Brickjet Limited

# The Elms Care Home with Nursing

**Inspection report**

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## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| 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? | Good |

## Overall summary

We last inspected in September 2013 and found the provider was meeting all of the requirements of the regulations at that time. This inspection was unannounced and took place over two days on the 30 September and 5 October 2015.

The service provides long-term or short-term (respite) care for up to 31 older people who have a mixture of physical needs. Some people also live with dementia and some live with mental health needs. Accommodation is arranged over three floors with a bathroom on each floor, 29 of the 31 rooms have en-suite facilities. People living at The Elms have access to a large lounge and dining area and patio garden. At the time of our inspection there were 14 people living at the home. The home is required to have a registered manager in post.

The registered manager had been registered as manager at the service since September 2012. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

# Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

People were at risk of receiving medicines inappropriately. Protocols were not in place to guide staff in the use of 'as required' medicines. The premises were not always safe as testing for legionella in the home's water supply systems had not been carried out. The home's fire risk assessment was insufficient, as all required information had not been included. Information about people's personal evacuation needs in case of emergency were not easy to access or sufficiently clear for emergency services personnel to use effectively.

Risks to people's personal health were managed effectively as their changing needs were recognised and advice from community professionals was taken when needed, to help manage people's well-being. People felt safe at The Elms and had good relationships with the staff who cared for them. They enjoyed a range of activities, spent their day as they wished and enjoyed regular visits from their relatives. They had plenty to eat and drink and any special dietary needs or requests were met. People had confidence in the staff and their skills and never had to wait long for assistance. They benefitted from living in a well organised and managed home where their needs were put first.

Staff enjoyed working at The Elms and felt supported in their roles. Staff were clear about their responsibilities to people and felt well-prepared to meet the needs of the people they supported. They told us there were enough staff to meet people's needs. They were not rushed and had time to talk with people. Staff benefitted from learning opportunities and good communication within the home. They were able to request training or support when they needed it and felt comfortable to go to the registered manager with any concerns or suggestions to improve care. Staff knew people well and understood their changing needs. They cared about the people they supported. They supported their colleagues and worked as a team.

The culture at The Elms was open all staff upheld the providers values. Managers provided clear leadership to staff, they understood people's needs and knew what was going on in the home on a day to day basis. Quality assurance processes were robust and action plans to improve the service were completed in a timely way. The provider was supportive and was in regular contact with managers to oversee running of the service. Learning was shared from within and outside the organisation and good community contacts were maintained to ensure care was up to date with current guidance.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

**Requires improvement**

The service was not fully safe.

People were protected against health related risks but environmental risks related to the premises had not consistently been identified and managed.

The arrangements for 'as required' medicines were not robust and these medicines had not always been given appropriately. Arrangements were in place to make sure people received their everyday medicines safely.

People were safeguarded from the risk of abuse because staff knew what to be aware of and how to report their concerns.

There were enough staff to meet people's needs and good recruitment practices protected people from the employment of unsuitable staff.

**Is the service effective?**

**Good**

The service was effective.

People were supported by staff with the knowledge and skills to carry out their roles. Staff understood people's needs and preferences.

People's rights were protected under the Mental Capacity Act (2005) because staff adhered to the legislation.

People had access to a healthy diet which promoted their health and well-being, taking into account their preferences and nutritional requirements.

People's health care needs were met. Staff made prompt referrals to obtain specialist support where needed and specialist advice was followed.

**Is the service caring?**

**Good**

The service was caring.

Staff developed positive relationships with people who used the service. People were treated with respect, kindness and compassion.

People felt listened to and had been involved in making decisions about their care.

People's dignity and privacy was maintained and their independence was promoted.

**Is the service responsive?**

**Good**

The service was responsive.

People received personalised care and were regularly consulted to gain their views about the support they received. Where people were unable to give their views about their care, their representatives were consulted.

# Summary of findings

Staff knew people well and could tell us about their individual preferences and interests. People were helped to maintain relationships with those who mattered to them and to participate in activities they enjoyed.

