

Bupa Care Homes (GL) Limited

# Elmwood Care Home

## Inspection report

3 Wetherby Road  
Oakwood  
Leeds  
West Yorkshire  
LS8 2JU

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17 May 2016  
20 May 2016

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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?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

This was an unannounced inspection carried out on 17 and 20 May 2016. Our last inspection took place on 06 May 2015 when we gave an overall rating of the service as 'Requires Improvement'. We found four breaches of the legal requirements in relation to person-centred care, safe care and treatment, governance and staffing. At this inspection we found some improvements had been made. At this inspection we found the home was in breach of one of these regulations.

Elmwood Care Home is situated in the suburb of Oakwood in north Leeds. Elmwood Care Home is a purpose built home with accommodation provided over three floors. The home can accommodate up to thirty six people.

At the time of our inspection the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

People commented on some staff being rough and ignoring them. We were made aware of a specific concern. We shared this with the registered manager who took appropriate action which they shared with us on the second day of our inspection.

People were mostly happy with the care they received from staff. We observed positive interactions between staff and people. Staff were able to describe people and how they wanted their care to be provided.

People did not always receive care that was planned to meet their individual needs and preferences. We saw decision specific mental capacity assessments on file, although these were not always signed by the appropriate person. Deprivation of Liberty Safeguards applications had recently been sent to the local authority. Further applications were in the process of being sent.

Staffing levels were adequate, although we found at busy times of the day, staff were under pressure to cope with the level of dependency in the service. The registered manager was assessing this every month. Staff received suitable support through their induction period. We saw ongoing support for staff through regular supervision and appraisals. Staff training completion rates were found to be high.

Medicines were mostly well managed, although we saw the system for recording the use of topical creams needed to be more robust. The registered manager was able to identify the action they were going to take to resolve this.

We saw the building was adequately maintained and risks to people were sufficiently managed. The service had an activities programme which people were engaged with. The records concerning people's response to activities was not always appropriate.

Recruitment procedures we looked at were safe as the service carried out the necessary background checks against prospective staff members to ensure they were not barred from working with vulnerable people.

We found people were supported to access a range of healthcare professionals. This was recorded in care plans and people confirmed this. People's nutritional needs were being met and we saw people were weighed regularly.

There was a system for handling complaints which we looked at. There was evidence to show the action taken in response to each incident.

We found there were sufficient quality management systems in place through a number of audits which were regularly completed. The service had a positive culture which reflected recent improvements and both people and staff were extremely positive about the care and support they received from the registered manager.

We found a breach in regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this report.

## 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.

People expressed concerns about some staff members. The registered manager took appropriate action in response. Risks were appropriately managed.

We found medicines were mostly well managed, although the recording of topical creams was not robust.

We found there were adequate staffing levels in the service. The recruitment procedures we looked at were effective.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Care plans contained suitable mental capacity assessments. Deprivation of Liberty Safeguards applications had been submitted to the local authority.

Staff received appropriate support through their induction programme and on an ongoing basis through additional training, supervision and appraisal.

People's dietary requirements were well managed and they received appropriate support to access healthcare services.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

People were mostly happy with the care they received from staff. We observed positive interactions between staff and people. Staff were able to describe people and how they wanted their care to be provided.

Staff were able to describe how they protected people's privacy and dignity, although we did not always see this in practice.

**Requires Improvement** ●

### Is the service responsive?

**Requires Improvement** ●

The service was not always responsive.

People did not always receive care that was planned to meet their individual needs and preferences. Care records did not sufficiently guide staff on people's care.

We saw people were engaged with the activities programme which included events within and outside the home.

The service made people aware how they could complain. We saw clear records relating to how complaints had been handled.

**Is the service well-led?**

The service was well-led.

There were sufficient quality management systems in place to monitor the service.

People and staff spoke extremely positively about the registered manager. There was a positive culture within the service which recognised improvements had been made since the last inspection.

