

Mr & Mrs J Surae

The Elms Care Home

Inspection report

13 Regent Street
Bilston
West Midlands
WV14 6AP

Tel: 01902491890

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

The Elms is a residential care home providing personal care to up to 13 people aged 65 and over. At the time of the inspection 10 people were using the service.

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

People's risks were assessed but not always consistently managed, infection control measures were not always followed.

Some recent equipment changes and the layout of bathrooms made it difficult for staff to support people to bathe regularly.

Quality assurance procedures were not always robust enough to make sure changes were made to the service following identified issues.

People were supported by enough safely recruited staff that understood how to keep them safe, and had access to healthcare when required.

People received their medication safely and at the times they needed them.

People's needs and preferences were assessed and reviewed, and were supported in the least restrictive way possible.

People were supported by kind and caring staff that knew them well and helped them maintain their dignity and independence.

Staff felt the registered manager and provider were approachable and were able to go to them if there were any issues.

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 18 November 2017).

Why we inspected

The inspection was prompted in part due to concerns received about pressure care and infection control. A decision was made for us to inspect and examine those risks.

Enforcement

We have found evidence that the provider needs to make improvements. Please refer to safe, effective and

well-led sections of this report. We identified one breach in relation to peoples risks not being managed consistently, and audit systems were not always effective at identifying areas for improvement.

You can see what action we have asked the provider to take at the end of this full report.

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.

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 not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

The Elms 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector

Service and service type

The Elms 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The first day of this inspection was unannounced, the second day was announced as we needed to be sure the registered manager was available to assist us during the day.

What we did before the inspection

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information such as safeguarding concerns and deaths. We also sought feedback from commissioners of the service and looked at information we had received from the local safeguarding adults' team.

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 two people who used the service and three relatives about their experience of the care provided. We spoke with three care workers, four senior care workers, the provider, registered manager and a visiting health professional.

We reviewed a range of records. This included five people's care records and medication records. We looked at six staff files to check 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 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 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, learning lessons when things go wrong

- Risks to people were assessed but not consistently managed and we could not be sure lessons were always learned.
- There had been a recent allegation about a pressure sore not being identified by the home. Although we saw staff repositioning people, records did not always reflect this was happening for people. This meant we could not be sure lessons had been learned and that people were always supported to move in line with their risk assessments.
- Guidance for staff was available for people who displayed behaviours that may challenge, however recording of these incidents was not always completed. This meant episodes could not be consistently reviewed and used to update plans to improve people's quality of care.
- Some people's needs had recently changed and required different hoisting equipment to support them.
- Staff told us this new equipment made it difficult for them to get people into the shower and bathroom.
- Bathing records showed that the majority of people were not having regular baths or showers. We could not be sure people had access to bathing facilities. The registered manager told us that most people preferred a strip wash, however this was not recorded in their plans.
- The provider assured us that issues around access in the bathrooms would be assessed.

Preventing and controlling infection

- We saw one person had dirty fingernails throughout the morning and into lunchtime. Staff told us the person had refused to have their nails cleaned that morning but this had not been recorded. This meant for one person we couldn't be sure that infection control procedures had been followed.
- We noted all visitors were asked to use the hand gel on entering the home.
- The kitchen had recently had a food hygiene inspection and been rated as 5 which is the highest score.
- There were no malodours and regular cleaning schedules were in place.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and staff knew how to keep people safe. One person told us, "They [staff] take care of me well." And "Yes, I'm safe here."
- Staff knew how to recognise the types of abuse that might occur and knew what to do if they saw any signs. One staff member said, "I'd tell the manager if I saw anything or we can also go to the local authority as they have a safeguarding team."

Staffing and recruitment

- People were supported by enough staff. A relative told us, "There always seems to be enough staff, no one

has to wait long for anything, it's pretty good if you ask me."

- Staff told us a recent change in rotas enabled them to spend more time with people. One staff member said, "We were struggling a while ago with getting everything done, but since the new rota I feel we have more time and get to spend more quality time with people instead of just getting jobs done."
- Staff had been recruited safely. We saw that relevant checks had been carried out prior to staff starting to work with people. Staff were also asked to sign a declaration yearly, or at supervision to state that since their last Disclosure and Barring Service (DBS) they had not been convicted of any offences that would affect their ability to work with vulnerable adults.

Using medicines safely

- Medicines were managed and administered safely.
- We observed a senior care worker giving people their medicines in a safe way and ensuring people were not rushed.
- Medicine administration records (MARs) were completed correctly, and protocols were in place for any 'as required' medicines.
- Stock checks were completed every day by senior carers and the registered manager completed monthly audits.

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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Appropriate checks were carried out on the building and equipment to ensure they were safe to use.
- People ate their meals from coloured plates to help them see food better and to encourage them to eat larger portions.

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

- People's needs were assessed prior to moving into the home and reviewed regularly.
- Staff had good knowledge about people's care and support needs.
- Staff knew about people's preferences in regard to relationships that were important to them and any religious preferences.

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.

- People and their relatives told us staff asked for their consent before supporting them. One relative said, "Oh yes, they always ask what [relative] wants to do or eat and drink, there's always a choice, they never just presume."
- Mental capacity assessments had been carried out and best interest decisions had been made where required. These discussions had taken place with various people involved in the person's care and support such as relatives, care staff and the GP.

- DoLS referrals had been made if people needed to be restricted for their safety, such as bed rails.

Staff support: induction, training, skills and experience

- Staff had been trained in how to support people. We spoke with some newer members of staff who told us, "We had some training before being on our own with people and helped other staff. I've just had manual handling training and that was very useful."
- Staff supervisions were taking place, and the provider had recently started to undertake these with staff. Part of the supervision involved staff answering a variety of questions about care and support to check their knowledge.
- Handovers at shift change took place and these were detailed for each person. For example, how people had spent their day, food and fluid intake and if anyone had been unwell.

