

Reason Care Limited

Elm Lodge Care Home

Inspection report

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Date of inspection visit:
08 August 2022

Date of publication:
11 October 2022

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

Elm Lodge Care Home is a residential care home providing personal care for up to 46 adults. Including people who may be living with dementia. At the time of our inspection there were 41 people using the service and two in hospital. Accessible, single room accommodation is provided within purpose built accommodation, which includes a range of communal living, bathing and toilet facilities, along with level access to a well kept garden and visitor parking.

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

We were assured the provider was meeting with requirements and nationally recognised government guidance, concerned with the prevention and control of infection, including COVID-19.

People were protected from the risk of harm or abuse within the service. Effective risk management strategies were operated for people's care and related safety needs.

Staff understood people's individual, risk assessed needs and supported people safely when they provided care. People's medicines were safely managed, and people received their medicines when they should.

People were supported to have maximum choice and control of their lives. The provider was able to demonstrate that decisions made for people's care and daily living arrangements were lawful, least restrictive and in people's best interests.

Staff were safely recruited, deployed and understood their role and responsibilities for people's care and safety.

The provider was now able to demonstrate fully embedded and continuous service improvement through effective governance arrangements.

There was a registered manager for the service who understood the requirements of their role. Overall, people, relatives and staff were confident in the management of the service. All were regularly consulted to inform people's care and the provider's related service planning and improvement.

Effective partnership working with relevant external professionals and authorities was now demonstrated as fully embedded and sustained for people's care.

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

The last rating for this service was requires improvement (published 7 September 2019). The provider completed an action plan following the last inspection, to show what they would do and by when to improve. At this inspection we found improvements had been made in the areas we inspected to Good [Safe and Well Led]. The overall service rating remains requires improvement.

Why we inspected

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections, even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

This was a focused inspection prompted by a review of the information we held about this service, including concerns we received. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Elm Lodge 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team included two inspectors and an Expert by Experience (ExE). An ExE is a person who has personal experienced of using a care home or caring for someone who uses this type of care service.

Service and service type

Elm Lodge 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 Lodge Care Home 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included 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 also sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

During the inspection

We spoke with four people who used the service, eight relatives, three care staff, a cook, a domestic, the registered manager, deputy manager and nominated individual for the provider. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We observed how staff interacted with people and we reviewed a range of records. This included six people's care plans, multiple medicines records; staffing and quality assurance management records, and a range of the provider's operational policies. Following the inspection, we continued to seek clarification from the provider, to validate evidence found.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider's arrangements for people's care helped to protect them from the risk of harm or abuse.
- Staff were trained and knew how to recognise and report any suspected or witnessed abuse, in accordance with local procedures.
- Staff followed the Herbert protocol for people's safety. This is key information, recorded in advance in consultation with people's families, to help inform the police in the event of any vulnerable person being missing from the service. Action was in progress, by the deputy manager to ensure personal photographs of a few people who did not have these within their care files, for identification purposes.
- People and their families were informed and supported to help keep them safe.

Assessing risk, safety monitoring and management

- Risks to people's safety associated with their health condition, environment and any care equipment used were effectively managed.
- Staff understood people's care needs for their safety and the care steps they needed to follow to reduce any risks identified. This information was recorded in people's individual care plans, which were regularly reviewed and kept up to date. For example, to ensure people's safety in relation to their mobility or nutritional needs.
- Relevant emergency contingency plans and health emergency procedures were in place, which staff understood to follow in any event. For example, following a fire alarm or any person's sudden health collapse.
- People and their families felt people's safety needs were being met within the service. One person said, "I know I am safe here; my health has improved no end since I came." A relative told us, "The staff are always helpful to manage and understand [person's] safety needs; they remind [person] to use their walking frame properly, in a way [person] can understand."

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

- We found the service was working within the principles of the MCA and if needed, appropriate legal

authorisations were either sought or in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- Overall, staff were safely recruited and deployed for people's care.
- Recruitment procedures were mostly in line with nationally recognised guidance. However, in one staff member's recruitment records we reviewed, the full dates of their previous employment and education were not provided. We discussed our findings with the registered manager. Following the inspection they told us about their immediate action taken, to rectify this for people's safety.
- Records showed that relevant pre-employment checks were carried out, to make sure staff were safe to work with vulnerable adults, before any offer of employment to provide care. Such as obtaining at least 2 references and ensuring Disclosure and Barring service (DBS) checks. These are checks regarding any criminal convictions or cautions held on the Police National Computer.
- There were enough staff to provide people's care. The provider used a staffing tool to help inform staffing levels at the service. People, relatives and an external visiting professional felt staff were visible and available when needed. One person said, "The staff are always around if I need them; you only have to say, or ring the bell if it's at night and they come more or less straight away." A relative told us, "There are usually plenty of staff around; they are always to hand."

