

Scio Healthcare Limited

The Elms Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Elms Nursing Home is registered to provide accommodation for up to 48 people. The home provides both personal and nursing care support to older people including those living with dementia. The home also provides short term rehabilitation support for people. At the time of the inspection the home accommodated a total of 43 people.

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

There were not enough staff available to meet people's needs. Improvements were needed in relation to delegation of staff to make sure people received the support they needed in a timely way. There was a task focused approach to care which did not always ensure that care was provided in a person-centred way. People were left waiting for care and support when it was required.

Systems for auditing the safety and quality of the service were not effective in identifying issues which could affect people's safety. Risks to people's health and wellbeing were not consistently well managed. Care records did not always provide sufficient detail to guide staff on how to look after people safely.

People were not protected in a safe environment. We identified risks in the environment which had not been recognised or addressed by staff or the management.

People were not always treated with dignity and respect. Due to staff shortages, staff did not always engage with people in a respectful and meaningful way.

Systems and processes designed to identify shortfalls and to improve the quality of care were not effective. Our previous inspection rated the service as Requires Improvement and identified breaches of regulations 18, 17 and 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The service continued to be in breach of regulations 17 and 18 and actions the service had taken to improve had not been effective or sustained.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 22 September 2018) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified the following breaches at this inspection.

Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to ensure sufficient staff were deployed to meet people's needs at all times.

Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had failed to ensure risks relating to the safety and welfare of people using the service are assessed and managed.

Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider failed to operate effective systems to assess, monitor and improve the service.

Full information about CQC's regulatory response to the more serious concerns found in inspections and appeals is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor the service to gain assurance that appropriate measures are put in place to address concerns. 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?

Inadequate ●

The service was not 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?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always 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.

The Elms Nursing Home

Detailed findings

Background to this inspection

The inspection

The Elms Nursing Home 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. 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 took place over three days. Day one was completed by two inspectors 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. Subsequent days were completed by one inspector.

Service and service type

The Elms Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection we reviewed information, we had received about the service, including previous inspection reports and notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with eleven people who used the service and 10 relatives about their experience of the care provided. We spoke with sixteen members of staff including, the nominated individual, the deputy manager, the providers quality support advisor, an activities coordinator, the cook, two members of the housekeeping team and seven members of the care staff. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed the care being provided and reviewed a range of records, included eight people's care records and multiple medication records. We looked at staff files in relation to recruitment and a variety of records relating to the management of the service including, audits and action plans.

After the inspection

We received feedback from three health care professionals and spoke with the registered manager of the service via telephone. We reviewed training data, quality assurance records and additional supporting information provided by the management team.

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 Requires improvement. At this inspection this key question has now deteriorated to Inadequate. This meant people were not safe and were at risk of avoidable harm.

Staffing and recruitment

At our last inspection we identified the provider had failed to ensure staffing was deployed effectively. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider continued to be in breach of Regulation 18.

- There were not sufficient numbers of skilled and experienced staff deployed to keep people safe.
- People described there not being enough staff available to them to provide care in a timely way. A person said, "There should be more [staff]. They keep you waiting a long time, especially if you want to go to the toilet. Occasionally I take myself to the toilet. I know I shouldn't do that, I'm concerned about falling down, I don't want to risk that. A fall got me here in the first place." Another person said, "I'm not sure there is [enough staff], especially in the evenings. I have to wait a long time sometimes. It's hard for me to judge time, but I've walked myself to my room because it's seemed so long. Sometimes there's no one to help with walking." A third person told us, "Occasionally, I have to wait; when you want to go to the loo, that's the most difficult. It varies [waiting time], sometimes they come immediately, sometimes it can be up to 30 minutes."
- Relatives and visitors echoed people's views in relation to staffing levels. A relative said, "There's individual remarkable carers, but there's no doubt this company is short staffed, and the staff are not always where they're needed." Another relative told us, "You can go quite a long time round here and not see a carer."
- During day one of the inspection we observed periods of time when people were left unsupervised, this included people that were at risk of falling. We also observed two people mobilising themselves in their wheelchairs independently. One of these people, ran into the legs of another person sat in a chair which resulted in the person shouting out. No staff were available to this person to offer support or assistance.
- Staff were only seen in the main day room when hoisting people to and from chairs or supporting them to eat. Every time the inspector entered the lounge, people would ask for assistance or support. Staff were also heard to tell people regularly, "In a minute" or "I will be back to do that soon."
- Throughout day one of the inspection call bells constantly sounded and emergency call bells rang regularly. A healthcare professional told us, "I do notice people shouting out and call bells going off for a long time even in an emergency." The nominated individual told us that after a call bell had been ringing for three minutes this bell would then revert to an emergency call bell. This system meant that when call bells were not always answered in a timely way a true emergency would not always be identified. The nominated individual acknowledged the issues posed with this type of call bell system when bells were not answered and informed us that a new call bell system was planned.
- Staff felt there was not enough of them to meet people's needs. Staff members commented, "The biggest problem is staffing. Last weekend some staff were in tears because they can't give the care they need to