**Good** ●

# Elmwood Care Home

## 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.

This inspection took place on 17 and 20 May 2016 and was unannounced. The inspection team consisted of two adult social care inspectors and an expert-by-experience with a background in older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

At the time of our inspection there were 22 people living in the home. During our visit we spoke with the registered manager, deputy manager, area manager and a further nine members of staff. We spoke with seven people and four visitors. We spent some time looking at the documents and records that related to people's care and the management of the service. We looked at five people's care plans.

Before our inspections we usually ask the provider to send us provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We did not ask the provider to complete a PIR prior to this inspection.

Before our inspection, we reviewed all the information we held about the home. We contacted 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.

# Is the service safe?

## Our findings

At the last inspection we rated this domain as inadequate. We were not assured people received their medicines as prescribed and concluded there was not proper and safe management of medicines.

People we spoke with gave us mixed feedback about whether they felt safe living in the home. Comments included; "Some of the staff talk to me as if I am a child. Some are quite nasty, some I make friends with but then they change." "One carer was clicking her fingers at me and pointed at my wheelchair, she did not talk to me. I asked her why she was clicking her fingers at me and she said not to speak to her like that." "Someone grips too hard when helping me get dressed. Skin is tender when you get older." "I feel safe." "You feel safe and secure here, you have always got care 24 hours a day." One staff member told us, "I'd put my relative in here."

We were made aware of a specific concern regarding a person being placed in a quiet lounge by a member of staff against their will. We discussed this with the registered manager who told us they would look at this immediately. On the second day of our inspection we found appropriate action had been taken as the registered manager had spoken to the person and taken appropriate action. The registered manager also said they would arrange additional training for staff in moving and handling and dignity. As some people's comments concerned night staff, the registered manager said they would carry out night spot checks.

We looked at the recording of safeguarding incidents. We found the registered manager regularly liaised with the local safeguarding authority to ask whether specific incidents required a formal notification. We looked at an incident in September 2015 and found this allegation of abuse had not been reported to the CQC as required under the terms of the provider's registration. The registered manager told us they would ensure notifications were sent to the CQC where the local authority did not require formal notification.

Staff were aware of their roles and responsibilities regarding the safeguarding of vulnerable adults and the need to accurately record and report potential incidents of abuse. They were able to describe different types of abuse and were clear on how to report concerns outside of the home if they needed to. Staff told us they could report their concerns using the registered provider's 'speak-up' policy. Staff were aware of which agencies they could contact outside the organisation to report allegations of abuse. Staff had received training in the safeguarding of vulnerable adults.

We looked at the management of medicines and found this required some improvement. We saw one person who had been given a calcium tablet had lost this on their bed after the staff member had left the room. We also observed a staff member handing a tablet found on the floor of one person's room back to the nurse. This meant people had not been observed to ensure they had taken their medication. The nurse told us the returned tablet would be destroyed and this would be recorded. We checked the procedure with another member of staff who said, "I wait with people as they take their medications, so they are safe." The registered manager said they would discuss this with nursing staff in their supervisions.

We observed a member of staff record on the back of a medication administration record (MAR) 'Zero base

cream applied by carer as prescribed'. However, they had not administered this cream. We asked two members of staff whether they had applied this cream to the person on the day of our inspection. They told us this had not happened as the person had refused. This meant topical creams were being recorded as applied when the person signing the MAR had not checked they had been given. One staff member told us, "[Name of person] has cream on arms, legs and bottom. We normally add this to daily notes, but don't tell the nurse every day that I have put the cream on."

We found nursing staff were automatically signing to say topical medicines had been administered, unless staff told them otherwise. Daily notes recorded where staff had applied topical creams.

The area manager told us the registered provider had recently changed the protocol for recording the use of topical creams. The registered manager told us they would ensure nurses and care staff met before the daily '10 at 10' meeting to ensure they clearly recorded where topical creams had been administered. They also said they or the deputy manager would check daily notes to ensure this was recorded.

