

Elmfield Care Limited

Old Sarum Manor

Inspection report

Rhodes Moorhouse Way
Old Sarum, Longhedge
Salisbury
SP4 6SA

Tel: 01722445490

Date of inspection visit:
30 November 2022
02 December 2022

Date of publication:
21 December 2022

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Old Sarum Manor is a service providing accommodation and personal care for up to 66 people. The service provides support to older people over 65 years, people living with dementia, sensory impairment, physical disabilities and younger adults under 65 years. At the time of our inspection there were 66 people using the service.

Accommodation was provided over three floors accessed by stairs and a lift. People had their own rooms with en-suite facilities. There were also communal areas on each floor, including a cinema, café, hair salon, lounges and dining areas. People could access a secure garden from the ground floor.

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

Incidents and accidents had not consistently been reported to management so appropriate action could be taken in response. In addition, it was not always clear what actions were taken to prevent reoccurrence. This had been identified by the provider prior to our inspection and a new process was in place. This needed time to embed into practice. The provider also took responsive action during the inspection to review and improve systems.

Due to the shortfall in incident management there was an impact on duty of candour response letters. The provider took action to review this during the inspection and update responses sent to relevant people. The provider's quality systems had not identified some of the incidents we found. We have made a recommendation about this.

Medicines had been managed safely. We did find some 'as required' protocols not in place. This had been identified by the provider prior to our inspection, action was being taken to put them in place. Staff had medicines training and checks on their competence regularly.

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.

The service was clean, and schedules were in place to make sure all areas of the home were checked. People and relatives told us they were very happy with the standards of cleanliness seen throughout the home. People had regular visits from friends and family, there were no visiting restrictions.

Staff wore personal protective equipment appropriately and had received training on good infection prevention and control procedures. Staff had been recruited safely and there were enough staff to meet people's needs. People and relatives told us people felt safe at the service and they all appreciated the caring approach of the staff.

There was not a registered manager in post, however, an interim manager had applied to be registered prior to our inspection. People, relatives and staff told us the management of the service was inclusive, responsive and that management were approachable and visible. Systems were in place to give people and relatives opportunities to share their views and there were regular 'residents meetings'.

Staff also had opportunities to meet regularly with management and they all told us they felt listened to and valued.

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

Rating at last inspection

The last rating for this service was good (published 2 November 2021).

Why we inspected

We received concerns in relation to medicines, senior staff interactions with people and people struggling to eat. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

We did not find any evidence to substantiate the concerns received. We have however, found the provider needs to make improvements in other areas. Please see the key question safe section of this full report.

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 remained good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Old Sarum Manor on our website at www.cqc.org.uk.

Recommendations

We have made one recommendation about the provider's quality monitoring systems in the key question well-led.

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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Old Sarum Manor

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

This inspection was carried out by one inspector.

Service and service type

Old Sarum Manor 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. Old Sarum Manor 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 not a registered manager in post. An interim manager had applied to become registered prior to our inspection.

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 which included information of concern. We sought feedback from the local authority who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 6 people and 1 relative about their experiences of care received. We spoke with 7 members of staff, assistant manager, interim manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. The providers quality director was also present on day 1 of the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed care and support records for 9 people, multiple medicines records, incident and accident records, falls analysis, medicines management records, 4 staff files for recruitment and health monitoring records.

After the inspection

Following our site visit we contacted Healthwatch for any information they had about the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also spoke with a further 5 members of staff, 4 relatives and we contacted 4 healthcare professionals by email for their feedback about the service. We received feedback from 1 healthcare professional.

We continued to validate evidence found and reviewed quality monitoring records, policies and procedures, quality surveys, meeting minutes and service improvement plan.

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 an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- Systems in place to report and investigate allegations or incidents of alleged abuse were not robust. We found incidents of potential safeguarding concerns in people's notes which had not been reported to management. This meant appropriate action was not taken at the time of the incident.
- The provider took immediate action during the inspection to respond and investigate the concerns found. The local authority was informed and the provider reviewed systems and commenced further training with staff.
- People and relatives told us people were safe at the service. Comments included, "I feel safe here, I have an alarm and the building is secure" and "I can rest at night, we don't have any worries at all knowing [relative] is there. They [staff] go above and beyond."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Incidents and accidents had not all been investigated to demonstrate actions were taken to keep people safe. In addition, we were not able to see action taken in all cases to prevent reoccurrence.
- Prior to our inspection, this had been identified by the new interim manager. They had taken action to review the system and work with staff to review incidents thoroughly. They had introduced a 'root cause analysis' process to determine how incidents occurred and what action was required to prevent reoccurrence. We found however, for 1 person their analysis completed needed further review. The interim manager took action during our inspection and shared with us their updated findings.
- People had risk management plans in place which were reviewed regularly to give staff guidance on how to provide safe care and support.
- Regular fire system and maintenance checks were carried out. People had personal emergency evacuation plans in place to give staff guidance in the event of an emergency.

