff will always call the doctor out."
- People were supported to access local dental services and we saw staff ensured people's oral care needs were met.

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

- The service had undergone a large refurbishment which enhanced the facilities. There were multiple communal areas where people could relax, socialise or watch television. There was a hairdressing salon and seating area for people to spend time with visitors.
- People were able to personalise their rooms with items which were important to them. This included, photographs and decorative items they had brought with them.
- We saw thought had gone into meeting the needs of people living at the service.. For example, fittings in bathrooms were a different colour so they stood out for people who were living with visual and depth perception impairment..
- Outdoor areas were accessible to people with different needs and they told us they looked forward to using these in better weather.

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 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.

- People's capacity had been assessed where needed and best interest decision's had been put in place. These were specific decisions relating to people's care.
- DoLS had been applied for where needed. Some applications had been authorised and others were waiting for a review from the relevant authority.
- Staff had received training in relation to MCA and understood how they support people in line with the principles. One member of staff said, "People have different levels of dementia and capacity. Just because they need support with memory care, does not mean they can't make a decision."

# Is the service caring?

## Our findings

compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us staff treated them well. One person said, "The staff are brilliant. I feel like I am well treated, and they care."
- Relatives spoke highly about the care their loved ones received and their experience of the service. One relative commented, "I can't complain about the staff. They have always made me feel welcome here, from day one. They really are lovely."
- We observed mixed interaction between staff and people. Whilst some staff interacted with people positively, others lacked meaningful interaction and were task focussed. However, all staff spoke to people in a respectful manner. We discussed this with the manager, who told us they would be holding a staff meeting focussed on interaction and meaningful activity.

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

- People told us they felt involved with their care and were offered choices in their daily living.
- People had knowledge of their care plans and some, where able to, had signed a consent form. One person told us, "I know what's in my care plan, I'm happy with it. I know my conditions and I'm going to deteriorate, I know the staff will help me."
- During the inspection, we observed people being offered choices at meal times, relating to activities and throughout the day.

Respecting and promoting people's privacy, dignity and independence

- We observed staff consider people's dignity when they were in their personal rooms by knocking on their door and waiting for consent for them to enter.
- Some people required a clothes protector at meal times. Staff offered these to people and discreetly supported them to put them on.
- Staff interacted with some people using touch. Staff gently held people's hand whilst communicating with them and people appeared at ease with this.
- One person was being supported to maintain daily living skills. They had a basket of towels and bed sheets which they were folding up. We spoke to their relative and they said, "I think it's great, [relative] is actually doing things she did when she lived in the community."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to 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 had personalised care plans in place which detailed the support they required and what they were able to do for themselves. One person told us, "The carers help me but let me do things they know I can do."
- Sensory and memory care support was available to people which was personalised to them. For example, one person had a sensory mat which had objects attached to it. This included: their medals from their time in service, names of people who were important to them and pictures of family and their dog.
- Some people had been assessed to require support from staff to eat their meals. We saw staff supporting people with their meals in a caring way.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was accessible to people in different formats. Pictures were included on the activity planner and details of the activity were written next to them.
- The manager told us, that information could be provided in large print, braille, different languages, pictorial and audio versions.
- The provider had an 'accessible communication procedure'. This included information on to adjust text on their website so people with a variety of needs could access this.

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

- The service had a well-being coordinator who supported people with activities, who was complemented by people. However, people and relatives felt there could be a lack of activities at times. We discussed this with the registered provider, who told us they were implementing 'stop the clock' where staff from all departments were to provide a meaningful activity to people.
- The activity planner had a range of activities for people to choose from. Such as; baking, exercise classes and external entertainers.
- The well-being coordinator brought their dog in to the service weekly to act as a therapy animal. People took the dog for walks round the grounds and they had one to one time with it. One person said, "The dog comes in a lot, it is lovely. I look forward to visits from him."
- We spoke with the well-being coordinator who is taking the lead on launching a new well-being

programme for people using the service, which focused on the mind, body and the soul. They commented, "I have loads of ideas for the residents."

#### Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy called 'a complaint is a gift'. Complaints were dealt with in accordance with this policy.
- Informal concerns were documented and action had been taken to address these.
- People, staff and relatives felt able to raise a complaint. One relative commented, "I would happily go to [name of manager] and have done already. They understood my concern and dealt with it straight away."

#### End of life care and support

- Staff received training relating to end of life care and supported people regularly at this stage of their life.
- People's end of life care wishes had been recorded and care plans were developed in line with these. Information was available to support staff to know what actions were required when a person died.
- We spoke to relatives who told us, "[Name of relative] is on palliative care. The carers are absolutely brilliant. I can't fault the place, I really can't."

# 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 requires improvement. At this inspection this key question improved to 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.; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found systems and processes had not been established and operated effectively to ensure compliance and risks relating to the health, safety and welfare of service users and others who may be at risk had not been effectively monitored and mitigated. 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 registered manager was no longer in post, however, there was a manager who had taken up the role in the service and was applying to become the registered manager. This manager would remain in post until a permanent manager had been recruited by the registered provider.
- Although members of staff described the team and service as 'like one big family', some said felt uncertain about the future leadership of the service. However, one member of staff told us, "The new manager is building us back up, which is where we should be."
- People, staff and relatives spoke highly of the manager and told us they had a positive impact on the service during their short time they have been in post. One relative said, "[Name of manager] is great, they come to meetings and they actually sort things out." A member of staff commented, "The new manager is approachable and visible."
- There was an effective quality assurance system in place to assess and monitor quality of the service. Areas of development had been identified and action plans were in place which were already being worked on. This enabled the manager and registered provider to have oversight of the service.
- The manager and senior leaders were responsive and open to feedback during inspection. They openly discussed challenges which were being experienced in the service and how these would be overcome. Senior leaders had plans to ensure staff working at the service were supported during the transition between managers.

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

- People, staff and relatives were engaged in using the service and their feedback was sought regularly. Following receipt of feedback, a 'you said, we did' board was displayed in the reception area with what

actions had been taken.

- Meetings had taken place in the service with people, relatives and staff where they were updated on what was happening in the service. Heads of departments attended the meetings to answer any questions people or relatives had.
- The provider and manager understood their responsibility to act in an open and honest way. This included following the duty of candour when something goes wrong.

Working in partnership with others; Continuous learning and improving care

- The service worked in partnership with others. This included; local pharmacies, opticians and specialist health care professionals.
- The registered provider was committed to continuous learning. The service had a home improvement plan which was in place to ensure there was on going developments with the quality of the service and support people received.