We found each MAR had a picture of the person on it and a list of allergies. Medications which needed to be given at specific times in the morning had been administered by night staff.

We saw the medicine trolley was always locked when it was not in use and the staff member used hand gel between administrations. We looked at the storage of medicines and found staff consistently recorded fridge and room temperatures daily. We looked at the management of Controlled Drugs (CD) (medicines liable to misuse). We found stocks of these medicines and records matched exactly and saw where pain patches were used, body maps identified where staff needed to place these on the person.

We looked at staffing levels to determine whether they were sufficient to meet the needs of people who used the service. People we spoke with had mixed views about staffing levels. One person told us, "Staff don't always come in time to help me when I need them." Another person said they felt at times the service was short staffed. One person told us when they used their call bell, staff came quickly.

One staff member said, "For earlies, we are managing." Another staff member said, "I would say there's enough staff, but there's a lot of hoisting." A third staff member told us, "I think it's not enough because of dependency." A fourth staff member commented, "We need more staff. Most of our residents are not mobile." We were made aware that 18 people living in the home required two to one assistance from staff.

We looked at the impact of staffing levels on people during both mornings of our inspection. We found people stayed in their rooms whilst they had breakfast, although when asked, people told us this was through personal preference. We saw people were brought down to the lounge from around 10:00am for an activities session. Throughout the day we found staff circulated which ensured they were able to support people if needed. Staff also had 'pagers' which alerted them when people using their call buzzer for assistance. We looked at the printout for the call bell staff response times for 29 April to 03 May 2016 and found the call bells were answered promptly.

We looked at staff rotas for a three week period and found with the exception of one occasion, all shifts were fully staffed. We looked at staffing levels in the home and found on the days of our inspection there were generally sufficient numbers of staff in the home. The area manager told us staffing levels were monitored centrally by the registered provider. They also said staffing levels were based on people's support needs identified in their care plan. This information was used by the registered manager who completed a staff dependency tool each month to determine appropriate staffing levels.

There were effective recruitment and selection processes in place. We looked at the recruitment process followed for three members of staff and found appropriate checks were undertaken before staff began work. This included taking references, checking identity and records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people.

The lifestyle care plan for one person dated February 2015 stated 'she likes to be in possession of her cash in case she needs it'. We were not able to see a risk assessment had been completed. The registered manager told us this person carried minimal amounts of cash for events such as paying the hairdresser.

Risks to people were appropriately assessed, managed and reviewed. We looked at five people's care plans and saw relevant risk assessments which covered, for example, falls, pressure care and allergies. The bed rail risk assessment for one person had been reviewed monthly. This ensured appropriate checks had been carried out to minimise the risk of harm to people who used the service.

We saw people had personal emergency evacuation plans which identified individual moving and handling needs should the building need to be evacuated in an emergency. We saw the home was maintained in good order and electrical, gas and water safety and temperatures were undertaken and recorded. We saw there were several health and safety checks carried out, for example, lifting equipment, emergency lighting and the testing of small electrical items around the home.

We looked at the provider's fire risk assessment and records, which showed fire safety equipment was tested and fire evacuation procedures were practiced. We saw there was a maintenance log which staff used to record where action was needed. We found prompt action was taken once a concern had been raised.

We spoke with staff who recently attended first aid training to establish what they would do if a person required CPR. We found they gave mixed responses as two staff told us they would only do compressions, whilst another staff member said they would give breaths as well as compressions. This meant staff were not sure about the guidance in the registered provider's policy on administering first aid.

## Is the service effective?

### Our findings

At the last inspection we rated this domain as requires improvement. People had been put at risk because the service had not taken steps to review staff development and identify areas of further training.

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 so that they can 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 home was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found decision specific mental capacity assessments had been completed in people's care plans. One person's mental capacity assessment had been completed in April 2016 and recorded decisions the person was able to make and where they needed some support. These included decisions about communication, lifestyle, washing and dressing, going to the toilet and eating and drinking.

