

RV Care Homes Limited

Elmwood House Nursing 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: Elmwood House Care Home provides residential or nursing care for up to 48 older people. At the time of the inspection there were 32 people living at the service, some of whom were living with a dementia.

People's experience of using this service: People told us they felt safe and that staff supported them well. There were enough staff deployed to meet the needs of people.

Medicines were not always managed safely; there were gaps in the records for medicine administration.

People enjoyed the meals and their dietary needs had been catered for. Information was recorded in care plans and shared with kitchen staff.

Activities were available to people. The well-being coordinator was working to further develop the opportunities for people to engage in activities that were meaningful and relevant to them.

The home was in the process of refurbishment work to improve the living environment. People were involved in decisions about the redecoration of the home.

Care plans and risk assessments contained person-centred information and were reviewed and updated for people. End of life care plans were not in place for all people. Some records we viewed were blank and did not evidence any discussions had taken place.

There were gaps in training the provider had deemed mandatory and not all staff had received a yearly appraisal.

The home did not have a manager registered with CQC. A manager had been recruited and was due to commence employment in March 2019.

A range of audits were completed to support the quality and running of the home. Audits had identified areas of development. However, in some cases the actions had not been completed to deliver improvements.

Rating at last inspection: This is the first inspection of this location since a change in the provider's registration.

Why we inspected: This was a planned inspection to give a first rating for the service under their new registration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as

per our re-inspection programme. If any concerning information is received 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 Caring 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 always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team: The inspection team consisted of one inspection manager and one adult social care inspector.

Service and service type: The service is a 'care home'. People in care homes receive accommodation and nursing or personal care. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A manager had been appointed and was due to commence their employment in March 2019. Once in post they would apply to register with CQC.

Notice of inspection: This inspection was unannounced.

What we did: Prior to the inspection, we checked all the information we had received about the service. We assessed the information received in the Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

We contacted the local authority commissioning and safeguarding teams and the local Healthwatch. Healthwatch are a consumer champion in health and care. They ensure the voice of the consumer is heard

by those who commission, deliver and regulate health and care services.

During the inspection we spoke with two people who used the service and one relative. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spent time in the communal areas of the home observing how staff interacted with people and supported them. We spoke with the manager, well-being coordinator, administrator, kitchen assistant, one carer and one nurse.

We reviewed a range of care records for seven people. We looked at two staff personnel files, in addition to a range of records in relation to the safety and management of the service.

Is the service safe?

Our findings

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

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 managed safely. We found gaps in the recording for topical medicines. Topical medicines are creams and lotions applied to the skin.
- Body maps were available to guide staff in the application of topical medicines. However, the records we viewed were blank and it was unclear if they were always given as prescribed.
- For medicines that are administered as a patch, we found staff were not following the manufacturers guidelines for rotating the site of application. This is necessary to prevent side effects. We brought this to the attention of the manager who told us a system would be implemented immediately.
- Medicines that were taken orally were managed safely.

Assessing risk, safety monitoring and management.

- The home was undergoing redevelopment and building work to renovate the home. A range of checks were completed to ensure the safety of the building and equipment. However, we found that some required actions had not been completed following an electrical safety check completed in December 2017. The manager told us this would be completed as part of the on-going building work. A building risk assessment was implemented by the end of the inspection visit.
- Detailed risk assessments were in place. Risk assessments were specific to the needs of the individual. Any change in support requirements resulted in risk assessments being reviewed and updated for people.

Safeguarding systems and processes.

- People told us they felt safe. Comments included, "I feel perfectly safe here, the staff are well picked," and "I feel very safe here, the best bit is I feel cared for."
- Systems were in place to safeguard people from abuse. Staff understood their role in how to protect people.
- Staff were confident in the actions they would take if they were concerned about any form of abuse.

Learning lessons when things go wrong.

- Systems were in place to review accidents or incidents to identify if any lessons could be learned and improvement actions taken.
- Where issues were identified action was taken to reduce the risks of repeated incidents. For example, improvements to the building lighting and floor surfaces were being carried out as part of the building refurbishment.
- The providers audit systems had identified when there were gaps in the records for falls analysis. Actions were then taken to address this.

