

Sheridan Care Limited

Elmsdene Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Elmsdene Care Home is a residential care home providing personal care to people aged 65 and over. The home specialises in providing care for people who live with dementia. The accommodation, which is on the ground and first floor, consists of twenty-five single bedrooms, nine of which have en-suite facilities and four double bedrooms, two of which have en-suite facilities. The communal space consists of a large dining room, lounge area and a separate television lounge. At the time of our inspection visit there were 21 people who lived at the home.

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

The service was not always well-led. At this inspection we identified issues with the provider's quality and assurance systems. Some records relating to care and the management of the service were either incomplete, inaccurate and/or not kept up to date. This could have compromised the quality and safety of the service provided.

The service was not always safe. The provider had not ensured a sufficient number of suitably trained staff were deployed at all times to ensure people's safety. People did not always have risks to their personal safety identified and recorded. When they had been identified, control measures were not always documented to mitigate the risk. Staff were able to tell us about the risks to people and knew how to support people to minimise the risks. We found some issues with the cleanliness and maintenance of the environment. We have made a recommendation around infection prevention and control. The home had an adequate supply of personal protective equipment.

There was a positive staff culture at the service and staff told us they enjoyed their jobs. One staff member told us, "It is one of the nicest homes I have ever worked in, the residents are beautiful, it's a good team." We spoke to one relative who told us, "We are more than happy with the care provided which is what is important to us." Another said, "We are kept informed and updated and know that our relative is happy."

We found the management team receptive to feedback and keen to improve the service. The registered manager and provider worked with us in a positive manner and provided all the information we requested. Additionally, they responded immediately to our concerns during and after the inspection.

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 2018).

Why we inspected

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. We carried out this targeted inspection to follow up on specific concerns which we had received about the

service. The inspection was prompted in part due to concerns received about staffing and risk management. A decision was made for us to inspect and examine those risks. We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We inspected and found there was a concern with staffing, training, risk management, documentation and governance, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvement. Please see the safe and well-led sections of this full report. The provider submitted an action plan after this inspection to show what they would do and by when to mitigate the risks and improve.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elmsdene Care Home on our website at www.cqc.org.uk

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to staffing and good governance at this inspection.

Please see the action we have told the provider to take at the end of this 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 well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Elmsdene Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check on specific concerns we had about staffing and risk management. We inspected and found there was a concern with staffing, training, risk management, documentation and governance, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

Inspection team

The inspection was completed by two inspectors.

Service and service type

Elmsdene is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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

We gave a short period notice of the inspection to as we needed to be sure the provider or registered manager would be available to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with eleven members of staff including the provider, registered manager, senior care workers, care workers and the chef. We carried out observations of care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two professionals who have visited the service.

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.

Staffing and recruitment

- The provider had not ensured a sufficient number of suitably trained staff were deployed at all times to ensure people's safety.
- The provider had not adequately established and operated a robust system for ensuring staff were provided with induction and training. Staff had not been provided with training in key areas in line with people's needs. This included first aid, dementia care, equality and dysphagia among other areas. People at the home required support in these areas.
- The service did not have a systemic approach to calculate the number of staff required. We spoke to the manager about this. They confirmed they could not provide evidence staffing levels were determined based on people's individual needs and in line with best practice guidelines.
- Staff we spoke with told us that staffing had recently been changed on the night shift which was much safer.

We found no evidence people had been harmed however, staff had not received appropriate training. There was no systematic approach to determine the numbers and skill mix of staff needed to meet people's needs. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider followed safe systems for staff recruitment. All mandatory checks were completed prior to staff starting to work at the home.

Assessing risk, safety monitoring and management

- The provider had not consistently documented risks to people's health, safety and wellbeing. Staff were not always provided with guidance on how to keep people safe. We found inconsistencies in five people's care plans. We discussed this with the registered manager who agreed with our findings. In response, the registered manager acted to review the care plans.
- Staff demonstrated they were aware of the different risks people were vulnerable to which reduced the risk of harm.

