

Mr Brian William Parry & Mrs Jean Parry

# Elm Farm Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

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

Elm Farm Residential Home is a residential care home providing personal care for up to 12 older adults. There were 11 people living in the home at the time of our inspection visit.

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

Environmental risks were not always identified and mitigated which placed people at risk of harm. The provider's quality assurance systems required improvement to ensure the checks undertaken were always effective to keep people safe. Action was taken to improve risk management following our inspection visit.

We had not been informed, as required, when important changes to the provider partnership had occurred in 2017. Following our visit, the provider was taking action prompted by CQC to address this which has caused the publication of this report to be delayed.

The management of people's medicines was not consistently safe. Prompt action was taken to address the issues we identified. People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice. Action was taken to address this by the deputy manager.

Staff were recruited safely, and staff were available to meet people's needs in a timely way. People felt safe and had confidence in the ability of the staff team to deliver their care effectively.

Staff enjoyed their jobs and spoke fondly about the people they cared for. Most people's care records were written in a personalised way and provided staff with the information they needed about people's likes, dislikes and preferences. Staff understood how people preferred to communicate and the information provided to people was being reviewed by the deputy manager to ensure people could understand it.

People's right to privacy was respected and people received dignified care from staff who understood the importance of promoting their independence.

People enjoyed the range of social activities provided to occupy their time. People had enough to eat and drink and had access to health professionals when needed. People were supported to practice their religion and people's end of life wishes were documented if they had chosen to share this information.

People had opportunities to feedback their views on the service they received. Recent feedback showed people knew how to complain and they were happy with how their home was run. The environment was clean and infection prevention and control measures were effective.

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

Following our inspection, we notified the local authority commissioners about the areas of concern we identified.

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were:

Regulation 12 Regulated Activities Regulations 2014 - Safe care and treatment

Regulation 17 Regulated Activities Regulations 2014 - Good governance

Rating at last inspection

The last rating for this service was Good (published 22 June 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 effective?

The service was not always effective

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our safe 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 well-led

Details are in our well-led findings below.

**Requires Improvement** ●

# Elm Farm Residential 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 was carried out by one inspector and an assistant inspector.

#### Service and service type

Elm Farm Residential Home is a 'care home'. People in care 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 had a manager who had registered with the Care Quality Commission. They were also the provider and that means they are legally responsible for how the service is run and for the quality and safety of the care provided. We refer to them as the provider within this report.

#### Notice of inspection

The inspection took place on 30 October 2019 and was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

#### During the inspection

We spoke with five people who lived at the home and one person's relative about their experiences of the care provided. We spoke with the deputy manager, one volunteer, one senior care worker, three care workers and the cook. We also spoke with one visiting health professional.

We observed the care people received. We reviewed four people's care records and four people's medicine records. We looked at a sample of records relating to the management of the service including quality audits and people's feedback. We also reviewed three staff files to check staff had been recruited safely.

#### After the inspection

We contacted the provider and the deputy manager to seek confirmation of the actions taken to drive forward improvement and make the necessary registration changes.

# 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 Good. At this inspection this key question has now deteriorated 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

- Environmental risks were not well-managed which placed people at potential risk of harm. Radiators throughout the home were uncovered and hot to the touch, which increased the risk of burns to people's skin. We saw one person was in bed, very close to a hot radiator. The person told us, "I can feel the heat." These risks had not been identified or assessed in line with guidance from The Health and Safety Executive. When we shared our concerns with the deputy manager they immediately moved the person's bed away from the radiator.
- A stair case used by some people to access their bedrooms was obstructed, which posed a trip and falls risk. This was because the seat and footrest on the stair lift attached to the staircase did not fold away safely when the stair lift was not in use.
- Freestanding wardrobes located in people's bedrooms were not securely fixed to the walls and some wardrobes had items including suitcases stored on their top of them. This presented a risk of wardrobes falling onto people and causing them harm.

We found no evidence that people had been harmed, however risks were not always identified and mitigated which placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our visit, the provider confirmed the stair lift had been repaired, wardrobes had been securely fixed to walls and radiators had been fitted with covers to mitigate the risks we identified.
- Staff received training in fire safety and knew what action to take in the event of a fire to keep people safe. However, records of completed fire drills lacked information to demonstrate if staff had followed the provider's procedure.
- A continuity plan was in place. This informed staff what to do to ensure people would receive consistent care in the event of an emergency such as, a power failure or a flood.
- Risks associated with people's individual care and support had been assessed and records informed staff how to provide safe care. Staff understood the risks and knew what to do to take to keep people safe. For example, how to reduce the risk of some people choking.
- When required, advice from health care professionals such as, district nurses had been sought to mitigate some risks. We saw staff followed their advice during our visit.