Staffing levels and recruitment.

- Safe recruitment procedures were in place and were followed.
- Checks were carried out to ensure nurses were registered with the Nursing & Midwifery Council.
- There were enough staff employed to meet the needs of people. The manager told us staffing levels were determined using a dependency tool to ensure there were sufficient staff available to meet people's identified needs. However, one relative told us staff were not always available in communal areas. This was confirmed during our inspection observations.

Preventing and controlling infection.

- People were protected from the spread of infection. The environment was clean and had no malodours.
- Infection control procedures were in place which minimised risks to people. Personal protective equipment such as gloves and aprons were available throughout the home for staff use.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience.

- There were gaps in training the provider had deemed necessary. An audit completed in October 2018 identified that compliance with training was low. A plan was implemented to improve training compliance and staff were encouraged to complete all mandatory training.
- Yearly appraisals had not been completed for all staff. However, they told us they felt supported at work and received supervisions which were supportive and helpful.
- Staff's understanding and skills were checked through supervision, observations and team meetings.
- Newly recruited staff completed a comprehensive induction programme.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The manager followed all of the principles and guidance related to MCA and Deprivation of Liberty Safeguards (DoLS) authorisations.
- Decision specific capacity assessments had been completed for people when decisions had been made in their best interests.
- Checks were carried out to confirm a relative or friend had the legal right to make decisions on the person's behalf. Copies of Lasting Power of Attorney (LPA) were available. LPA is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future.

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

- Records confirmed that an assessment of people's needs had been completed.
- Care plans contained person-centred information but varied in the amount of detail they included.
- Assessments were updated when a change in need was identified for the person.

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

- Food was well presented and people told us they enjoyed it. One person told us, "The food is excellent. You can ask for something else if you don't like the choice but I always enjoy the food."
- Staff were knowledgeable about people's special dietary needs and preferences. Systems were in place to ensure information was communicated between staff and food safety training had been completed.
- The meal time experience was relaxed and staff engaged with people to make it a socially enjoyable experience.

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

- Records confirmed people were supported to have access to a range of healthcare professionals to ensure they remained healthy.
- The service appropriately referred people to other healthcare professionals such as their GP, nurse practitioner, speech and language therapists and dieticians.

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

- Extensive building work was underway to improve the internal living environment of the home. Participation events had taken place to involve people in choosing colour schemes for the redecoration of communal areas.
- A plan was in place to reconfigure some bedrooms to make them more accessible. People could personalise their bedroom with their own furniture and belongings. One person told us, "The building work will be great when it's finished."
- The home had some adaptations for people living with dementia. For example, pictorial signage which helped people to orientate themselves.

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.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity.

- People we spoke with told us staff were caring. Comments included: "I thoroughly enjoy it here, I love it. The staff are lovely and certainly do their job."
- Care plans were developed to reflect what was important to the person and to meet any social or cultural needs. People's religious beliefs were recorded in care plans.
- Throughout the inspection we observed staff treat people with warmth, compassion and kindness. Staff knew people very well, including their personal history and preferences.

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

- Staff supported and encouraged people to be involved in and make decisions about their care. People's views were documented in care plans and demonstrated the involvement of relatives.
- People's communication needs were recorded and information was available for people in accessible formats. For example, the wellbeing coordinator told us information was produced in large print for partially sighted people.
- People living at the home had suggested having a recognition scheme of 'staff of the week'. Acting on the feedback of people the well-being co-ordinator was in the process of implementing this.

Respecting and promoting people's privacy, dignity and independence.

- Staff worked in ways which maintained the privacy and dignity of the people they cared for. Staff described respectful ways of working such as knocking on people's doors before entering and giving people choice. One member of staff said, "This could be your mother or father so you must treat people with respect."
- We observed staff to be kind and caring towards people. Staff were friendly and engaged people in conversation. We saw instances where staff responded quickly to people's needs in a supportive way.
- We found there was a calm relaxed atmosphere within the home. One person said, "If you are poorly you know they [staff] will be there for you. They are always kind, I wouldn't have stayed otherwise. It's hunky-dory."
- People's confidential information was stored securely and could be located when required. This meant that people's confidentiality was maintained as only people authorised to look at records could view them.