give", "We can't concentrate on one person as know we have another six people to get to", "bells can ring for ages and ages", "It feels like residents are on a convabelt, we go from one resident to another; wash, toilet, wash, toilet" and "Staff do their best but sometimes on 'bath days' staff will try and put people off [having a bath] as they don't have time."

- Issues in relation to staffing levels were brought to the attention of the nominated individual on day one of the inspection, they confirmed that the service were attempting to recruit additional staff, but this had been problematic due to the service location. By day two of the inspection staffing levels had noticeably increased. The registered manager contacted us following the inspection and explained that the service had been attempting to address the recent staffing issues by offering staff incentives. They explained they used agency staff when available and some of these had been recruited from out of the local area which had resulted in the service providing these staff with accommodation.

The failure to ensure sufficient staff were deployed to meet people's needs at all times was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had robust recruitment procedures in place, which included seeking previous employment references, obtaining appropriate identification and completing checks through the Disclosure and Barring Service (DBS) before staff commenced their employment. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with vulnerable groups, by disclosing information about any previous convictions a person may have. This helped ensure suitable staff were appointed to support people.

Assessing risk, safety monitoring and management

- Although most people told us they felt safe we found that not all people's care plans and risk assessments contained detailed information and clear guidance to staff about how people's needs should be met to mitigate risks. For example, where people required equipment to support them to move safely, the type, size and setup of the equipment was not detailed within their risk assessments. The service used agency and bank staff to help fill shortfalls in staffing levels, this meant that at times staff available to people would not be familiar with people's needs. These staff would be reliant on the information in people's care records to ensure they were providing appropriate and safe care. Lack of detail within people's records placed them at risk of being moved by staff using inappropriate equipment which could result in harm and injury.

- Where detailed information was in place within care plans and risk assessments we found that people were not always provided with care as described in these records. For example, on day one of the inspection we noted that a person looked uncomfortable in their chair, while sat in the lounge. When we asked them if they were alright they said, "No, I want to leave, my bottom is sore." On checking this person's care record it was noted they had recovered from a pressure sore on their sacrum within the last 10 weeks. The care plan also stated, 'pressure cushion at all times when out of bed.' This was not in place on this occasion and placed the person at increased risk of developing further pressure sores.

- For another person their care plan stated they needed monitoring/supervision when sat in their specially adapted chair. However, a visitor informed us the day prior to the inspection this person fell from the chair and they had to look for staff to notify them of the incident. This fall had been documented within the person's records and staff confirmed that the fall was unwitnessed. This further demonstrated that the person had not been monitored or supervised at the time of the incident as stated within their care plan. This could have resulted in the person suffering harm.

- Environmental risk assessments, general audit checks and health and safety audits were completed. However, we found a number of safety concerns in relation to the environment on day one of the inspection. For example, there was no window restrictor in place for a large easily accessible, top floor window and the

laundry room flooring was unsteady and unsafe. Within this area there was a small concrete step which were not highlighted as a hazard. The door to this area was not locked which meant it could easily be accessed by people.