We found no evidence people had been harmed however, documentation did not always contain a complete and accurate record of the person's needs. This is a breach of Regulation 17 (Good governance) Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The provider had not adequately assessed, and managed risks related to the prevention and control of infection. During the inspection, we found the environment was unclean in several areas. We found items were exposed in bathroom areas such towels and personal protective equipment.
- Some refurbishment works had been carried out at the home. However, we found some issues in high traffic areas such as chipped paintwork which could prevent adequate cleaning. The provider assured us these works were delayed due to the recent pandemic and would be addressed.
- Cleaning was not always checked and documented. We viewed recent audits which had not recognised the issues we found.

We recommend the provider consider current guidance on infection prevention and control and act to update their practice accordingly.

- The home had an adequate supply of personal protective equipment.

Systems and processes to safeguard people from the risk of abuse

- The service had procedures to minimise the potential risk of abuse or unsafe care. We found staff had not received specific safeguarding training. However, management and staff understood how to safeguard people and were clear about when to report incidents and safeguarding concerns to other agencies. Staff told us they would not hesitate to raise concerns if they witnessed abuse or poor practice.

Using medicines safely

- Management completed monthly checks of medicines and had identified areas for improvements. However, we found checks were not always documented. An example of this was for as and when required medications.
- The provider had procedures to support the safe administration of medicines. Staff who administered people's medicines had completed appropriate training.
- Medicines administration was person-centred. People were given time to take their medicines in a calm and patient manner. Where people had 'as required' pain relief medicine, we saw records included instructions for staff.

Learning lessons when things go wrong

- The provider promoted an open and transparent culture in relation to accidents, incidents and near misses. The registered manager and staff were aware of and fulfilled their responsibility to report and record, accidents and incidents.
- Where lessons had been learned these were shared throughout the staff team and used to prevent similar incidents occurring in future.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant 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.

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

- The provider had not operated effectively systems to assess, monitor and improve the service. We found no systematic approach to audits and many of the checks staff told us they completed were not documented.
- The systems in place to monitor the quality of the service people received, require time to embed into practice. The service had undergone several changes, especially information technology systems in the last six months.
- We found some inconsistencies in documentation. These included out of date and/or incomplete information. During the inspection the issues we found had not been recognised by the registered manager or provider.
- While the registered manager and the staff team were aware of their roles and responsibilities, we found they had not followed required standards, guidance and their own policies in various areas.

We found no evidence people had been harmed however, systems were not robust enough to demonstrate leadership and quality assurance was effectively managed. This is a breach of Regulation 17(1) Good governance Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured by the registered manager and the provider that full oversight of the quality assurance systems would be introduced and carried out by them.
- The management team and staff were able to demonstrate a shared responsibility for promoting people's wellbeing, safety and security.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- We found the registered manager and provider knew people very well and were committed to providing a responsive, person-centred service. We observed people were comfortable with the management and staff team.
- The leadership was visible and there was a positive culture at the service which focussed on providing people with high standards of care. Staff told us they felt supported and valued by the management team. One staff member told us, "The owner is incredible and so supportive - she will always help."

- The registered manager had an 'open door' policy, so people could approach them directly to discuss any concerns openly and in confidence. Staff felt valued and recognised for the support they provided. One staff member told us, "I feel well supported, they [management] are always happy to help."
- Records and discussion showed the service worked in partnership with a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GPs and community nurses.
- Staff and management meetings took place regularly and were open forums for information to be shared.

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 understood their duty of candour responsibilities. Good relationships had been developed between management, staff and people using the service and their family members. One relative told us, "The staff are a credit to the management team, they are great; a really caring team."
- The registered manager had been open with people when things went wrong. Any incidents were discussed with staff during meetings or in one to one support sessions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to establish effective governance systems, including assurance auditing systems or processes to assess, monitor, drive improvement and ensure compliance. They had not continually evaluated and improved their governance and auditing practice including operational policies. The documentation did not always contain a complete and accurate record of people's needs. Reg 17 (1) (2) (a) (b) (c) (f)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The registered provider had failed to ensure staff were suitably qualified and competent to make sure that they can meet people's care and treatment needs. The registered provider did not have a systematic approach to determine the number of staff and range of skills required in order to meet the needs of people and keep them safe at all times. Reg 18 (1) (2) (a)</p>