Is the service responsive?

Our findings

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

People's needs were not always met. Regulations may or may not have been met.

End of life care and support.

- End of life care plans had not been developed for some people. Of the five care records we reviewed, three people's end of life care plans were blank. One care plan audit in August 2018 had identified the person did not have this plan. However, at the time of the inspection this had not been implemented.
- Do not attempt cardiopulmonary resuscitation (DNACPR) plans were in place for some people which demonstrated the involvement of people and their relatives.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- Activities led by staff were not observed during the inspection. We carried out two observations in communal areas of the home which showed limited interaction between staff and people. Staff were engaged in tasks rather than engaging with people.
- The wellbeing coordinator told us they had surveyed people about their interests. They planned to organise activities which would be organised around the themes received in people's remarks. Activities available included visiting entertainers and exercise classes.
- Feedback from people was they enjoyed the activities on offer which were varied. Comments included, "I don't feel bored very often. I knit a lot and we go out for activities, they [staff] take me to look around the shops. Nothing is too much trouble."
- Care plans were person-centred and were sufficiently detailed to guide staff in the support people required. Individual preferences were recorded in care plans and reflected people's health and social care needs. Care plans were reviewed regularly and updated when a change in need was identified.
- Records demonstrated other health and social care professionals were involved in the planning of people's care. A visiting health professional told us, "Staff definitely know the residents well, I can't think of any areas they [staff] need to develop."
- Effective communication systems were in place. Information was available to people in different formats such as large print to meet individual's needs. A resident of the day system was in operation across the home. This meant on each day care plans and records would be checked for the person.

Improving care quality in response to complaints or concerns.

- The provider had a complaints procedure in place. People told us they felt confident to raise any concerns but had not had to raise any complaints.

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.

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The home did not have a manager registered with CQC. A manager had been recruited and was due to commence employment in March 2019. Once in employment this manager would apply to become registered with the Commission.
- Staff told us of management changes within the home as well as a change in provider. Comments included, "For us [staff] it has been difficult. It's like you are in limbo." Since the change of provider there had been one manager and one interim manager in employment. The provider told us they were committed to providing a stable staff team with consistent leadership.
- Due to a change of provider systems across the home were in the process of change. A plan was in place to align the home with all of the provider's policies and procedures. One staff member said, "It's a little confused [work] at the minute because of the refurbishment and manager changes."
- The service had a quality assurance system which included checks carried out by the manager and the provider. Audits had identified areas of development. However, in some cases the actions had not been completed to deliver improvements and in some areas audits had not identified the issues we found during the inspection.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Meaningful activities required further developed to reflect the needs of people. Direction was required from the manager for staff deployment. During our observations we noted periods where there was no staff presence in communal areas.
- End of life care plans need to be implemented for people which reflect what is important to them.

These issues constituted a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Care records for people contained person-centred information and demonstrated people and their relatives had been involved in their development.
- The manager understood their responsibilities in what needed to be reported to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- Staff told us the manager was approachable and they received regular supervisions. A plan was in place to

ensure staff were up to date with training.

- Staff felt confident to raise any issues and felt assured they would be listened to.
- The provider had identified areas for development across the home. An action plan was in place to deliver the identified improvements.
- Clinical review meetings were held to discuss the health and needs of people.

Working in partnership with others.

- Relatives and a health and social care professional were complimentary of the service and of the planned refurbishment works.
- Staff had positive relationships with people and understood the needs of the people they supported.

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	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	The provider did not have robust systems in place to effectively monitor and improve the quality and safety of the service nor to monitor and mitigate the risks to the health, safety and welfare of people who used the service. Regulation 17 (1)(2)(a)(b)(c)(d)(i)(ii)(e)(f).