- On the morning of day one of the inspection we found a cupboard containing hazardous cleaning chemicals was unlocked and easily accessible to people. This was pointed out to a member of the management team who told us this cupboard should be locked at all times. However, on revisiting this cupboard on two other occasions it was found to be unlocked.
- The carpets in the communal of the home and adjoining corridors were in a poor state of repair; they were raised in some areas or stuck down with tape, which placed people a risk of falling. These concerns were discussed with the nominated individual on day one of the inspection who stated the carpets were on the homes action plan to be replaced and the laundry area of the home was due for total refurbishment. They shared this action plan with us which demonstrated plans were in place to address these issues. However, no actions had been taken to mitigate the safety risks in relation to the laundry area in the meantime.
- Once we reported our concerns to the provider they took immediate action to reduce the risks we identified, however this demonstrates a reactive response and we could not be assured that these would be identified and mitigated without CQC involvement.

The failure to ensure risks relating to the safety and welfare of people using the service are assessed and managed is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other risks to people were managed effectively. For example, people at risk of malnutrition were closely monitored and actions were taken where required.
- Equipment, such as hoists, and lifts were serviced and checked regularly. Gas and electrical safety certificates were up to date and the service took appropriate action to reduce potential risks relating to Legionella disease.
- There were plans in place to deal with foreseeable emergencies. Staff were aware of the action to take in the event of a fire and fire safety equipment was checked regularly. Personal evacuation and escape plans had been completed for each person, detailing action needed to support people to evacuate the building in the event of an emergency.

Preventing and controlling infection

- People were not always protected from risks of infection due to staff actions. For example, on the first day of the inspection we were provided with a tour of the building by a member of the management team. During this tour we noted a heavily soiled cushion with a hoist sling on top of it on a chair in a corridor. This was pointed out to the staff member who picked these up holding them against their body for the rest of the tour. Protective equipment (PPE), such as gloves and aprons were not used at this time. During this tour a number of hoist slings were discovered throughout the corridors of the home. There were no distinguishing features of who these slings were allocated to. It is important that individual hoist slings are used for specific people as shared usage of these poses a risk of cross infection. This was discussed with the management team who agreed to address this issue.
- Protective equipment such as gloves and aprons were provided to staff to minimise the spread of infection. With the exception highlighted above we saw that these were worn, where required by staff.

The failure to prevent and control the risk of infection is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Attempts had been made to help ensure that there was a dirty to clean flow for laundry to prevent cross

contamination. For example, following the laundering of people's clothes these were stored away from dirty linen.

- The provider had a policy in place to prevent and control the spread of infection which included the reporting of infectious diseases. The service had not experienced any infectious diseases for several years.
- Staff had received training in infection control and were encouraged to receive an annual flu vaccination offered by the provider.

Learning lessons when things go wrong

- There was a process in place to monitor incidents, accidents and near misses. However, although incidents and accidents were recorded and monitored, we could not see how lessons from these were learnt for the benefit of the whole service because investigations did not take place to identify possible causation.

The failure to ensure risks to the health and safety of people were assessed and mitigated is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

At our last inspection we identified the provider had failed to ensure people were protected from abuse and improper treatment. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the service was no longer in breach of this Regulation.

- There were appropriate policies and procedures in place, which had been developed in line with national and local legislation to protect people from abuse. Staff had received training in safeguarding and knew how to recognise and report abuse to protect people. One staff member said, "I will discuss any concerns I have with the management. I would go to the top if they didn't do anything. I would go to safeguarding, the police or CQC."
- There were processes in place for investigating any safeguarding incidents. We saw records which confirmed where abuse was suspected this was investigated.

Using medicines safely

- People were supported to take their medicines safely.
- Medicine administration care plans provided clear information for staff on how people liked to take their medicines and important information about the risks or side effects associated with their medicines.
- People were provided with 'as required' (PRN) medicines when needed. People also told us that they could access pain relief when required. However, people's PRN plans did not always support staff to understand when these should be given, the expected outcome and the action to take if that outcome was not achieved lacked detail. This was discussed with the management team who demonstrated that this had been identified in a recent medicine audit and we were provided with evidence that this was being addressed.
- There were systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
- Full stock checks of medicines were completed monthly and daily checks were also completed by the nursing staff to help ensure they were always available to people.
- Medicines were administered by registered nurses or suitably trained staff who had been assessed as competent to do so safely.
- Medicines that have legal controls, 'Controlled drugs' were appropriately managed and there were safe systems were in place for people who had been prescribed topical creams.

