

Elm Bank Healthcare Limited

Elm Bank Retirement Village

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Good 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service

Elm Bank Retirement Village is a residential care home that can provide personal care for up to 115 people, some of whom have dementia care needs. At the time of the inspection, 111 people were living at the service.

People's experience of using this service:

Staff were not always provided with sufficient training. Many training courses that staff had undertaken had expired. There had not been sufficient oversight or actions taken to ensure staff kept up to date with training.

There was not a registered manager in place. The service had been without a registered manager for an extended amount of time.

People and their relatives told us they continued to receive safe care, and staff we spoke with understood safeguarding procedures and how to raise concerns. Risk assessments were in place to manage risks within people's lives.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out. Medicines were stored and administered safely within each person's room.

Staffing support matched the level of assessed needs within the service during our inspection. People told us there were generally enough staff, and call bell logs we saw showed that people were responded to promptly.

Staff acknowledged there had been several changes in management, but told us they were supervised well and felt confident in their roles.

People had mixed feedback on the quality of the food, but told us they had a good choice and had snacks and drinks as they required. Food and fluid monitoring was carried out accurately for those who required it.

Healthcare needs were met, and people had access to health professionals as required. People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives.

Staff treated people with kindness, dignity and respect and spent time getting to know them. People were supported in the least restrictive way possible. Care plans reflected people likes, dislikes and preferences.

An activities programme was in place and activities staff were deployed throughout the home on a daily

basis.

People and their families were involved in their own care planning as much as was possible. A complaints system was in place and used effectively.

The management team were open and honest, and worked in partnership with outside agencies to improve people's support when required.

Rating at last inspection: Good (Published 27 June 2017)

Why we inspected: This was a planned inspection based on the rating at the last inspection. The overall rating has deteriorated to requires improvement.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Elm Bank Retirement Village

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, an assistant inspector, and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Elm Bank Retirement Village is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. A manager had been recruited who intended to go through the registration process. 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

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and

improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During the inspection we spoke with ten people using the service, three relatives of people using the service and one visiting health professional to gain their views about the care they received. We also spoke with nine care staff, the manager, the regional support manager, and the regional manager. We reviewed the care plans and other associated records for seven people using the service. We looked at other records in relation to the management of the service, these included staff recruitment files, staff training records, key policies and procedures and quality assurance systems and processes. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and process were in place to protect people from abuse. People told us they felt safe living at the home. One person said, "Quite safe, yes. I would speak to staff about any problems".
- Where incidents had occurred the managers and staff had followed local safeguarding processes and notified us and the local authority of the action they had taken.
- Staff told us they knew how to report any concerns and were confident these would be properly dealt with by the management.

Assessing risk, safety monitoring and management

- Risks were assessed and monitored to keep people safe. Regular checks took place on any equipment in use for people's safety. Fire safety checks including emergency evacuation procedures were documented.
- Risk assessments were completed to identify risks to people's health and safety such as their risk of falls or risk of choking. Staff reviewed the risk assessments regularly and as required, and put actions in place to reduce these risks.

Staffing and recruitment

- People told us there were generally enough staff at the service. One person said, "There's enough staff for the care I need. Weekends are the same as the week. I don't wait very long for staff to come". Another person said, "I fell on the floor once but nothing serious. I pressed my bell and the came and helped me up".
- Safe recruitment and selection processes were followed. Staff files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. This included Disclosure and Barring Service (DBS) checks. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Using medicines safely

- People received their medicines safely. Medicines were administered by staff who were trained to do so. Medicines were stored securely within each person's room in a locked cabinet, and medication administration records were accurate and checked for any mistakes. People we spoke with were happy that they received their medicine on time, and as they wanted.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

Preventing and controlling infection

- The service was clean and tidy, and well maintained by a team of domestic and maintenance staff. People told us the standards of cleanliness were high.
- Staff had access to personal protective equipment (PPE) and used it according to the provider's policy. Staff told us that they were trained in the use of PPE.

Learning lessons when things go wrong

- Records showed that arrangements were in place to record any accidents and incidents. These were analysed to establish how and why they had occurred. Learning from incidents or events was shared with staff, so they could minimise risk.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has deteriorated to Requires Improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not always receive regular training and development. We saw that several training records had been expired for some time, for several staff members. The management team told us the service had not had a registered manager and had undergone management changes, which was the primary cause for training standards falling. Various courses had been booked for staff to attend and update their knowledge in the coming months.
- Staff acknowledged changes within management had created some uncertainty within the leadership of the home, but with new managers now in place they felt confident things were improving. Staff felt that current support from management was good.
- People and their relatives felt that staff knew how to care for them. One person said, "They [staff] seem quite well trained, no issues at all".
- All the staff we spoke with confirmed they had induction training when starting employment, and an opportunity to shadow more experienced staff members within the service to get to know people and their needs.

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

- Care plans were regularly reviewed and reflected people's changing needs and wishes.
- Assessments of people's needs were in place, expected outcomes were identified and care and support were reviewed when required.

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

- We received mixed responses on the quality of the food people received. One person said, "The food is not very good sometimes. You get a choice of two the day before. They are pretty good with the drinks and snacks". Another person said, "The food is reasonable. You get a choice the day before. I eat in my room, I prefer to". The manager told us that people were being consulted about their opinions of the food on offer, so that any changes required could be implemented.
- We saw a variety of food was being prepared by the kitchen staff, and choices were always offered to people. Monitoring of food and fluid intake was carried out when required, and people's dietary preferences and requirements were observed by staff.
- We observed the lunchtime period throughout the home, and saw that people were offered the support they required to eat and drink.