Using medicines safely

- The management of people's medicine was not consistently safe. We found previously demonstrated

standards had not been maintained.

- Staff applied creams to two people's skin. However, prescribing instructions were not recorded to inform staff where or how much cream to apply.
- Two prescribed creams in use did not have a prescription label and the date the creams had been opened was not recorded. Therefore, the provider was unable to demonstrate who the creams were prescribed for or if they were being used within recommended timescales.
- One person had been prescribed 'as required' pain relief medicine on 23 October 2019. Guidance was not in place during our visit to advise staff when or how much medicine to administer in line with The National Institute for Health and Social Care Excellence (NICE) guidance.
- We advised the deputy manager of our concerns in relation to medicines who took immediate action to address the issues raised.
- Staff administering medicines received training in safe medicines management and their competency to do so had been assessed. Medicine were ordered, received, and disposed of safely.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the home and safeguarding procedures were in place to protect people from harm.
- Staff received safeguarding training to support them to understand the different types of abuse people may experience. Staff knew to report any suspected or witnessed abuse to their managers.
- The management team understood their responsibility to share information, when required with the local authority and with us (CQC) to ensure allegations or suspected abuse were investigated.

Staffing and recruitment

- Staff were recruited safely, and enough staff were on duty to meet people's needs in a timely way. We saw when one person pressed their call bell to summon assistance, staff responded promptly.

Preventing and controlling infection

- The environment was clean and infection prevention and control measures were effective.
- Staff understood their responsibilities to maintain good hygiene standards. They wore personal protective equipment such as gloves and aprons, when necessary, which protected people from the risks of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify and address any trends or patterns to minimise the risks of a reoccurrence. However, ineffective auditing procedures meant opportunities to learn and make improvements had been missed.



# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The provider's system to assess people's mental capacity required improvement. Completed assessments were not decision specific which indicated the service was not always working in line with the requirements of the Act. The deputy manager acknowledged this and showed us an improved assessment tool which they started to implement during our visit.
- Decisions that had been made in people's best interest were not always clearly recorded to demonstrate people's rights were upheld. For example, we saw one person who lacked capacity to make complex decisions wore bed socks on their hands to prevent them from scratching their face. There was no information recorded to demonstrate who, how or why this decision had been made and when it had last been reviewed. The deputy manager assured us they would take action to review the decision to ensure it was the least restrictive option.
- The management team had submitted DoLS applications as required and systems were in place to renew any recommendations of authorised applications.
- Staff completed training to help them understand the MCA and people confirmed staff sought their consent before they provided them with support.

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

- Assessments of people's needs had been carried out prior to them living at the home to make sure the home was a suitable place for them to live. Information gathered during assessments was used to develop care plans.

Staff support: induction, training, skills and experience

- People had confidence in the ability of staff to deliver their care effectively. One person commented, "They know what they are doing."
- Staff developed and refreshed their knowledge through an initial induction, which included recognised induction standards followed by a programme of on-going training.
- Overall, staff spoke positively about their training. One staff member said, "I've had quite a lot of training including manual handling and medication. It's good." However, another staff member felt they needed more training to meet people's specific needs. We shared this with the deputy manager for them to address.
- Staff had one to one meetings with a manager to help guide them with their work.

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

- People enjoyed the food and told us they had enough to eat and drink. One person said, "Food is good."
- Mealtimes were positive. People chose where they sat, what they ate and drank, and staff were attentive which helped people to enjoy their meals.
- Staff knew what people liked to eat and drink and people's dietary preferences were catered for.
- People's care records documented risks associated with eating and drinking. Specialist advice had been sought for people who were at risk of losing weight. For example, double cream and evaporated milk was added to some foods for those people to increase their calorific value.

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

- People confirmed they had access to health professionals including their GP when needed.
- The management team and staff worked in partnership with health and social care professionals such as district nurses to ensure people received effective care.

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

- Some signage within the home assisted people who were living with dementia to find their way around the home.
- People had personalised their bedrooms and there was a choice of communal areas which offered people a choice of where to spend their time.
- Corridors and doorways were wide enough to accommodate people's mobility equipment and walking aids.

# 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.

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

- People knew the staff who they described staff as, 'smashing' and 'very helpful'.
- Staff enjoyed their jobs and spoke fondly about the people they cared for. A visiting health professional commented, "Staff are always friendly. People get good care."
- The management and staff team demonstrated they were committed to achieving equality. Staff received training and understood the principles of the Equality Act. Discussion confirmed they supported people in a caring way which respected their values, beliefs, religion, and cultural background.
- People felt involved in every day decisions about their care such as, what they wanted to eat.