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 Requires improvement. At this inspection this key question remained the same. 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

- New staff were required to complete an induction programme before working on their own. This included completing essential training for their role and shadowing an experienced member of staff. Additionally, a 'taster day' was available for potential new staff before they started their induction. The aim of the 'taster day' was to give potential new staff an overview of a typical day working at The Elms and provide them with the opportunity to make a fully informed choice about if they wanted to proceed with employment at The Elms.
- Staff completed regular training in key subjects such as moving and handling, fire safety, infection control and safeguarding. Staff were encouraged to complete qualifications in care and additional training relevant to people's needs, such as dementia, mental health awareness and end of life.
- Training was delivered in a variety of formats including; from the providers internal trainer, through electronic resources and face to face with outside professionals. Staff spoke positively about the training they received. One member of staff said, "I'm up together with my training at the moment and the quality of the training is good." Another staff member told us, "The training is pretty good."
- People spoke positively about the skills, knowledge and understanding of staff. One person said, "On the whole they are well trained." A relative told us, "They appear to be [well trained], because of the way they interact with people and how they hoist them. When [relative] fell the staff nurse was very good and knew what to do."
- Staff had mixed views about the support they received from the management team to carry out their roles effectively. Staff told us they received one to one sessions of supervision with a member of the management team but described this as being inconsistent. A staff member said, "I am supposed to have a one to one supervision every couple of months, but we haven't had the time recently." Another staff member said, "I do go to [management] and have told them about concerns I had, I don't know if they acted, I'm not really confident." Other staff did feel well supported, one said, "We do raise our issues and have had meeting with management. They are here for us." Another staff member told us, "The registered managers door is always open and will always listen to my points. If she thinks it reasonable and she can do it, she will." On reviewing the providers supervision log it was noted that staff did not always receive supervision consistently. For example, even though staff were supposed to receive face to face supervision every three months one staff member had not received this for six months and another had not received supervision for nine months.

The failure to ensure staff received appropriate support was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Most people told us they enjoyed the food provided at the home. Comments included, "On the whole it's not too bad. They ask what I'd like and would bring you something else if you didn't like it", "It's very good" and "It's kept me alive over the three months I've been here. It's all right generally speaking."
- Throughout day one of the inspection, we found that on a number of occasions people did not have easy access to fluids. People were heard to request these frequently and these were usually provided when requested but not always.
- Lunch was provided to people in the dining room or in their own room if they required. We observed the lunch time experience and found staff were attentive and people were asked if they required assistance. Some people ate very little and were offered alternatives, such as omelettes or soup. Staff also demonstrated they had awareness around people's food preferences. For example, a staff member told a person, "I didn't put on any gravy, I know you don't like that," the person responded well to this.
- Where people were at risk of poor nutrition and dehydration, plans were in place to monitor their needs closely and professionals were involved where required to support people and staff.
- People's food preferences and nutritional requirements were documented, such as the type of diet they required, likes and dislikes, any food allergies they had and the level of assistance they needed.

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

- Assessments of people's needs were carried out before they moved to the service. These were used as a foundation for the person's plan of care. The management team told us how they involved people and professionals in the assessment process before they moved into the home. A relative told us, "They [staff] did the initial assessment and then we are asked if there have been any changes."
- Some people and relatives praised the effectiveness of the service. A relative told us, "We're very pleased. [Relative] was elsewhere. He was going downhill, he's flourished here. He's very demanding, he doesn't realise he has to wait for things, and they manage him OK."
- During the inspection we identified areas where effective care had been provided to people. For example, three people had moved to the service in the last six months following a breakdown of their previous placement. Discussions with these people, staff and written documentation provided demonstrated all been provided with effective care that had resulted in an improvement in their health and emotional wellbeing.
- A range of well-known tools were used to monitor people's health and wellbeing in line with best practice guidance. For example, staff used nationally recognised tools to assess people's pain levels, risks of developing pressure injuries and to monitor their bowel movements.
- We saw technology used to support people to meet their care needs. For example, there was a call bell system in place and where appropriate some people had pressure activating mats to allow them to have privacy in their rooms whilst supporting to maintaining their safety.