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

- The service was well maintained and had multiple communal areas across all floors, for people to use. People and staff were proud of the building and environment they were in, and felt it suited their needs.
- Outside space was accessible to people. One staff member said, "In the summer, we have a summer party, people are encouraged to be outside, which is really good."

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

- The service had good links with health professionals. A visiting health professional told us, "They [staff] are really well organised. People are really well looked after, and the staff know people well."
- People's care plans included information on their health and social needs.
- Records confirmed that people saw medical professionals as required, this included podiatrists, social workers, nurses and doctors.
- Staff were vigilant about any changes to people's health and wellbeing and ensured they received timely support from health professionals.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise. Some people using the service lacked capacity to consent to care and treatment.
- There was evidence of mental capacity assessments, when needed, and their outcomes. Processes were clearly documented.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives we spoke with felt staff were consistently caring in their approach. One person said, "A lot of the carers are very caring and pleasant and go out of their way to help you." Another person said, "They always talk to me nicely".
- Staff we spoke with knew people well and understood their needs. A staff member said, "When you walk into the room, the residents just beam at you, I know I'm making a difference."
- During our inspection we observed staff interact with people throughout the day. We saw staff give people the time they required to communicate, and spoke with people in a kind and caring manner.

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

- Staff understood the importance of supporting people to express their own views and be as involved in their own care as they could be. One staff member said, "I always respect people's choices. I ask them what they want to wear, if they want a shower or a wash, sometimes I know what they like but I always ask in case they have changed their mind." A relative told us, "We have been involved since right at the beginning. We review care plans every few months."
- A 'resident of the day' scheme was in place. This involved a focus on reviewing one person's care on a particular day, speaking with family members, checking care plans, and ensuring the person's room and belongings were in order and as they wished. This ensured that each individual's care was looked at and changes made when required.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff were respectful of their privacy and dignity. One visiting relative said, "They [staff] are very kind and respectful to [name]. They close the door and the curtains when needed."
- During our inspection, we observed staff treating people with dignity and respect. Suitable arrangements were maintained to ensure personal information was kept confidential. Records were kept secure and protected so they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

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

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care plans we looked at detailed people's specific care needs, choices, personal history and preferences. Staff we spoke with had a good knowledge of the people they worked with, and regularly provided support to the same people within the home.
- An activities team had been employed and trained specifically to provide a wide range of activities every day. The staff we spoke with had a good understanding of how to provide activities that offered something meaningful to a wide range of people, considering their needs and preferences. A relative of a person told us, "There's always something on. An activities sheet comes around each week. [Name's] had a new one today."
- As well as group activities, people could be supported to work towards specific goals of their own. A system has been introduced to try and discover individual wishes, and see how they might be achieved. There were examples of when this had been successful such as a person going to play golf on a golf course, and a person having a themed event on a country they had wanted to visit, but not been able to.
- People's cultural and spiritual needs had been considered. A visiting church service was available for those who wished to attend it.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We saw that information was available for people in different formats, such as a pictorial menu for food and pictures to aid communication.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that management had acted to investigate previous complaints and had resolved any concerns.
- People we spoke with were confident they could make a complaint if required, and it would be responded to sufficiently by management.

End of life care and support

- People who required end of life care were given the support they required. Staff we spoke with understood the needs of the people who were receiving this care. One staff member said, "I'm helping someone in one of the most difficult parts of their life and [most difficult] for their family. [Name] had the life they had before, we only know them now. You put yourself in their shoes, and you consider the family."
- Appropriate documentation was present within people's care plans which documented their wishes for the care they wanted to receive.

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 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.

- No registered manager had been in post at Elm Bank Retirement Village for an extended amount of time. Providers are required to ensure that a manager registered with the Care Quality Commission (CQC) is in place in locations where regulated activities, for example personal care, are carried out.
- A manager had been recently recruited and would be going through the registration process. However, the extended time period since the last registered manager had been in post, had not been covered by a manager who was registered with CQC as required.
- Systems to monitor staff training and take action when re-training was required, had failed. There were numerous staff members whose training was significantly out of date. The new management in place, including the manager who would be registering with the CQC, had arranged for training to take place in the coming months to update and refresh staff knowledge in the relevant areas.
- Other checks and audits were in place and were being used effectively to find fault, and take action for improvement as required.

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

- People and staff acknowledged there had been uncertainty around the lack of a registered manager, but now a new manager had been recruited. One person said, "Normally we have a manager but [name] left. We now have a new manager, so hopefully things will improve". A staff member said, "I have met the new manager and they seem very good, hopefully they will stay."
- People and relatives all felt the service was open, honest, and well run. One person said, "I'd give it 10/10, nothing to improve really."
- We observed a good rapport between management staff and the people using the service. The deputy manager had an excellent knowledge of the people within the home, and people regularly approached them to chat and ask questions.

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 management staff maintained records of accidents and incidents, and responded to complaints

appropriately. Information and learning was shared with staff to reduce the likelihood of recurrence.

- The management understood information sharing requirements. We saw that information was correctly shared with other agencies, for example, when the service had identified concerns. Also, the manager sent us notifications about events which they were required to do by law.

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

- Staff were supported to share their views about people's care directly with the managers and in staff meetings. One staff member said, "I know I can talk to my manager if I need to. Everyone is open, and we have a really good team now." Staff told us they felt comfortable to share ideas to further improve the service and address any issues.
- A recent survey had been sent out to people and relatives, which asked for feedback on the quality of care being received, and if any changes were required.

Working in partnership with others

- The management team worked with other organisations and health and community professionals to plan and discuss people's on-going support within the service and looked at ways to improve people's quality of life. This included the local authority who funded some people's care within the service, and carried out quality monitoring checks.