Using medicines safely

- People's medicines were safely managed to ensure people received their medicines when they should.
- Staff responsible for people's medicines were trained and competency checked, to ensure they understood safe medicines arrangements, including administration.
- People's medicines were safely stored, given and accounted for. We observed staff giving people's medicines safely, when they needed them. The provider's medicines policy for staff to follow, was in line with nationally recognised guidance, which helped to ensure safe medicines arrangements.
- We found overstocking of some people's medicines within the service. We therefore signposted the provider, to help reduce any unnecessary medicines waste, which they agreed to follow.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were somewhat assured the provider was using PPE effectively and safely. There were sufficient supplies of PPE and staff received instruction how to use this safely. However, during this inspection, we saw two staff did not always wear face masks correctly, thereby negating safe use. Feedback we received from people's relatives also found this on occasion. We discussed our findings with the registered manager, who told us about their remedial action to rectify this for people's safety.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. However, we found a few areas where equipment replacement was needed to optimise infection prevention and control. Following the inspection the provider sent us evidence, demonstrating this was now rectified for people's safety.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

The provider followed government guidance concerned with visiting in care homes. People's rights to family life and to receive visitors were being met.

Learning lessons when things go wrong

- There were effective arrangements in place for the ongoing monitoring and review of people's individual safety needs and any related incidents.
- Records showed that formal management monitoring and analysis of any health incidents that occurred within the service, was routinely carried out. To identify any trends or patterns that may help to inform or improve people's care, when needed for their safety.
- There had been no safety incidents within the last 12 months, resulting in any person's serious avoidable harm or injury at the service.

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 requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted 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

- There was a registered manager for the service. Records showed a range of regular management checks were carried out for the quality and safety of people's care.
- Overall, recorded management audits and related provider checks of the service, showed ongoing and mostly timely service improvements. This demonstrated embedded and sustained service improvement from our last inspection, such as improved governance, care planning and risk management measures for people's care.
- However, we found a few areas of equipment renewal that were mostly identified by the provider as needed, but not always completed in timely manner. Such as waste bin, linen trolley and light bulb replacement. We discussed our findings with the registered manager. Following this inspection, they sent us evidence of their remedial action taken following the inspection, to rectify and ensure this.
- Staff understood their roles and responsibilities for people's care. Related management and communication measures for staff performance, supervision and support helped to ensure this.
- People, relatives and staff were overall confident in the management and leadership of the service. The majority said they would recommend the service to friends and family, with many describing it as 'good' or with positive comments such as, 'It's happy home that suits local people.'

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 sent us written notifications about any important events when they happened at the service, to help us check people's safety there.
- Related records and feedback we received for this inspection, showed timely action was taken by the provider and registered manager following any incidents, to ensure people's safety.

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

- There was an open, friendly atmosphere at the service where overall people, relatives and staff felt consulted and involved.
- All of the staff we spoke with and observed interacting with people, demonstrated they understood the importance of providing people's care in an individualised way that met with their known wishes and preferences. A relative was particularly pleased that staff had developed a good rapport and communicated

well, to effectively support one person's independence, in a way they understood. They told us, "The staff are lovely, they help [person] to manage and understand their needs."

- A range of methods were used to involve and consult with people, their representatives and staff and to help inform service planning and improvement. This included through periodic questionnaire type surveys, newsletters, notices displayed and meetings.
- Feedback from recent people/relative surveys found overall satisfaction with the service for people's care. Two felt meal presentation could be improved, which we also saw in relation to food portion sizes, which were very large and over-facing for two people we observed. We discussed this with the registered manager, who agreed to review this to ensure tailored portion sizes in line with people's individually assessed needs.
- Feedback from the most recent staff survey in April 2022, showed their overall satisfaction and that staff felt valued within the service. One staff member commented, "The registered manager is a good manager – listening and solving problems."

Working in partnership with others

- The provider worked with relevant agencies, including external health and social care partners, when needed for people's care.
- The helped to ensure that people received care that was appropriately informed and agreed.
- Local care commissioners and a visiting professional told us the service worked in consultation and promoted effective relationships with them. Their comments included, "I enjoy working with staff at Elm Lodge; they are a well organised, caring team." "They are good with communication and knowledgeable about people's needs, including any medicines." And, "The service is responsive to people's needs; they are not afraid to ask and will act quickly to ensure timely referrals – great team working, with good leadership."