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

At our last inspection we identified that the provider had failed to ensure the service was working within the principles of the Mental Capacity Act. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of Regulation 11.

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.

- Staff demonstrated an understanding of how to protect people's human rights in line with the MCA and received training on this topic.
- Where people did not have capacity to make decisions, they were supported to do so in the least restrictive way possible.
- MCA assessments and best interest decisions were completed and recorded appropriately, where required. The policies and systems in the service supported this practice.
- People told us that staff would ask their consent before providing care and treatment.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 found that they were.

- Applications for DoLS had been submitted to the appropriate authorities by the management team, as required.
- There was a system in place to ensure that all DoLS authorisations did not exceed their expiry date.

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

- People confirmed that they were supported to access healthcare services when required. A person said, "I had a sharp pain and I went to hospital last week." Another person told us, "The doctor is coming today or tomorrow" they confirmed this had been arranged by the staff. A relative told us, "They let us know if he's poorly and they get a doctor."
- Care records confirmed people were regularly seen by doctors, specialist nurses, dentists and chiropodists and they were referred appropriately to dietitians and speech and language therapists (SALT) where required.
- Peoples' care records contained information on their specific health needs and how these should be managed and monitored.
- The service ensured that people received consistent and coordinated care if they were required to move between services; such as requiring a hospital stay.

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

- The Elms Nursing Home is set over three floors with bedrooms on all floors. Floors could be accessed by people, staff and visitors via a passenger lift and staircases.
- All bedrooms were for single occupancy with ensuite facilities. In addition, the home had assisted bathrooms suitably equipped to support people with high care needs.
- There was a number of communal areas available to people, including three dining areas and two lounges which allowed people the choice and freedom to choose where they wished to spend their time. There was also a hairdressing room and accessible kitchen for people to access to allow them to maintain or regain their independence.
- People's bedrooms had been decorated to their tastes, together with some of their furniture and important possessions.
- Some adaptations had been made to the home to meet the needs of people living there. For example, corridors had handrails fitted to provide extra support to people and signs were on toilet, bathroom and bedroom doors to allow people to identify them. Additionally, the management team told us about one person who responded badly to a brown door in their bedroom and this had resulted in the door being decorated which had a positive impact on the person's emotional wellbeing.
- The garden area was accessible and well maintained with a number of seating areas for people to enjoy.

- Wi-Fi had also been installed to allow people or their visitors to connect to the internet and aid communication.

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 Requires Improvement. At this inspection this key question remained the same. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

At our last inspection we identified the provider had failed to treat people with dignity and respect. This was a breach of Regulation 10 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of regulation 10. However, at this inspection we found the lack of staff impacted on their abilities to treat people with dignity and respect.

- Some feedback from people and families did not reflect they felt they were always treated with dignity and respect. A number commented on poor staff morale and staff being 'short', unkind and unsupportive. People were asked if the staff were kind, compassionate and supportive and their comments included, "Not always. They do have a lot to do," "With respect, the best of them are kind, but I heard one of them talking about me behind the door, they said, 'Oh, she never stops.' I took that to mean I've always got my finger on the bell. But that's not right, you only ring it when you need to", "Sometimes they're a bit short with you, they say, 'You're not the only person here, you know' but they are mostly all right" and "For the most part, yes. They're not deliberately uncaring, but you can speak to them at the wrong moment when they're overloaded with work, they're not being deliberately unkind, but you get the same feeling."
- Some people did not always have their care needs met in a timely way and were left waiting for long periods of time, even when support had been requested. On day one of the inspection a person became upset with staff when they didn't return to support them in a timely way.
- Staff told us they felt the staffing levels resulted in them not being able to provide people with the standard of care they would like to give. Staff wanted to provide people with effective and high-quality care but felt unable to do this due to staffing levels. Staff comments included, "We have to tell people in a minute, it's not nice. We don't have time to spend with people and they would have a better quality of life with more staff," "Some days we are still getting people up at 12.30, we used to be able to sit and talk with people," "I really, really love this job. I want people to feel like they are at home and happy, I want people to feel comfortable. I don't feel that we have enough staff to deliver the standard of care I would like people to have" and "We are all very caring but if we have very short levels of staff so are stressed. It's all very task focused. We do really try and sneak time with the residents. It's not fair on people to wait so long."
- From comments made by staff, people and relatives the staffing levels were impacting on staff's abilities to treat people with dignity and respect.