When people's needs changed their care was adjusted to reflect this and their care records updated.

There were arrangements in place for people to raise their complaints and to have these listened to, taken seriously and addressed.

**Is the service well-led?**

Good

The service was well led.

Managers promoted an open and inclusive culture. The vision and values of the service were demonstrated by staff in their interactions with people and with each other.

The registered manager was accessible to staff, people and their representatives. They actively sought feedback to improve the quality of the service and felt supported by the provider. Staff felt supported and understood their roles and responsibilities.

Quality assurance systems which included the views of people using the service were in place to monitor the quality of care and safety of the home. Learning was shared between the provider's group of homes.

# The Elms Care Home with Nursing

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The last inspection of The Elms was completed on 27 September 2013. At that time we found the service was compliant with the regulations in each of the areas we checked.

Prior to the inspection we looked at the information we had about the service. This information included the statutory notifications that the provider had sent to CQC and the Provider Information Record (PIR). A notification is information about important events which the service is required to send us by law. The PIR is requested by us and asks the provider for key information about the service, tells us what the service does well and the improvements they plan to make.

This inspection took place over two days on 30 September and 05 October 2015 and was unannounced. Our inspection was carried out by one inspector. During the inspection we spoke with five people who use the service, two visitors / relatives, six members of staff, the registered manager, the provider's quality manager and a visiting social care professional. Not every person was able to express their views verbally. We therefore undertook a Short Observational Framework for Inspection session (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not tell us about their life in the home.

We also carried out a tour of the premises, observed medicine administration, looked at four care records, two staff recruitment files and training records, staff duty rotas and other records relating to the management of the home.

After our inspection we received feedback from another four healthcare and social care professionals who had been involved with people using the service.

We found a breach of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Requires improvement

# Is the service safe?

## Our findings

People were at risk of receiving medicines inappropriately. Information about medicines prescribed to be given as necessary (PRN) was available in people's care records. However there were no individual protocols in place to guide staff in the use of individual PRN medications. This put people at risk as we found on two occasions staff had not followed the prescriber's instructions for a PRN medicine when administering medicine to help manage a person's behaviour. We also observed one medication temporarily being stored unlabelled in the medicines cabinet prior to administration. This was against recommended professional guidance as it increases the risk of a medicines error. Outcomes for people were not impacted in these instances but risks to people had not been minimised. **This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

No further concerns were found in the management or administration of medicines. People told us they received their medicines on time, medicines were always available and new prescriptions were collected quickly so that treatment was started promptly. Systems in place were designed to reduce the risks to people, these included up to date photographs, colour coding, regular stock checks and audits. People's allergies and preferences for taking their medicines were clearly noted on their Medicines Administration Records (MAR charts). Records had been completed appropriately; medicines were stored and disposed of safely. Staff responsible for administering medicines had received training and their competency had been checked. Appropriate policies were in place to guide staff in medicine management including homely remedies.

Risks to people from the environment were not always managed effectively. A Legionella risk assessment completed by an external contractor in December 2010 rated the service as medium/high risk. We contacted an environmental health officer who advised that routine temperature checks and flushing of water systems carried out at the home out were insufficient to eradicate risk. Water testing would have established whether organisms such as legionella were present but this had not been done. This meant this potential risk to people had not been adequately controlled. **This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

A fire safety officer advised us that the home's Fire Risk Assessment was insufficient as the provider used a generic template rather than an assessment based on the individual premises. Also, while information about risks from smoking material could be found in people's individual risk assessments, these risks had not been incorporated into the home's overall risk assessment. This meant fire risks within the home had not have been assessed in line with fire service recommendations. People's needs in the event of an emergency evacuation were understood by staff as they attended regular fire training and drills and they understood people's support needs. Support needs were detailed in people's care plans but the information to be handed to emergency services lacked some detail. **This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The home was secure and the premises were clean and free of odours. A maintenance programme was in progress to replace doors and windows and some carpets; repairs were actioned quickly. The environment had been improved to make it more pleasant for people. For example, pictures were hung in the bathrooms and the patio area was accessible and planted with raised beds. External contractors had carried out required safety electrical safety, lift and boiler checks. We also saw evidence of regular equipment checks including fire and hoisting equipment.