We also saw an MCA assessment had been completed for one person who had capacity and whose care plan recorded, '[Name of person] is able to make informed decisions with regards to his care. He requires support to be explained clearly to him; he will understand and is able to make his choices and decisions '. The deputy manager told us they did not know why this had been completed.

The 'choices and decisions' section dated May 2015 in one person's care plan stated 'can choose and decide over care'. The 'mental health and wellbeing' section stated 'has mental capacity'. We saw the consent to care document dated 16/09/2015 had been signed by the person who used the service. However, a 'do not attempt cardio pulmonary resuscitation' (DNACPR) dated 03/02/2015 had been signed by a relative. This meant this person had not been asked for their consent, even though they had been assessed as having the capacity to choose.

The five principles of the Mental Capacity Act 2005 were displayed on the staff noticeboard. Staff we spoke with had all received MCA and DoLS training and could describe how this affected their role. One staff member told us, "You have to respect whatever their choice is if they have capacity." Another staff member said they would assume a person has capacity and would otherwise ensure this was formally assessed.

We asked people about the support they received from staff to make their own decisions. One person said. "I don't really have a choice as to when I get up or go to bed as staff get me up, rather early, not always at a time when I want to". However, another person said, "I can choose what time I go to be and get up." People told us they could have a bath or shower whenever they wanted. On day two of our inspection we arrived at 06:00am because we wanted to check the morning routine. We found only two people were awake and

overheard staff talking with people in a caring manner.

One person told us they did not want to have bedrails as they wanted to retain their independence. They said a handrail had been fixed so they were able to use this to get out of bed safely.

The registered manager had submitted DoLS applications for five people the week before our inspection. They told us applications for a further five people were awaiting consent from families before being sent to the local authority. We found a comment made dated 13 July 2015 in the 'senses and communication' section in one person's care plan which stated, '[name of person] often shouts 'Where am I? I want to go home'. This person did not have a DoLS application or authorisation in place for them which meant they were having their liberty unlawfully restricted.

We were told further applications would be submitted, pending approval from relatives. We discussed this with the registered manager as consent was not required for submitting DoLS applications. They told us discussions had previously caused distress when coroners had to be involved following the death of a person with a DoLS. They agreed to send the remaining applications to the local authority after our inspection and inform the relevant families.

We asked staff whether they received appropriate support and training during their induction. One staff member told us, "It was a good experience." Staff told us they received induction training in areas such as fire safety, health and safety, food safety, and safeguarding. We were told new staff shadowed experienced workers which included a night shift. They learnt about company values and looked at care plans.

We looked at the records for staff supervisions and appraisals. We saw these were taking place on a regular basis and noted that in addition to an annual appraisal, staff also received a mid-year appraisal. We saw evidence of discussions between the registered manager and staff concerning training needs and found the registered manager was in the process of arranging courses identified during supervisions.

We looked at training records and found staff were up-to-date with their training programme. We saw a list of future training courses on the notice board which included fire awareness, infection control, wound prevention and Dementia. The registered manager told us they were looking to appoint 'Dementia champions' following this training.

One person expressed concerns about their health saying they had told one of the staff members about their anxieties, although no one had spoken to them about it since. We saw evidence in the care plans that people received support and services from a range of external healthcare professionals. These included GP and hospital appointments. We found one person was being assessed for an electric wheelchair that they wanted. The same person was being supported to go to the dentist in the same week as our inspection. One staff member said, "The GP comes when needed." One person told us the service had arranged for a handrail to be fitted in their room to enable her to get out of bed independently.

We asked staff about the quality of food served in the home. One staff member said, "I love it." Another staff member said, "It's improving. The chef is happy to provide alternatives to the menu." One staff member said, "The residents like the food. I'd like to see a bit more variety." One relative told us how important it had been for staff to give their family member the necessary support with their food. They told us staff sat with their relative to support and encourage them with eating.