The failure to ensure sufficient staff were deployed to enable people to be treated with dignity and respect is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some people and relatives were more positive about the staff. One person said, "They are gems, all of them." A visitor told us, "The staff are kind and helpful, they do their best." Written 'thank you's' had also been received. One stated, 'Everything was splendid' and another said, 'We would like to sincerely thank you for the great care, kindness and compassion you gave [person].'
- We did observe some positive interaction with people. Staff were attentive and friendly towards a person who needed support to eat and a staff member took the time to explain to a person why their tablets were in a different form. On the second and third day of the inspection staff appeared more engaging with people and we observed more frequent kind and caring interactions with people.

Respecting and promoting people's privacy, dignity and independence

- During the inspection we saw that staff took steps to protect people privacy, such as knocking on their door before they entered and speaking with people quietly and discreetly about any personal care if they were in a communal area.
- Staff described how they took action to protect people's privacy when supporting them with personal care. One staff member said, "I will shut curtains and place a towel over them when completing personal care."
- Staff supported people to remain independent. One staff member described how they encouraged people's independence when providing personal care; they commented, "I try and encourage people to do what they care for themselves." People were provided with walking aids and specialist cutlery to aid them to mobilise and eat independently. People's care plans contained information about what people could and couldn't do for themselves.
- People's gender, ethnicity or faith and sexuality was explored during their initial assessment by the management team. Staff received equality and diversity training and worked alongside people to ensure their protected characteristics were met and understood.

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

- People were involved in planning their care and the support they received. Care plans contained detailed personal information about how people wished their care to be provided. Records also showed people were involved in reviews of their care.
- During the inspection we observed that at times staff interacted with people to seek their views and wishes. For example, staff provided choices of drinks, activities and asked where people would like to sit. However, this was not consistent.
- People were given the opportunity to express their views, during resident's and relative meetings which were held approximately every three months. Meeting minutes confirmed that discussions were held with people about the day to day running of the home and demonstrated that people were involved in making decisions about their care and the service.

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 Requires Improvement. At this inspection this key question remained the same. This meant people's needs were not always met.

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

- People did not always receive timely and effective care that incorporated their needs and preferences and some people felt their individual needs and wants would not be prioritised. One person said, "They've got a time table, they can't keep people in bed too long. I try to go along with the routine." Another person told us, "This morning they got me up really early, I wasn't really awake, I wasn't really ready, but what can you do? They've got a lot of people to see to."
- Other people told us their preferences were met. For example, "A person said, "I can choose when to go to bed and get up."

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

- Since the last inspection attempts had been made to provide people with a wider variety of activities that they could enjoy including, outings, fetes, charity events and family days. The home has also been visited by donkeys from the local donkey sanctuary and children from the local school. However, people told us they didn't have enough to do on a daily basis. We spoke to people and their relatives about the activities provided in the home and received mixed views. Comments included, "I sometimes sit downstairs when they're making something. I sit and hear them doing that, but I can't do it because I can't see", "I can't do many of them (activities)" and "They don't do anything. After breakfast they bring us in here and we just sit. There's nothing to do. You're washed and dressed and then you sit in here for hours. It's soul destroying." These comments meant we could not be assured that activities were arranged which considered people's needs, preferences and abilities. However, a relative told us, "It's been very good. They've been taking [loved one] out in the mini bus every Wednesday and the activities coordinator has taken her out and had a cup of coffee."
- Care staff also commented on the activities provided to people. A staff member said, "Activities are getting better. The issue with activities is that we have a lot of people with different abilities so can be difficult to get activities to suit all." Another staff member told us, "I don't think there is enough for people to do, it's always the same people that get involved in activities and who are taken out."
- The home had two part time activities co-ordinators and were currently in the process of employing a third. An activity timetable in place, which included activities such as quizzes, musical and movement and flower arranging. On the first day of the inspection there was no activities co-ordinator working, however a harvest festival service was taking place which people told us they had enjoyed.
- An activities coordinator told us they were determined to provide people with activities that incorporated their needs and wishes and they were working hard with people to achieve this.