Assessments to identify risks to people's health and well-being were reviewed regularly and in response to any changes. These included nutrition, falls, moving and handling and pressure areas. Care plans addressed identified risks and contained clear information for staff which enabled them to keep people safe. Staff were able to tell us how risks were managed with individual people. For example, a staff member told us about the type of equipment in use and how it was used for one person, to reduce the risk of them falling out of bed.

Response to accidents and incidents was thorough; potential contributory factors were considered and prompt action was taken to reduce the risk of a further incident /

# Is the service safe?

accident. This included referral to health professionals, such as getting medicines reviewed by a GP and / or requests for monitoring equipment, as indicated. A staff member told us about changes to support a person's mobility following a recent fall and reassessment of their needs by a physiotherapist. Staff were confident in how to respond to an emergency and had completed first aid training.

There were enough staff to meet people's needs. Comments included, "People get the help they need", "When I ring for the toilet they come quite quickly… staff pop in [their room] very often", "I love it. You are never left without a [care worker] or a nurse. So if you want to go to the toilet you go. I am so glad to be here." One person compared The Elms to another home they had stayed in; "I have told other people how nice it is here… There's a lot more care here." Staff noted that it was quiet at the time of our inspection and said it could be stressful when the home was busier. They told us, even at busy times people were not waiting long and there were enough staff to support people with their meals. A staff member said, "We report [to the registered manager] if we're not managing". The provider's PIR stated: "Staffing levels are formally assessed on minimum monthly basis using staffing analysis programme, which takes into account; number of residents, dependency, layout of the home, specialist needs." Rotas showed that the providers required number of staff had been maintained on all shifts.

Staff were safely recruited as procedures were robust and included all required checks. Checks were completed before staff started work at The Elms. The provider's PIR stated: "Dedicated recruitment administrator ensures the following documentation is in place; Application form, interview form, full employment history / recorded exploration of gaps in employment, references including last employer, DBS, NMC checks, health check form, evidence of previous training. Disclosure and barring service (DBS) checks alert providers to people that may be unsuitable to work with vulnerable groups. The Nursing and Midwifery Council (NMC) maintains the professional register for nurses practicing in the UK. Our checks confirmed the information above, given in the PIR. There were no recent events requiring disciplinary action to be taken against a staff member.

People were protected from the risk of abuse because staff had the appropriate knowledge and understanding of safeguarding policies and procedures. People told us they felt safe, well looked after, staff understood them and were respectful. Comments included: "They [staff] speak to you nicely. They are caring. "They'll have a joke with me and make me laugh. They're always jolly when they come", "They are good to me, they are good to them all… It's how it should be." Staff were clear about their role in safeguarding and their knowledge of policies and procedures was appropriate for their role within the home. Staff had completed safeguarding training and were aware of the provider's whistleblowing policy. Their comments included "I would have no hesitation in reporting concerns." and "I would do everything I possibly can for these [people]." Staff told us about documentation they completed if they found bruising on a person and how this was monitored. One safeguarding incident had been reported to us in the past year. This incident was investigated by the local authority, no concerns were found. The health professionals and commissioners we spoke with had no concerns about people's safety at The Elms.

Good

# Is the service effective?

## Our findings

People were supported by staff who had the knowledge and skills to meet people's needs. People and their relatives told us they felt confident in staff. Their comments included, "They're very good…They [staff] understand my arthritis. They're very careful. They get me on there [hoist] very well". "They know her [relative] as an individual." People recommended the service to others.

