

Elm House (UK) Ltd

# Elm House Care Home

## Inspection report

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Date of inspection visit:  
19 October 2023

Date of publication:  
01 December 2023

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Elm House Care Home is a residential care home providing personal care to up to 34 people. The service provides support to older people, people with a physical disability and people with a sensory impairment. At the time of our inspection there were 29 people using the service. The home is set over 2 floors with communal areas and a garden for people and their relatives to use.

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

Systems needed improving to make sure people were adequately protected from the risk of abuse and to make sure lessons were learned following mistakes. Risks to people's health and wellbeing were not always assessed and mitigated effectively. Staff were not always recruited using safe processes. Although staff were experienced, they did not receive regular training to update their knowledge and skills, which we have made a recommendation about.

We found gaps in the governance processes of the service although this had been identified by the registered manager and provider prior to the inspection, and plans were being made to address.

People and relatives gave positive feedback, one relative said, "[My relative] is comfortable in Elm House, I can rest knowing they are being looked after."

People were supported to take their medicines safely. The home was kept clean, tidy and comfortable.

People were supported to eat and drink healthily, and people commented that they enjoyed the meals. A relative said, "The food is very good," another relative said, "My relative loves the meals and eats better than they did at home."

The home had a comfortable atmosphere and people could decorate their rooms according to their personal preference.

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.

People and their relatives spoke highly of the managers and felt that any concerns would be dealt with effectively and in good time. Staff enjoyed their jobs, one person supported said, "The staff are brilliant, they are kind and caring and like to have a good laugh."

The registered manager had plans to further his own knowledge and skills and worked well with external agencies.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 20 July 2021).

#### Why we inspected

We received concerns in relation to managing people's needs effectively should their health deteriorate, and staff training. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe section of this full report.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement and recommendations

We have identified breaches in relation to monitoring risks to be able to improve the service, assessing risks to people's health and wellbeing and staff recruitment.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from 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 continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe findings below.

### Is the service effective?

**Good** ●

The service was effective.

Details are in our effective 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 House Care Home

## 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 Health and Social Care Act 2008.

#### Inspection team

The inspection was undertaken by an 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 House Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elm House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

Inspection activity started on 19 October 2023 and ended on 23 October 2023.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 7 people that use the service and 9 relatives. We spoke with 12 members of staff including care staff, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at a range of records including 3 people's care plans, risk assessments and medicines records. We looked at health and safety records, policies and procedures and audits. We looked at 3 staff recruitment records and requested training records.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were not always protected from the risk of abuse and the risk of mistakes being repeated was not minimised.
- New staff had not received safeguarding training, and refresher training for existing staff was out of date. Although the staff we spoke with said they would raise concerns to their manager, we could not be sure that all staff would be able to identify a safeguarding concern or know what to do.
- Staff had not escalated concerns about 1 person's health. We could not identify whether this caused further harm, however we were concerned about staff knowledge around identifying and raising concerns with the registered manager.
- The registered manager did not have a robust system to monitor safeguarding concerns or incidents. Therefore, we were not assured that lessons would be learned, or that recommendations following safeguarding investigations would be implemented.

Systems had not been established to assess, monitor and improve the quality and safety of the services provided. This placed people at risk of harm. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took action including arranging further training and team meetings for staff. There were plans to introduce a system to document and monitor safeguarding concerns and wider incidents.

- There was an up to date, detailed and accessible safeguarding policy.

Assessing risk, safety monitoring and management

- Improvements were needed around assessing people's individual health and wellbeing risks.
- We saw risk assessments in people's care plans and there were review dates recorded. However not all information was up to date, for example one person's notes indicated possible pressure damage however the risk assessment completed the following day did not reflect this.
- There was no policy regarding what staff should do following a fall, for example specific observations, and we could not see any documented actions that staff took when someone had experienced a fall. Therefore, we were not assured that risks would be accurately assessed or mitigated.

Although we found no evidence of harm, systems had not been established to assess the risks to the health and safety of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager confirmed risk assessments would be updated and a falls process would be introduced.

- Environmental risks to people's health and safety were assessed and monitored. Fire safety risk assessments were undertaken and in date, and health and safety assessments including gas, electrical testing and water testing had been completed.
- There was a dedicated staff member to monitor and address maintenance issues; the home appeared to be in a good condition.

#### Staffing and recruitment

- People were placed at risk as staff recruitment did not follow safe practices.
- We checked 3 staff files. Not all necessary safety checks including references and Disclosure and Barring Service (DBS) checks had been made. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. This meant we could not be assured about safe staffing recruitment.