We saw one item listed on the menu which people could not understand. Staff were also unable to identify what this option was. People were given a choice of two courses which they chose the day before, although

where they had changed their mind; people were given an alternative option.

We observed the lunchtime experience in the dining room. The meals looked appetizing and hot and with adequate portions. We saw the pureed option was well presented. The atmosphere was pleasant, with background music and staff chatting to residents. People were supported in an unhurried way and staff were talking to people during the mealtime. We saw three people required one-to-one assistance with their meals. Staff were patient and provided kind and compassionate assistance.

We looked at the recording of people's dietary requirements in the kitchen. We saw information was recorded in different areas including different logs and on a white board. This required more formalisation to ensure the recording was centralised.

## Is the service caring?

### Our findings

At the last inspection we rated this domain as requires improvement. Staff were kind and caring, however, it was evident from the feedback we received there was a lack of consistency in the caring approach of staff and care was not always appropriate.

We received mixed feedback concerning from people regarding the care they received from staff. One person said, "There are some staff that I don't like and some can be rough." "If you speak to them, they just walk away. It makes me feel unwanted." One person said, "The staff are treasures. Staff during the day are great but some night staff are good but not the same." Other people told us they got on well with staff. One person said, "Staff are very nice and always are willing to help you. They are polite, friendly and respectful." A fourth person said, "I am looked after very well, I am alright here."

During our inspection we observed positive interaction between staff and people who used the service. Staff were attentive and treated people in a caring way. For example, during the medicine round, one member of staff asked a person, "Is it okay I put this towel around you?" We overheard a staff member saying to one person who they had helped to get ready, "You're looking beautiful now [name of person]."

People looked well cared for. They were tidy and clean in their appearance which was achieved through good standards of care.

One person told us they had asked staff if they could sit together with friends on their own table in the dining room and this request had been accommodated.

We spoke with relatives who told us they were able to visit their family member at any time and felt welcome by staff. They said, "They're always pleasant. I'm quite impressed." They also said their relative had been able to personalise their room when they moved to the home. Another relative told us, "They seem to care about doing the job."

We saw displayed on the staff noticeboard were 10 points for high quality dignity service, which included 'zero tolerance of all forms of abuse' and 'respect people's right to privacy'.

We observed one person being hoisted in the lounge area whilst other people were present. We saw the positioning of the sling meant the person's skirt was lifted as they were hoisted. We also saw they were very sleepy as they were being transferred. This meant the person's dignity was not being protected by the staff carrying out the moving and handling transfer.

People told us they felt staff treated them with dignity and respect. People said staff always tried to make them feel comfortable during personal care by placing towels around them and closing curtains and staff mostly knocked on their door before entering.

One staff member said, "We have to knock on people's doors. When doing personal hygiene we keep the

curtains closed and ask people if they want a shower."

Staff we spoke with were able to describe the people they were caring for. They told us about people's likes and dislikes, interests, mobility needs and life history.

## Is the service responsive?

### Our findings

At the last inspection we rated this domain as requires improvement. We concluded the provider had not carried out, with relevant persons, an assessment of the needs and preferences for care and treatment.

We looked at five people's care records and found there was a lack of consistency in how well people's needs were assessed and their care and support was planned. Some care records contained good information about how care should be delivered, although others contained a number of inconsistencies in the recording which put people at risk of not receiving the care they needed.

One person we spoke with told us, "I like milk as I do not have a big appetite." Their 'senses and communication' plan dated May 2015 and the skin care plan dated 03/06/2015 for the same person both stated they had 'type 2 diabetes'. We spoke with a member of staff about this person who identified they did not have a large appetite, although they also said, "No diabetes, nothing like that, just a fussy eater." They added the person's daughter sometimes brought in frozen foods. The 'eating and drinking' care plan dated June 2015 and the monthly care plan evaluations did not make reference to frozen food been received from family members or the person liking milk.