Training in moving and handling was in progress when we arrived unannounced. A visiting professional told us staff competency was checked by the registered manager after this training. The provider's quality managers worked across different homes and carried out additional staff competency checks, including infection control practices. Staff knew how to respond in an emergency and were positive about the training and support they received. For example, they were able to request training, advice or support if people's needs changed. A senior staff member described the provider as "excellent" at enabling staff to keep up to date with best practice. They told us they used the internet to update themselves and knowledge was shared with staff in handover. Some staff had link roles where they attended dementia care and activities meetings outside the organisation so best practice could be brought back to The Elms. Staff worked with external professionals, including a team of specialist dementia and mental health nurses, when planning and evaluating more complex care. A teaching session had recently been held by a physiotherapist to assist staff to meet the moving and handling needs of two people.

Care support staff completed qualifications in social care and Care Certificate training was in place for staff new to social care. Nurses received regular updates, for example in wound care, which enabled them to meet registration requirements. All staff had completed two days in care of people with dementia. Supervision was provided to staff through group or one to one meetings in response to good or poor practice / feedback about the service or individual staff members, or as planned. Any new training needs were identified during assessment, prior to people's admission to the service. Outcomes for people were good. For example, a staff member commented, "We [The Elms] rarely have pressure sores."

Appropriate consent was sought before care and treatment was given and people were involved in making decisions about their care. Comments from people included, "They talk to me a lot" and "There is always somebody here ready to listen to you. They are very good to me; helpful… they do what you want." People and their relatives told us they were consulted about care and records showed ongoing communication with people's relatives. We observed staff checking with people before carrying out care and asking people how treatment was working for them.

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. The application procedures for this in care homes and hospitals are 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 were being met. All staff had completed relevant training and understood their role in protecting people's rights in accordance with this legislation. The MCA DoLS require providers to submit applications to a 'Supervisory Body' for authority to do so. Authorisations were in place for two people on the first day of our inspection. Care plans included the least restrictive options required to keep people safe and were in line with the authorisations granted.

We discussed two further people with the registered manager who we believed required DoLS authorisation, due to the continual staff supervision required to maintain their safety. Reasonable explanations were given by the registered manager about why applications had not been submitted in both these cases. We saw that DoLS applications had been submitted for both people when we returned for the second day of our inspection. We discussed how to improve evidence of conversations held with people as part of assessment of their capacity to consent with the registered manager. We were assured that they were clear on legal requirements and had access to up to date information and law society advice.

Good

# Is the service effective?

People were supported to get enough to eat and drink and to maintain good nutrition. People enjoyed the food provided and were able to eat at the time and place it suited them. They told us there was plenty and one commented, "They always ask if I've had enough". When we arrived people were at various stages of eating breakfast. The day's menu choices were written up on a board in the communal room and included pork loin and Irish stew, fresh vegetables and dessert. One person we spoke with required a special diet, they said, "That's how they care, because they get my proper food." The chef understood peoples' dietary needs and restrictions and had up to date information about people's needs and preferences in the kitchen. This was informed by nutritional risk assessments and intake and weight monitoring where indicated. The home's kitchen was inspected in February 2015 and was awarded the highest [5 star] hygiene rating.

We observed a staff member carefully assisting a person with eating and drinking. The person had dementia and had not responded to the cues that it was mealtime. The staff member used touch and their voice to engage the person in the activity before putting food into their hand to prompt them to feed themselves. They repeatedly did this throughout the meal to bring the person back to the task of eating. Drinks were within easy reach for people and snacks were served mid-morning and afternoon. Use of nutritional supplements were recorded on people's MAR charts and reflected in care plans.

People received timely support to access healthcare services and maintain their well-being. We heard a nurse speaking with one person, as they had a bad cough and were being treated for a chest infection. This person understood their care; they told us the doctor had been called to see them twice about their cough. Staff noticed their symptoms and got the doctor quickly, they had been in bed for 3 days but were better since starting treatment. The staff member told us how they were monitoring this person and what action they would take if their symptoms did not resolve. Comments from people and their relatives included, "They get the doctor when they notice I'm unwell" and "They make sure the doctor is called as soon as possible".

Community health professionals told us their recommendations had been carried out. This included implementation of behaviour charts to support assessment of people's healthcare needs. We discussed use of behaviour charts with the registered manager with the aim of better assisting staff to identify triggers and demonstrate how they responded to these. Use of intervention techniques and 'as required' medicines was not always clear in the charts we checked. The registered manager understood the benefit of this approach, which is used effectively in other types of social care services where people's behaviour may challenge.

