

Elm Bank Healthcare Limited

# Elm Bank Care Home

## Inspection report

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24 April 2023  
26 April 2023

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14 June 2023

## Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

Elm Bank Care Home is a residential care home providing care for up to 115 people across 3 floors. At the time of our inspection 84 people were using the service.

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

Systems and processes were in place to monitor the quality of the care provided. However, the systems to monitor medicines administration, accident and incidents and staff recruitment had not always resulted in areas for improvement being identified and acted upon in a timely manner. The manager took immediate action to remedy this.

The manager was aware improvements were required in the service, they had met with the provider and had produced an action plan covering the areas where improvement was needed and progress was being made.

People were protected from the risk of abuse. People and family members told us they felt safe, and staff treated them well. We received positive feedback from people using the service that demonstrated staff treated them with kindness and compassion.

People were supported by staff that were safely recruited. There was sufficient staff deployed throughout the service to meet people's needs. People were supported by staff that received appropriate training and support to fulfil their roles and responsibilities.

People were supported to maintain a balanced diet. Staff worked with health care professionals as and when required to promote people's safety and well-being.

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.

Opportunities were available for people and family members to share their views. Feedback received from people using the service, relatives and staff was used to drive improvement at the service.

The manager and provider were receptive to the inspection and took immediate action in response to the inspection findings.

Rating at last inspection

The last rating for the service was Requires Improvement, published on 03 November 2020. For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Why we inspected

The inspection was prompted through information shared by the local authority that improvements had

been made at the service. As a result, we undertook a focused inspection to review the key questions of Safe, Effective and Well-Led only. 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 Bank Care Home on our website at [www.cqc.org.uk](http://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?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service well-led?

The service was not always well-led.  
Details are in our well-led findings below.

Requires Improvement ●

# Elm Bank 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 was carried out by 2 inspectors, 1 specialist nurse advisor and 2 Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Elm Bank 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 Bank 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 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 a manager was in post and an application to register with CQC was in progress.

#### Notice of inspection

The first day of inspection 24 April 2023, was unannounced and the second visit on 26 April 2023 was

announced.

#### 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, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our inspection. 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.

#### During the inspection

We spoke with 12 people using the service and 3 relatives, about their experience of the care provided. We spoke with 18 members of staff, including care assistants, a senior team leader, catering staff, the chef, the manager, a registered manager from a sister home within the organisation and the regional manager.

We reviewed the care plans for 7 people using the service, including multiple medicine records and healthcare monitoring records. We reviewed records relating to staff recruitment, training, supervision and support. We also looked at records regarding the day-to-day management of the service, including quality assurance reports and key policies and procedures.

# 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 improved to Good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Records in relation to 'time specific' medicines, for example, medicines prescribed to help mobility for people with Parkinson's disease, required closer monitoring. The provider took immediate action to arrange for the pharmacy to add the specific times for the medication to be administered on the individual medication administration records (MAR). They also evaluated the medication audit criteria to ensure time specific medicines were integrated into the MAR audits.
- Staff received training on medicines management and had their competency to administer medicines assessed. However, some staff medication competency records were not fully completed. The provider confirmed all medication trained staff had their competencies re-assessed in March and April 2023 and the records would be updated to reflect this.
- Staff consulted with people around their medicine and met their preferences wherever possible. Medicines prescribed to be taken 'as required' had protocols in place to support staff in understanding when to administer the medicines, and to monitor its effectiveness. For example, pain relieving medicines.
- Staff followed the medicines policy for receiving, storing, administering, and returning medicines.
- Staff had good links with the GP and local pharmacy which helped to make sure people's medicines remained safe and effective.

### Assessing risk, safety monitoring and management

- Staff recorded all accidents and incidents, however some records lacked sufficient detail to demonstrate the actions taken to protect people and mitigate the risks of repeat incidents. The manager took immediate action to arrange for all staff to receive further training on completing accident and incident reports.
- Individual risks were identified and assessed, for example, if people were at risk of pressure skin damage or falls. One person said, "The staff look after me very well, I feel very safe." Another said, "I feel safer now than I was at home." Another said, "I feel perfectly safe, I have no concerns at all."
- Staff completed safety and repositioning checks, but we found some of these checks were not always completed at the frequency set out in people's individual risk assessments. The provider took immediate action during the inspection to ensure the frequency of these checks were consistent with people's identified needs. We found people had not been negatively affected by this.
- People had personal emergency evacuation plans (PEEPs) in place. PEEPs detail how to support someone safely in the event of an emergency.

### Staffing and recruitment

- We found some staff files lacked information to evidence that full pre-employment checks had been completed. For example, references from previous employers and checks through the Disclosure and

Barring Service (DBS) prior to new staff starting work. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The manager took immediate action to obtain the records to demonstrate checks had been completed and for the recruitment team to ensure accurate recruitment records were consistently maintained.

- People's level of dependency was assessed, which was used to calculate the staffing levels. The provider told us the staff rotas were recently revised to ensure staffing levels did not fall below safe levels.
- People confirmed they felt there was enough staff to meet their needs. We observed staff responded quickly to calls bells and spent time with people meeting their social and emotional needs. One person said, "If I 'buzz' [use the call bell], they [staff] come, it's nice to know I only have to buzz."

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

- People were protected from the risk of abuse. People and family members told us they felt safe, and staff treated them well.
- Staff had received training in safeguarding and understood how to recognise and report any concerns about abuse, internally and externally to the local safeguarding authority or CQC.
- Safeguarding referrals were raised when required. The provider worked alongside the local safeguarding authority to investigate any concerns.