The 'going to the toilet' care plan for one person dated June 2015 stated 'incontinent of urine'. The care plan review dated April 2016 stated, '[Name of person] uses commode with assistance. She wears pads for accidents sometimes when not feeling well, incontinence of urine'. A continence assessment dated March 2016 stated 'continent able to use commode'. The 'pre-admission and review' assessment dated March 2016 stated in the elimination section, 'continent'. The deputy manager told us this person was continent, had a commode and sometimes wore pads.

The 'happier, healthier life' care plan for one person dated March 2015 stated '[name of person] likes a shower every week and prefers to have a shower after breakfast.' The 'washing and dressing' care plan dated February 2015 stated 'no preference for male or female help. [Name of person] likes to have a bath in preference to shower'.

The 'lifestyle' care plan dated June 2015 stated, '[Name of person] is nursed in bed'. Their 'choices and decision' care plan dated May 2015 stated '[name of person] will decide to remain in bed or sit on her chair in her room'. The moving around care plan dated June 2015 stated, 'requires one staff to be with her for safety'. The care plan review dated 21/04/2016 stated '[Name of person] still able to transfer herself unaided to and from bed and chair and commode, use wheelchair to move around the home'. This meant care plans were not person centred as they did not contain consistent information.

The 'moving' care plan dated February 2015 stated '[Name of person] cannot reposition herself in bed or chair'. Their 'skin care' plan dated February 2015 stated, '[Name of person] cannot reposition herself fully so needs help from two staff'. There were no timescales recorded of how often this should happen. We noted from the four hour 'turn' charts this person was not always been assisted to change position every four hours.

We noted and were told by the deputy manager that an incident form had not been completed for unexplained bruising to one person's face. Both the registered manager and deputy manager told us this was self-caused, but this incident and the behaviour, which we were told had happened before was not recorded in the care plan.

During both days of our inspection we found people were sitting in wheelchairs with lap belts across them. Staff told us this was because people were at risk of slipping out of wheelchairs. However, we did not see any evidence to show this had been assessed and recorded in people's care plans.

We looked at care plan audits for some of the care plans we identified as having inconsistencies. We found they were focused on reviews not completed every month and where signatures were missing, rather than identifying the inconsistencies we found.

We concluded this was in breach of regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Person centred care.

We saw monthly reviews of each section of people's care plans were taking place. People we spoke with told us they were not involved in their reviews. However, we spoke with relatives who had arrived for a review of their relatives care. They confirmed their relative had also been involved in the planning of their care.

The registered manager told us staff were given prompt cards the month before our inspection to guide them on completing care plans. A nurse had been given an extra hour a week to look at care plans. We were told key workers needed to become more involved in care planning which would be prompted, for example, by 'resident of the day' which was designed to focus on a person and their care needs.

During the morning we attended the '10 at 10' meeting. This was a meeting which was held every weekday morning and was attended by the registered manager and other members of the team. This meeting provided key updates from staff in the home. We found the meeting gave an overview of what was happening throughout the service that day.

The service had an appointed activities coordinator. We looked at the activities planner and found there was some repetition. For example, every morning of the week was dedicated to the activities coordinator reading the newspapers to people in the lounge. However, we saw this activity was popular with people on both days of our inspection. One person who commented on activities said, "I think it has got better from when I first came in. We have quite a variety now and something happens most days." We saw other activities such as baking, exercises and film afternoons were advertised.

Some people we spoke with preferred to stay in their room. They said, "I prefer to be on my own." Another person commented, "I don't go downstairs, there are lots of old people, makes me depressed." We looked at the activity and interaction records for April 2016 and found there were some gaps in the recording. This meant people may not have always received one to one activities in their room. We noted some entries in the log were not always appropriate. For example, the record dated 19/04/2016 stated 'not in good mood today very demanding' and a record dated 28/04/2016 stated 'will not join in activities at all always complaining about things'. We spoke with the registered manager who told us they would address this.