GP's told us they were called appropriately by nurses who knew and understood people living at the home. GPs had no concerns about the care provided and said there were "no obvious issues" at the home. Records demonstrated that in response to one person's distressed outburst, which was out of character for them, they were checked for signs of a urinary infection and a GP visit was arranged.

Good

# Is the service caring?

## Our findings

Our conversations with people showed caring relationships had been developed with staff. People told us they were happy to approach staff to discuss any issues. One person said, "There's lots of music and singing, it's a happy place to be." Another person said, "I love it here, they're [staff] very kind to me… They are caring. I have a laugh with them. That really makes my day". We heard this person greeting the staff member cleaning their en-suite bathroom, this interaction showed us how relaxed and at ease they were with each other.

A visiting social care professional told us, "Staff can tell you about people's communication styles and needs off the top of their heads." Staff demonstrated good awareness of people's needs and how they should be supported. A staff member told us that one person had been frightened of being moved using a hoist, which they needed as they were no longer able to stand. We observed that staff interacted with this person throughout this procedure. They checked they were ready and comfortable and did not try to hurry them. The person appeared relaxed while being moved and later confirmed this to us, saying, "Its fine… I'm quite used to it." Staff also provided care and support to each other; one said, "It's happy, friendly and open, like a close knit family."

We saw that people were comfortable to tell staff what they wanted and confident this would be respected. Staff checked that people had what they needed within reach and offered alternatives. People were supported to spend their day where and how they preferred. People told us they had been involved in making decisions about their care, they felt listened to and that their opinion mattered. One person said about their care needs, "They talk to me a lot." People's preferences and wishes were recorded in their care record. When people were less able to speak for themselves, their close relatives or advocate had been consulted. People's support plans described their cultural or spiritual needs and how they wished these to be met. People's wishes for the end of their life had been discussed with them and recorded where people felt ready to talk about this.

Minutes of house meetings demonstrated how people using the service were able to express their views. The registered manager told us that group meetings had not been effective as some people weren't comfortable speaking in front of others. She spoke with people individually each month and asked for their feedback and ideas for future events and outings. Care records were held securely so that only appropriate people could access people's confidential information.

People's privacy and dignity was respected and promoted. Staff gave us examples of how they respected people's privacy and dignity when providing care and support. This was confirmed by our conversations with people, their relatives and a visiting professional. Comments from staff included, "I treat people exactly as I'd like to be treated" and "You can't fault the caring. We all work together and learn from others." Staff expressed their sadness at the recent loss of several long-term residents. During our SOFI observation we saw that staff respected less conventional choices and discreetly assisted people, for example quietly wiping spilt food from a person's clothing.

People were supported to maintain independence. We observed staff giving prompts to people to maintain personal care tasks such as eating and drinking. People's support plans detailed areas they needed support with and activities they could manage for themselves. One person had an Independent Mental Capacity Advocate (IMCA) who visited monthly and were appointed by the Local Authority.

Good

# Is the service responsive?

## Our findings

People received care that was personalised and responsive to their needs. Assessments had been carried out prior to admission to The Elms to ensure that people's needs could be met. Information from people, their relatives and external health professionals were included and people's wishes and preferences were noted. Care plans were based on people's needs and preferences and were reviewed and updated regularly to reflect any changes. People told us that they were asked about their wishes. Comments from people and their relatives included: "I tell them what time I want to go to bed and they do it." "That's the bit I like, they will listen to you." "[Relative] is stimulated in a good way, she has dementia… I'm very pleased [with the service]. She's happy and contented." They told us their religious needs were met, one person said, "One of the local church groups come."

A visiting care professional said, "There's a lovely atmosphere, person centred care is delivered by all staff." Staff demonstrated knowledge of people's needs and preferences and any recent changes to their support needs. A staff member told us about how they updated people's care records each month to reflect changes to their needs or the activities they enjoyed. They said, "I sSpeak to the residents about any changes and find out what they think." Another staff member told us how they were monitoring the well-being of a person who was receiving treatment for a chest infection. They were clear about how to respond if this was not resolved.