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

- People told us they enjoyed the food. We saw people being offered choices and extra portions. One person told a member of staff to, "Send compliments to the chef, lunch was lovely as usual."
- Where people needed support to eat, we saw staff provided this and encouraged people to eat or drink more.
- People's food and fluid intake was monitored and any issues regarding this were discussed in shift handovers.

Supporting people to live healthier lives, access healthcare services and support

- People and their relatives told us they had access to healthcare services when required. One person said, "They [staff] get the doctor in if I'm poorly."
- We spoke with a visiting health professional who told us, "Staff are very good at asking for advice and call or ask for a visit if someone isn't well, and do follow advice given"

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

- People were supported in a kind and caring way. A relative told us, "We really couldn't ask for better care, the carers are very good and encourage [relative] to eat and drink as they struggle to eat so staff are always trying to help. My relative's health has improved so much since being here."
- Staff made sure people were comfortable and we observed them adjusting people's footstools and cushions throughout the inspection.
- People were offered choices of where to sit and what they wanted to do.
- Staff knew people's preferences and were able to talk in detail about their likes and dislikes.

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

- Staff encouraged people to make choices about where and how to spend their day.
- Care plans contained information about people's likes and dislikes to help staff to support people in their preferred way.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to be independent and treated them with dignity.
- We saw staff encouraging people to do things for themselves where able, and during lunch we saw staff assisting people to eat and drink. We observed carers checking on people discreetly to ensure they were eating and to encourage them to try to eat a little more.
- When staff were supporting people to be hoisted we saw staff speaking to people throughout and maintaining their dignity by ensuring their clothes were in place at all times.

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 remained the same. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure was in place although the registered manager stated no one had ever raised a formal complaint. We discussed with the registered manager the importance of recording even 'low level' concerns to ensure matters were dealt with, evidence was recorded and the person was happy with the action taken. The registered manager said this would be put into place.
- A relative told us they'd had some issues previously that hadn't been dealt with in a timely manner, but that things had improved recently. They told us, "Yes, we've had issues, it's been little things really but recently things have started to get better."

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

- People were supported by staff that knew their preferences well. We saw a senior staff member advising a newer carer to keep an eye on one person who would sometimes get emotional when music was on that they liked. Another carer realised a film was on with a person's favourite actor in so they asked them if they'd like to watch it, and they did.

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.

- People were supported to communicate in a way that suited them.
- People's care plans stated their preferred way of communication, or ways that kept them calm when they became anxious.
- We saw staff using pictorial cards to speak with people and to stimulate memories. At meal times, people were shown a small amount of each food on offer to help them choose what they preferred.

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

- An activity co-ordinator worked at the home two days per week and provided a programme of activities. Staff also undertook activities with people such as nail painting, reading to them and singing.
- Relatives told us they were free to visit at any time. One relative said, "We visit regularly, and we're always welcomed, the carers make us drinks and make sure we have private time with [relative] if we want to."
- Staff were aware of people's life histories and preferences and used 'life books' to help them to reminisce with people.

End of life care and support

- There was no one currently being supported with end of life care. However, some people had chosen to discuss this and plans were in place.
- The registered manager told us they had used a 'Dove Box' when they had supported someone at the end of their lives. This was a box containing items such as a ribbon tie bag for a lock of the person's hair, fairy lights with a dove to place in the person's room and stickers for the person's door so all staff and visitors knew someone was nearing the end of their life and to be respectful when passing the room. Relatives were also provided with a tea tray so that staff do not have to disturb their private time and were also offered to stay overnight with people.

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.

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.

Continuous learning and improving care, Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- People's risks were not consistently managed, and we could not always be sure lessons were learned when things had gone wrong.
- One person's hygiene needs had not been addressed, and this had previously been an issue reported by a visiting health professional for another person. The registered manager said the person had refused to accept support, but this had not been recorded.
- There had been recent concerns raised when a person went into hospital with a pressure area that had not been identified by the home. This meant that daily checks on the person's skin had not been carried out thoroughly enough.
- Safeguarding Incidents had been reported to us. However, the recording and analysis of these within the service was not consistent. Documentation relating to investigations or discussions with staff following incidents was also lacking.
- The registered manager conducted audits, however some were not robust enough to ensure areas of improvement around the home could be identified.
- Although the registered manager told us they monitored changes in people's behaviour, we saw no auditing of people's daily notes to capture this information to enable trend analysis or deterioration in people's health.
- The home's previous CQC rating was on display in the home and on the provider's website as per our requirements.

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

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

- People and staff told us they were happy with the support they received, and the registered manager and provider were approachable. One person said, "I'd tell the staff or the bosses if I had problems."
- Staff told us they felt able to raise any concerns or issues with the management, one staff member said, "Yes, I feel supported here. I'd be able to go to the manager or owner if I had any issues, I find them both very open and approachable."

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 registered manager and provider told us they understood the importance of being open and honest when things went wrong.

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

- Staff had received equality and diversity training, and staff meetings took place.
- Feedback about the service was gained by staff who spent time with people talking about living in the home and if they had any suggestions. A recent suggestion was to have some Caribbean food and this was provided.
- Relative's coffee meetings were held where they were given the opportunity to discuss and concerns or ideas.

Working in partnership with others

- The registered manager said they had a good relationship with their visiting GP and saw regular contact with them when people became unwell.
- We saw a visiting health professional during the inspection and staff were highlighting their concerns with them about a person's healthcare needs.

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 Risks to people were not consistently managed. Audits were not always consistent in assessing or identifying areas for improvement