Although we found no evidence of harm, robust recruitment procedures had not been followed to make sure staff recruited were of good character and competence. This placed people at risk of harm. This was a breach of regulation 19(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We checked rotas and there were enough staff. The provider recently recruited extra care staff and senior staff to make sure people were supported properly. One person said, "There is enough staff, you can always do with more, I see the same faces, agency staff are used now and again."

#### Using medicines safely

- People were supported to take their medicines safely.
- We checked people's medicines records and saw that staff signed to say people received their medicines as prescribed. Staff did not always record the time of opening for prescribed creams and eye drops. The registered manager confirmed this would be addressed.
- There was good guidance in medicine records for staff to follow, including guidance around the use of 'as and when required' medicines.
- Staff recorded the time of administration for time sensitive medicines.
- Staff recently commenced room and fridge temperature monitoring.

#### Preventing and controlling infection

- People were protected from the risk of the spread of infection. One person said, "The home is spotless; the cleaners never stop."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.
- The provider supported visiting in line with guidance



# 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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff did not receive face to face or online training when they commenced employment, however they shadowed more experienced staff for the first 2 weeks, and their competencies were checked.
- All refresher training was out of date for experienced staff and this was not monitored. However, prior to the inspection the provider arranged for staff to complete electronic training which was about to commence. Many staff we spoke to had previous experience of care work and told us they would ask for help if required.
- The registered manager was in the middle of completing their 'train the trainer' to allow them to deliver face to face training to staff within the care home.

We recommend that the provider consider how to make sure staff maintain their knowledge and skills via regular training.

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

- People's needs were holistically assessed, and these were documented in care plans. Everyone we spoke to said they had choice and control about their daily routines.
- Staff told us they had all the information they needed to support people well.
- Plans were being introduced to update the recording of care plans and the provider intended to use an electronic system to record care plans in the future.

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

- People were supported to eat and drink healthily.
- The provider recently employed an agency cook who had knowledge of people's dietary requirements.
- The registered manager made referrals to dieticians and speech and language teams.
- There was a good amount of fresh fruit and vegetables available.

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

- Staff worked with other agencies such as speech and language teams, district nurses and social workers to enable effective care. One person said, "I can use the dedicated chiropodist and the doctor comes quickly when I need him."
- Staff supported people to live healthier lives and assisted them with managing and attending health appointments.

- There was a full-time activities co-ordinator and people were encouraged to stay active.

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

- The service was designed to fit people's needs; people could decorate their rooms when they moved in, and rooms were personalised.
- The service was clean and comfortable and had a homely atmosphere.

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 MCA 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.

- No one was subject to a DoLS at the time of inspection.
- We did not see consent forms for care and treatment in people's files, although staff recorded that they considered consent throughout their caring activities in the daily notes. The registered manager confirmed they would introduce consent forms.
- We saw MCA assessments for some people, and these contained relevant information.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed 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; 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

- There were gaps around assessing risk, quality performance and regulatory requirements.
- Although we saw audits were completed, for example medicines and environmental, these had not been completed for 2 months. Additionally, the same information had been recorded in consecutive audits and there was no record of any actions taken.
- The registered manager had not submitted statutory notifications for several months which is their legal responsibility to do so. Therefore, they were at risk of being in breach of the regulation. However, this had been addressed prior to the inspection and notifications were being made.
- Systems to analyse and monitor safeguarding concerns and incidents needed to be embedded.
- The registered manager was aware of the gaps identified during the inspection and actions had already been agreed with the provider and local authority to make improvements.

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

- We observed a positive culture at the home. People and their relatives spoke highly of the staff and feedback from them was positive. One person said, "There is a lovely atmosphere, mainly created by the staff." Another person said, "The manager is very good," another person said, "The manager is very obliging and will do anything for you."
- People were supported by staff that enjoyed their jobs. One member of staff said, "I love my job." Staff told us the managers were supportive and there was an open-door policy for support.

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

- The registered manager engaged with staff and people that used the service.
- Questionnaires were stored in the reception area for people and their relatives to fill in.
- People and relatives told us they felt able to raise anything and that it would be dealt with.
- Staff attended team meetings and said they could raise issues if necessary.

Continuous learning and improving care; Working in partnership with others

- The registered manager intended to complete further training to support his knowledge and skills.

- Staff worked with other agencies regularly including several health teams and engaged with the local community such as the church and schools.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems had not been established to assess the risks to the health and safety of people using the service.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems had not been established to assess, monitor and improve the quality and safety of the services provided.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Robust recruitment procedures had not been followed to make sure staff recruited were of good character and competence.