Improving care quality in response to complaints or concerns

- People, their relatives and staff knew how to raise a complaint. Information about how to make a complaint was displayed clearly in the reception area of the service and in each service user guide.
- Since the last inspection eight complaints had been received about the service. These complaints had been logged, investigated and responded to in line with the organisation's policy. However, evidence suggested that concerns and issues raised were not always acted on in a timely way. For example, a complaint from one relative was not resolved for approximately three months. Another relative told us that although they had not put their concerns or complaint in writing, they have "told management that they don't have enough staff until I'm blue in the face, but nothing gets done."

Meeting people's communication needs

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

- People's communication needs were identified, recorded and highlighted in their care plans. This ensured that staff were aware of the best way to talk with people and present information. For example, one person's care plan stated, 'Staff should speak clearly, facing [person].' Another person was supported to communication with the use of technology and writing things down were required.
- The management team was aware of the Accessible Information Standard (AIS). Documents could be given to people in a variety of formats, for example, easy read, large print and pictorial, if required.

End of life care and support

- At the time of the inspection, three people living at The Elms were receiving end of life care. Individual end of life care plans had been developed for people, which gave clear information for staff about how to meet their end of life goals and wishes. This included information about where the person wanted to be at the time of their death and how they wished their body to be cared for.
- The management team were able to provide us with assurances that people would be supported to receive good end of life care and effective support to help ensure a comfortable, dignified and pain-free death.
- Staff had received training in end of life care and demonstrated that they understood this.
- We saw 'thank you' cards from people's relatives, which confirmed their loved ones had been treated with respect, compassion and support at the end of their lives. One commented, 'We are so grateful that we were able to spend those final precious moments with [person] in a dignified way.'

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 Requires Improvement. At this inspection this key question remained the same. 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

At our last inspection we identified the provider had failed to provide good governance to ensure the safety and quality of service provision. This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found the provider continued to be in breach of Regulation 17.

- The provider had systems and processes in place to assess, monitor and improve the quality and safety of the service. However, these systems were not effective and had failed to pick up a number of issues we identified during our inspection. For example, the safety of some areas of the environment, how the current staffing levels impacted on people's safety and wellbeing, the management of individual risks to people and that people's care records did not always contain detailed information to ensure effective and safe care could be provided.
- Although falls audits and a fall analysis were completed these were not robust. For the month of August 2019 there had been 15 unwitnessed falls at the service. The accident analysis completed by the service and the monthly falls monitoring record contained comments like, 'care plan and risk assessment updated', 'continues to mobilise without assistance', 'reminded daily to ring for assistance' and 'staff told to be more vigilant'. However, due to some people experiencing repeated falls these actions were not effective. The lack of robust falls audits meant staff would not be able to identify trends or patterns and design strategies to protect people from falling.
- Where issues were identified through the provider's governance systems actions were not always taken in a timely way. For example, although the management team service had identified safety concerns around the laundry area and had put plans in place to refurbish this area, no actions had been considered to mitigate the safety risks in the meantime.
- The provider had actively sought feedback from people, relatives and staff about the quality of the care and service provided. However, they had failed to act effectively on all feedback received.
- Some actions had been taken in response to issues raised in the relative's survey which was completed in March 2019. For example, there had been an increase in the activity provision within the home and a new electronic communication system had been set up to support more effective communication. However, where relatives had identified issues around staffing levels and the impact this had, actions highlighted on the services action plan had not been effective in addressing these issues. A relative told us, "I have complained all the way through, about staffing levels and people left on their own. Nothing has changed

since the last CQC inspection."

The failure to operate effective systems to assess, monitor and improve the service was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other issues identified through the provider's governance and audit systems had been actioned. For example, a 'Clinical Snapshot' audit had been completed by a representative of the provider in June 2019 which highlighted concerns around medicine management and recording in relation to the MCA. These issues had been addressed or were in the process of being addressed.

At our last inspection we identified the provider had failed to notify the Care Quality Commission about statutorily notifiable incidents. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Part 4). At this inspection we found the provider was no longer in breach of Regulation 18.