One staff member told us, "[Name of activity coordinator] is very good. He goes upstairs sometimes. They've brought in entertainers and there are some trips out." Another staff member said, "He couldn't do much more with activities. A number of events were advertised in the home which included a pony visit, a trip to Harewood House, going to a shopping centre and Lotherton Hall.

There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. We looked at the record of complaints and found this was mostly well managed. We saw complaints were responded to within the provider's identified timescales. We found all complaints had been resolved face-to-face and this was recorded.

The registered manager had a 'Questions or Concerns' poster on display in the home. This invited people to drop in at any time to see them or ring to make an appointment. This meant the registered manager invited feedback from people, relatives and other visitors.

We saw a compliment which read, 'To all the staff at Elmwood, I have to say the care I have had has been fantastic. Everyone is so friendly and can't do enough for you. The service, food, care and friendship have made my stay so enjoyable'.

## Is the service well-led?

### Our findings

At the last inspection we rated this domain as requires improvement. We concluded the provider did not effectively assess, monitor and improve the quality and safety of the service.

At the time of our inspection the service had a registered manager who worked alongside staff overseeing the care and support given and providing support and guidance where needed. All of the people we spoke with told us they knew the registered manager and said they would do anything to help them.

Staff spoke extremely positively about the registered manager. Staff comments included, "She's a nice manager." "She's doing really well. She listens and if I have any problems she is supportive." "I love [name of registered manager]. She's the best manager I've had." "[Name of registered manager] is an absolutely lovely manager." One staff member commented on the support they received from the registered manager and said, "I can't fault it. She's absolutely brilliant. I can ring her any time." Another staff member told us the registered manager had been very supportive at a time when a person living in the home had passed away.

We were told the quality manager visited the home twice a month and the area manager usually visited once a month.

We asked staff about the culture within the home. Comments from staff included, "We've had a few people leave. We've had new blood come in. They're all enthusiastic." "It's somewhere I enjoy going to." "This is one of the nicest places I've worked in. I must admit, we do get to have our say." "It is taking time but we are improving, compared to last year to where we are now, you can see the difference." "I think the team has improved." "I'm very happy with this team."

Records showed the registered manager had systems in place to monitor accidents and incidents to minimise the risk of re-occurrence.

We saw a staff meeting was held in March 2016, which showed discussions included refurbishment of the home, CQC inspection and a thank you to staff for the hard work. We saw there were some areas still to improve which included pressure ulcer prevention charts, bathrooms to be free of clutter and sluice doors to be locked.

We saw a residents and relatives meeting held in April 2016, which showed discussions included refurbishment of the home and colour boards and charts for people to choose from if they wished. We also saw discussions on new staff, Easter raffle and activities. We saw plans for new activities such as gardening club, crafts and an historian group. The registered manager told us they had started a resident's involvement folder and the new activities were still to be implemented.

The service carried out health and safety audits and health and safety meetings. Clinical risk charts covered tissue viability, how often people had to be weighed and weekly clinical risk meetings.

A medication audit took place in May 2016. Following quarterly medicine audits, the service had introduced monthly medicine audits which we saw were taking place. Medication audits were effective and had identified instances where supplies of medicines were running low. We saw action had been taken with staff contacting the pharmacy to re-order stock.

Infection control audits had taken place in January and May 2016. We saw evidence of hand washing assessments and essential steps to safe, clean care self-assessments in April and May 2016. We also saw an infection control log which recorded occurrences of urinary tract infections, chest infections and wounds which had become infected. These were tracked to ensure they had been managed with appropriately.

We saw care plan audits had taken place in 2016, however, we found these to be focused on reviews not completed every month and where signatures were missing, rather than identifying the inconsistencies.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care
Diagnostic and screening procedures	Care and treatment was not appropriate and did not meet people's needs. The registered person did not fulfil their duty by having an accurate record of needs and preferences for care and treatment.
Treatment of disease, disorder or injury	

**The enforcement action we took:**

issued warning notice