Preventing and controlling infection

- We identified some of the cupboards in the unit kitchenettes required cleaning. This was addressed immediately with a deep clean completed. The manager reviewed the cleaning schedules and met with staff to ensure safety was consistently promoted through the layout and hygiene practices of the premises.
- 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 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

People were supported to receive visits from friends and family in line with current government guidance. There were no restrictions on visitors to the home.

# 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 inspection in November 2019, we rated this key question Requires Improvement. At this inspection the rating has changed to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care plans were regularly reviewed and reflected people's changing needs and wishes.
- Assessments of people's needs were completed and their care and support needs were regularly reviewed.

Staff support: induction, training, skills and experience

- People were supported by staff who received training appropriate to fulfil their roles and responsibilities. One staff member said, "My induction was brilliant, the trainer was excellent and the follow up was great. I had 4 full days of training, 2 days practical sessions, moving and handling, first aid and fire training and online training. I shadowed other staff for 4 weeks, until I felt ready to work alone." Another said, "The training is good, it brings something new to the role. I have done training here that I hadn't done before."
- Staff told us, and records showed they received one to one and group supervision and support from their line managers. One staff member said, "We work as a team, we had a staff meeting 2 weeks ago. [Manager] talked about the staff's needs, another staff meeting is due. [Manager] is very open and supportive, if we need anything we can always go to [Manager]." Another staff member said, "[Manager] deals with things very quickly," they gave an example of equipment being quickly obtained to enable people who were bedbound to have their hair washed in bed.
- During the inspection we observed the manager was receptive to supporting staff. A relative said, "The overall attitude of the staff in my experience, is absolutely top notch."
- All the staff we spoke with confirmed they had induction training when starting employment, and an opportunity to shadow more experienced staff members within the service to get to know people and their needs.

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

- A variety of food was available, and staff monitored people's food and fluid intake and body weights, for people identified at risk of malnutrition. Staff were observed to support people in line with the guidance in their care plans and risk assessments.
- We observed the lunchtime period throughout the home, and saw people were offered support to eat and drink. We found 1 person's care plan did not fully reflect the level of support required to meet their nutritional needs. This was immediately addressed by the manager during the inspection.
- Staff followed the guidance from the speech and language therapist when supporting people with swallowing difficulties and at increased risk of choking.

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

- The service was well maintained and had multiple communal areas across all floors, for people to use. A relative said, "The maintenance team stay on top of things, which is good. Usually that's the first sign of money being tight when things go wrong, but they are on top of it here."
- There was a pleasant, enclosed garden space, which was accessible to people. One person said, "[Staff member] takes me out in my wheelchair around the garden, it's very lovely."

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

- The service had good links with health professionals. Staff told us and records confirmed that people saw medical professionals as required, this included, podiatrist, optician, dentist, social workers, nurses and GP's.
- Staff were vigilant about any changes to people's health and wellbeing to ensure people received timely health and social care support. A visiting health professional told us, "The staff know the people living here very well. They are good at following the guidance we give to them, we have really good communication with the staff."

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- Some people using the service lacked capacity to consent to care and treatment. There was evidence of mental capacity assessments being carried out following the MCA principles, and of best interests' decisions being made for people that lacked capacity to consent to their care and treatment.

# 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 remains Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; 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

- Systems and processes were in place to monitor the quality of the care provided. However, the systems to monitor medicines administration, accident and incidents and staff recruitment, had not always resulted in areas for improvement being identified and acted upon in a timely manner.
- The manager was aware the systems to maintain oversight needed to be more effectively implemented and had already begun making improvements. The improvements need time to be embedded into practice.
- The manager understood the regulatory requirements to report incidents and events to CQC and records showed they had appropriately notified CQC of reportable events as required.
- Accidents and incidents were recorded and monitored to identify what the service could do to mitigate the risk of repeat incidents.
- The manager understood their responsibilities under the duty of candour.
- The rating from the last CQC inspection was on display within the home and on the provider website.
- The provider and manager took immediate action to address areas identified during the inspection and demonstrated a commitment to continuous learning.

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

- The manager was committed to driving changes to improve the lives and experiences of people using the service. We observed staff demonstrated kind, person centred care when interacting with people.
- People and their relatives told us the manager was approachable and they were kept informed of their relative's care. A relative told us the manager had arranged for them the use of the games room for the family to celebrate their relative's birthday. They said the staff decorated the room with banners and provided plates, as the family brought in food and champagne. Staff also arranged a separate birthday party for their relative, to celebrate the day with other residents.
- When any concerns were identified they were taken seriously and resolved. For example, 1 person said, "I found I was sitting in my chair every day on my own, I told them I was not happy, but I'm fine now, the staff do things with me." The person told us they now enjoyed participated in social activities and the matter had been resolved. Another relative said, "I get the impression, that nothing is too much trouble,

they [staff] seem to enjoy working here."

- People and relatives spoken with confirmed the communication with the home was good and they would recommend the home to others.
- Systems were in place to continually seek feedback from people using the service, relatives, staff, and external stakeholders. General information was shared with relatives through an internal newsletter and a secure social media platform.

Working in partnership with others

- The service worked collaboratively with external stakeholders, such as the local authority, commissioners and health and social care professionals.
- Systems were in place to ensure effective sharing of information where appropriate. This helped to ensure people received the right care and treatment.