Using medicines safely

- Prior to this inspection we received concerns about medicines being left in pots and on the floor. During this inspection we did not find any evidence to substantiate those concerns.
- People had their medicines as prescribed. People had an individual medicines administration record which staff used to record when medicines had been administered. Record we reviewed had no gaps in recording. Practice we observed by staff administering medicines was safe.
- People who were prescribed 'as required' medicines did not always have a protocol in place. The provider had identified this through their monitoring systems and were working to put them in place.
- Staff had training on medicines management, and they had a check for competence before being able to

administer medicines.

- Medicines were stored safely. Staff checked temperatures of the medicine's storage rooms and medicines fridges.

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

Staffing and recruitment

- People had care and support from staff who had been recruited safely. The required pre-employment checks had been carried out prior to staff working at the service.
- During our inspection we observed there were enough staff available to meet people's needs in a timely way. Feedback from people, relatives and staff confirmed this. One person said, "Staff are great and attentive, there are enough staff." One relative said, "Always seems to be [enough staff]. They might be in the dining room or moving around the floor, lots of them [staff] about."

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 was promoting safety through the layout and hygiene practices of the premises.
- 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.

Visiting in care homes

- Relatives told us they were able to visit when they wished, there was no restriction on visiting at the service. One relative said, "We can just turn up when we want, if you are going to be there at lunch time, you let them know and they will get you a meal."
- One relative told us they had to ring prior to visiting to let the home know, whilst other relatives told us they did not ring in advance. The provider told us they would make sure relatives were aware of current visiting arrangements.

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 for this key question has remained 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

- Since the last inspection there had been changes in management. During this inspection an interim manager was in post who had applied to be registered with CQC.
- The provider's quality monitoring systems had not identified concerns about incidents in people's notes. This meant action had not always been taken in a timely way. The provider took responsive action during the inspection to address the shortfalls. Additional quality checks were commenced, and reflective learning carried out with senior staff.

We recommend the provider continues to monitor the effectiveness of their quality monitoring systems of people's care records to make sure all development concerns are identified in a timely way.

- Quality monitoring carried out for areas such as medicines management, infection prevention and control and health and safety were effective in identifying improvements. The provider had a home action plan which recorded improvements to be carried out. This was monitored by the provider until actions were completed.
- Observations and audits of mealtimes were completed. These were completed by different members of staff to identify ways in which care delivery and service could be improved over mealtimes.

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 policy and process in place. We found following notifiable incidents a letter of apology and information about the incident had been sent to relevant people.
- However, as incidents had not always been investigated thoroughly this meant relevant people had not had all the information about causes and actions taken in a timely way.
- The provider took action during the inspection to review this process and update records in response. They told us they would continue to make sure incidents were investigated thoroughly so information could be shared with relevant people.

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

- Prior to this inspection we received concerns about how some staff interacted with people. We shared this concern with the provider and carried out observations of practice during our inspection. We did not see or

hear anything to substantiate the concern.

- Feedback from people, relatives and professionals about the staff and care provided at the service were positive. Comments included, "It is very good here, the staff are excellent", "They [staff] are always friendly and patient, I am so impressed with the place" and "Staff are really caring; it feels like they are very loving. They adapt to the resident, they have banter, but they know when [relative] is feeling grotty, we cannot praise the staff enough."
- Whilst there had been changes in management, this had not impacted on how the service was managed. The nominated individual was a visible presence in the home regularly. One relative said, "Because of [nominated individual]'s whole ethos and approach, it shows in the way the home is run. Everyone, the cooks, cleaners, they are all so friendly, when you go in. There are always people walking around chatting, there is a buzz about the place."
- Staff we spoke with all told us the management was approachable and supportive. Comments from staff included, "I love my job, I like the family spirit of it, especially our [nominated individual], he is one of the most hands-on directors and that appealed to me. I could see he cared for the residents as much as we did" and "I don't have any complaints; my management and seniors are very approachable. Working for the company, I can't find a fault."

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

- The provider carried out regular surveys to gather people's views and had regular 'residents' meetings'. Minutes were kept recording discussions and shared with people who were not able to attend.
- Relatives meetings had been held and relatives could leave feedback electronically when they signed out of the home when visiting. One relative told us, "There is a survey to complete when you leave from the sign out screen, this captures views which is quite a good idea. There is also a website you can leave feedback on."
- Staff had opportunities to share their ideas or concerns in handovers, supervisions and team meetings. One member of staff said, "I do feel they [management] listen, if there is anything, they then put it into practice, what we have been speaking about."

Working in partnership with others

- Staff worked with local healthcare professionals to make sure people's health needs were met. Local GP's, community nurses and local authority staff visited regularly. One professional told us, "Whenever I visit or call, they [staff] act in a professional manner to relay any concerns that they may have regarding a resident. They act on all recommendations given by us and seek advice in a timely manner if a residents presentation declines."