People were relaxed with the staff supporting them. They readily expressed their preferences and staff checked they had everything they wanted. There was music on during the day, while other people watched TV in the adjoining area. People were offered magazines and puzzles to keep them entertained. People told us this was a typical day at The Elms. In the afternoon of our first visit we observed a movement to music session; people were smiling and laughing, visibly enjoying this activity. One person told us they didn't like to go out but they enjoyed writing to their friends and relatives. A letter was delivered to them as we spoke with them; they told us staff posted letters for them. Comments included; "Best things about The Elms, games, lots of music and singing." "I have a large family, they can visit as often as they like.' and "There's always something going on… My family come all the time".

One person was less positive about the activities offered at the home. They enjoyed drawing and painting but did not wish to impose this on others. We discussed this with the registered manager who told us that an individual activity could be arranged for this person and funds were available to purchase suitable materials. Others told us that they enjoyed the activities on offer and they suited their interests. One person who preferred to stay in their room told us they enjoyed playing dominos with staff; another had arranged to stay longer on their respite visit so they could participate in the planned activities. Commissioners told us that following their visit in October 2014 they suggested managers at The Elms engage with the Gloucestershire Care Home Support Team to assist staff to develop activity provisions in the home in a person centred way. The registered manager told us that further to this, staff from the home were involved in regular local meetings with other providers with the aim to improving the quality of activities and ensuring these were meaningful to people.

The service had not received any complaints in the year prior to our inspection. We found that people were clear about how they would raise a concern or complaint and they told us they would feel comfortable about doing this. People told us they had no complaints but would be happy to tell staff or the registered manager if they had any problems. One person said they felt listened to and told us their opinion mattered. Other comments from people and their relatives included; "I can't think of anything I would like to change. You're well looked after, I've got no complaints at all", "I've visited people in other homes and have thought I wouldn't want my [relative] here but I'm very happy about this place." A relative told us they had spoken with the registered manager about frequency of baths for their relative who wanted them more often. There had been no problem with this and the person's care plan had been updated accordingly.

One person told us the registered manager came to see her regularly to get feedback about her care. Records demonstrated that the registered manager asked people for their opinions and about their experiences of care at The Elms at regular intervals. We saw that prompt action had been taken in response to feedback. Regular meetings were also held with representatives from the staff team, people and their relatives.

We found that managers responded positively to the preliminary feedback we shared with them at the end of

Good

# Is the service responsive?

the first day of our inspection. For example, our SOFI observation showed that the way staff worked at suppertime was not as effective as at lunchtime, as staff did not sit down with people who needed prompting until after meals had been served. The result was that two people had eaten little of their supper. Managers immediately identified why care staff had been busy with tasks and how this could be resolved by asking the chef to serve meals at suppertime as well as lunchtime to free care staff to assist people to eat.

Good

# Is the service well-led?

## Our findings

People benefitted from an open culture as staff worked in accordance with the provider's philosophy of care. This included choice, dignity and respect, safety and security, rights to privacy, independence, quality of life, equal opportunities and to complain. Almost everyone we spoke with about The Elms commented about the atmosphere at the home. A relative said, "They make them all feel as if they are at home". Other comments from people included, "Staff seem happy, they work together well". Staff were described as "friendly", "lovely" and "approachable" by people and their relatives; they were happy to tell staff if they had any problems.

External professionals were positive about the culture at the home, describing staff as "helpful", "caring" and "approachable". An external visitor said, "There's a good bond between staff. They share learning and have lots of interaction with people. For example, talking to them about what's going on locally": They had just overheard staff talking with people about their memories and local news, including the problem of wild boar in the forest. They told us the registered manager was regularly "on the floor" [amongst staff] and made a point of speaking to people individually. They described The Elms as having a culture of person centred care and values.