Respecting and promoting people's privacy, dignity and independence

- People confirmed their care was provided in a dignified way. One person explained how staff maintained their dignity whilst they sensitively assisted them to complete their personal care routines.
- Staff understood the importance of respecting and ensuring people's privacy and dignity was maintained. They were discrete when asking people in communal areas if they needed personal care assistance.
- People confirmed their right to privacy was upheld. We saw staff knocked people's bedroom doors and waited to be invited in before entering.
- People were encouraged to be independent and we saw people were gently reminded by staff to use their walking aids when they walked around the home.
- People's personal information was managed in line with data protection law.

## 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and Preferences

- People's preferences were not always fully considered to ensure their care and support met their needs. One person said, "I must have my door open. I worry if it's closed." We saw the person was in bed and due to the position of their bed they continually turned around to check their door remained open. We discussed this with the deputy manager who said, "I don't think we have thought about it." Prompt action was then taken to reposition the person's bed.
- Whilst people told us they felt involved in making day to day decisions some people's records did not demonstrate how they had been involved in planning their care. Also, the provider could not demonstrate how some decisions about people's care had been made in their best interests.
- Most people's care records were written in a personalised way and provided staff with the information they needed about people's likes, dislikes and preferences. Our observations confirmed staff knew the people they cared for well.

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 carer's.

- The deputy manager was familiar with the AIS and told us they planned to review the information provided to people such as, picture menus to ensure it was in a format they could understand. This was important as some people lived with dementia.
- People's communication needs had been assessed and staff understood how people preferred to communicate. One staff member said, "[Person] rarely talks. She will nod her head to indicate yes and push things away to say no."

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

- People who chose to practice religion, were supported to do so. People's cultural choices were discussed and documented to help staff provide support in line with their wishes.
- People enjoyed the social activities provided and they told us they had enough to do to occupy their time. Comments included, "I enjoy the bingo," and, "We have exercise classes which are enjoyable."
- People had opportunities to maintain relationships with those that mattered to them and staff members felt they had good relationships with people and their families.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to make a complaint. A copy of the provider's complaints procedure was displayed within the home. No formal complaints had been received since our last inspection.

End of life care and support

- Staff had received training to support people as they neared the end of their lives.
- People's end of life wishes were documented if they had chosen to share this information.

## 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had not met their legal requirement to notify the commission of important changes as required by the regulations. During our visit we learnt the provider partnership had changed in August 2017. We had not been informed of this and the provider's statement of purpose had not been updated to reflect the change. Action prompted by CQC was being taken to address this.
- The management team consisted of the provider who was also the registered manager and a deputy manager who was responsible for the day to day management of the home. We found the quality assurance checks they had completed were not always effective. For example, health and safety audits had failed to identify the environmental risks we found. This placed people at risk of harm and meant opportunities to learn and make improvements had been missed. During and following our inspection action was taken to address this.
- Completed audits were not always effective to demonstrate the provider's procedures had been followed. For example, records of completed fire drills lacked information to demonstrate evacuations had been completed safely.
- The provider could not demonstrate how decisions about some people's care had been made and how some people had been involved in the planning and reviewing of their care.
- The provider was not consistently working within the requirements of The Mental Capacity Act 2015 and they had not informed us as required when a DoLS had been authorised by the supervisory body in 2018. Action was taken following our visit to address this.

We found no evidence that people had been harmed however, the above issues demonstrated governance was not robust enough. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The latest CQC inspection rating was on display in the home and was also available on the provider's website. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgements.
- The provider and management team understood their responsibility to be open and honest when things had gone wrong.
- The provider was not present during our inspection visit. However, throughout our inspection the deputy

manager and the staff team were open and honest and welcomed our inspection and feedback.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People had opportunities to feedback their views on the service they received. Recent feedback showed people were happy with their care and how their home was run.
- Staff felt supported by their managers. For example, they attended regular team meetings and received supervision to help guide them with their work.
- The provider worked with other organisations including the local authority to support care provision and service development.

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>Regulation 12 (1) (2) (a) HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not ensured care and treatment was consistently provided in a safe way.</p> <p>The provider had not ensured risk associated with the environment was identified and assessed.</p> <p>The provider had not ensured timely action was taken and risk reduction measures introduced to minimise known risk.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 (1) (2) (a) (b) (f) HSCA RA Regulations 2014. Good governance</p> <p>The provider had not ensured they had effective systems in place to assess, check, monitor and improve the quality and safety of the service provided.</p> <p>The provider had not ensured they had effective systems in place to identify and assess risks to the health and safety and/or welfare of people who use the service.</p> <p>The provider had not ensured their governance systems remained effective.</p>