- The provider is required to notify CQC of all significant events. This helps us fulfil our monitoring and regulatory responsibilities. The registered manager understood their responsibilities and had notified CQC about all incidents, safeguarding concerns and events as required.
- The previous performance rating was prominently displayed in the reception area and on the providers website.

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

- Although some people and relatives told us the service was well led this was not always evident from the findings throughout the inspection. These findings are referred to throughout this report.
- When people and relatives were asked if they felt the service was well led their comments included, "It always seems to work for me", "In a sense, yes (the home is well led). The place is clean, you ask for things and they get done, but I would like it to be more proactive, so you don't always have to ask" and "It seems to be (well led). There was something wrong with [persons] room and we asked about moving them, within 24 hours it was done." However, some people and relatives told us that the culture was task focused rather than person centred and this impacted negatively on people.
- Staff had mixed views about the running of the service. Some staff felt undervalued by the management team and lacked confidence actions would be taken if issues or concerns were raised. However, others told us they did have confidence in the management team. One staff member said, "I know there is a lot of work to be done. I do believe in the service's ethos and there is a real willingness among the management to improve things and bring the service forward. I would not work here if I didn't believe that things could improve and evolve." Another staff member told us, "The managers and the organisation are very supportive. The core values and vision for the organisation are, care, comfort and compassion and really do think this can be achieved."
- The provider held a recognition scheme for staff called 'Hartford Heroes' which praised staff for their hard work, commitment and loyalty to the organisation.
- Staff told us staff meetings took place and they were encouraged to provide feedback and make suggestions.
- The management team consulted people and relatives in a range of ways; these included quality assurance surveys and resident and relative meetings. Feedback surveys were given out annually to people, relatives and health and social care professionals.
- The service also produced a two monthly newsletter which contained up to date information to people and relatives about past and upcoming events and changes in the service.

- There was a comments box within the reception area of the home which allowed people to make suggestions or raise issues confidentially if they wished.
- Relatives could access their loved one's personal records at home, where appropriate to allow them to be kept up to date on their loved one's health and wellbeing. This was done through the use of technology where relatives were provided with a unique log in number.

Continuous learning and improving care

- The management team kept up to date with best practice through training and reading relevant circulations / publications and updates provided by trade and regulatory bodies.
- Staff performance was monitored by the management team through one to one meetings and observational supervisions, however this was inconsistent.

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 provider had a duty of candour or policy that required staff to act in an open and transparent way when accidents occurred. The management team were able to demonstrate this was followed when required.

Working in partnership with others and community involvement

- The service worked in collaboration with relevant agencies, including health and social care professionals. This helped to ensure there was joined-up care provision. People's care records also demonstrated partnership working with external health and social care professionals.
- The home has a contact with the NHS to provide community rehabilitation beds. The management team worked closely with their external health colleagues such as rehabilitation nurses, physiotherapists and occupational therapists.
- The Elms, internal management team had regular contact with the provider's senior management team who provided internal and external updates. Throughout the inspection members of the provider's senior management team were present.
- The service had developed links with the local community and held regular events to invite visitors and members of the public into the service. For example, staff had organised a summer fete and a national care home open day to enhance a spirit of community within the service. In addition, efforts were made to raise money for a local charity each year, which was reflected by the needs and preferences of people and staff. Staff also supported people to attend local community events and to access the local community.
- People were supported to follow their faiths and were visited by local church groups and representatives and links had been developed with charity organisations and a local school who regularly visited the people living at The Elms.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had failed to ensure that risks relating to the safety and welfare of people using the service were assessed, managed and mitigated and to prevent the risk of infection.</p> |

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 17 HSCA RA Regulations 2014 Good governance |
| Treatment of disease, disorder or injury | The provider failed to operate effective systems to assess, monitor and improve the service. |

The enforcement action we took:

We have issued the provider with a Warning Notice.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 18 HSCA RA Regulations 2014 Staffing |
| Treatment of disease, disorder or injury | The provider failed to ensure sufficient staff were deployed to meet people's needs. |

The enforcement action we took:

We have issued the provider with a Warning Notice.