Staff enjoyed working at The Elms and were motivated in caring for people. They had no concerns about the care they provided. Their comments included, "It's a really nice home, one of the best I've ever worked in", "It's an open culture, we work as a team and all get on", "It's a nice place to work in… It's happy, friendly and open. You can talk to staff and trust them." Staff could speak openly with the registered manager and go to the management team with any questions or for advice. Staff told us they voiced their opinions at staff meetings but would not wait for a staff meeting to raise their concerns. Staff were aware of the provider's whistleblowing policy and had regular opportunities to speak with the provider's quality manager when they carried out quality monitoring audits and staff competency checks at the home. A staff member told us that managers had recently talked to staff about duty of candour and everyone's role in this. They added, "It's not a blaming culture, it's about being honest and saying if something has happened. We have a very good relationship with people's relatives, we inform them if an incident has happened and explain why".

The home had a registered manager, who had been registered as manager of The Elms since September 2012. The manager had notified the Care Quality Commission of important events affecting people using the service as required. People and their relatives knew who the registered manager was and were confident they knew what was happening on a day to day basis at the home. People said they wouldn't change anything about The Elms and a relative commented, "The care provided is what you'd expect of a home".

External professionals were positive about the registered manager: The registered manager had regular interaction with people and the staff that supported them, treated people as individuals, routinely checked staff competency and offered support. They told us the registered manager had implemented their suggestions and done their best to accommodate their requests. The registered manager sought external feedback about staff performance and progress with learning. When commissioners raised areas for development of the service, the registered manager acted on these and completed their action plan. This included working with the Care Home Support Team and external groups to improve the quality of activities offered to people at the home. GPs told us the registered manager was, "open and accessible, knows the patients and is very very caring".

The registered manager felt well supported by the provider and the provider's team of senior managers. They told us they had regular contact with the provider who oversaw management of care at The Elms, including staffing levels and response to serious incidents or concerns.

Staff were clear about their roles and responsibilities and understood who they reported to. Staff had clearly defined responsibilities. A staff member said, "All staff have their own roles, you're not asked to do all roles". For example, as a care support worker they were not expected to work in the laundry or kitchen. Clinical guidance and support was provided to nurses by The Head of Care. This staff member worked along with the other qualified nurses providing clinical care, carried out audits of wound care and medicines management, checked care plans and people's

Good

# Is the service well-led?

fluid and nutritional intake and provided clinical supervision. A GP we spoke with described them as "excellent". Staff signed new policies and minutes of staff meetings when they had read them.

The care provided to people was consistent and of a good quality as regular checks were carried out to monitor the quality of the service. Feedback was routinely sought from people and their relatives and the results of the annual survey were available to visitors entering the home. We saw that actions identified to improve care had been completed and further conversations were held with people to understand any shortfalls they raised in feedback. The home had a calm and relaxed atmosphere; clinical areas were clean, tidy and well-organised with hazardous materials stored safely and appropriate records kept. Records demonstrated that spot checks were carried out by managers to ensure the care staff provided tallied with the records about their care. This included following up when people's toothbrushes had not been used. When shortfalls were found explanations were sought in supervision with the individual staff member concerned.

The provider was contacted by the fire service after our inspection to discuss the home's fire risk assessment and people's personal evacuation plans. Management records demonstrated that the provider learned from events and poor outcomes at similar services where this information was in the public domain: Information about actual and near miss events and subsequent learning was shared through management meetings and changes were implemented to prevent a similar event from occurring at The Elms.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Accommodation for persons who require nursing or personal care<br><br>Treatment of disease, disorder or injury | Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment<br><br>How the regulation was not being met:<br><br>Care and treatment were not provided in a safe way.<br><br>The registered person had not ensured that premises used by the provider were safe for their intended purpose and were used in a safe way. Fire risk assessment was insufficient and water was not routinely tested for legionella.<br><br>Medicines were not always managed in proper and safe way. Clear advice for management of people's 'as required' medicines were not readily available to staff and medicines were not always administered in line with best practice guidance.<br><br>Regulation 12(2)(d)(g) |