

Elm House (UK) Ltd

# Elm House Care Home

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Elm House Care Home is a residential care home providing personal care and support for up to 34 older people, including those with physical disability and sensory impairment. At the time of the inspection there were 28 people living in the home.

Elm House Care Home is a purpose-built home with accommodation provided over two floors.

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

People and their relatives were happy with the service they received. People felt safe and said staff were kind, patient and caring and they were treated well. Staff understood how to protect people from abuse and recruitment processes ensured new staff were suitable. There were enough staff to meet people's needs and to ensure their safety. The management of people's medicines had improved. People received their medicines when they needed them from staff who had been trained and had their competency checked. We discussed areas for improvement such as ensuring medicines for disposal and handwritten directions were consistently recorded. The management of any risks to people had improved. Risk assessments enabled people to retain their independence and receive support with minimum risk to themselves or others. Infection control was well managed, and the home was clean and free from odours and hazards.

People's care and support needs were assessed prior to them using the service to ensure their needs could be met. They were supported to live healthy, active and interesting lives and had access to health and social care professionals, a well-trained staff team and a choice of a nutritious diet. People's wishes were respected, and care was arranged around their preferences and requirements. 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 environment was clean, comfortable, safe and well maintained and had been developed with people's needs in mind.

Management and staff had developed friendly, caring and respectful relationships with people and their families. People told us the registered manager and deputy manager were visible around the service and they spoke very highly of them. The registered manager and staff demonstrated a high commitment to providing person-centred care and to ensure people received good quality care. People were treated as individuals and their equality and diversity was respected. Staff understood the importance of giving people their time and the importance of encouraging people to maintain their independence.

The information in people's care records had improved. People's care was tailored to their needs, routines and preferences and staff knew people well; good relationships had developed. People had access to a wide range of activities which they enjoyed. Safe visiting processes were in place to ensure people could see their visitors when they wished and could maintain relationships that were important to them. People did not have any complaints about the service but were confident they could raise any issues and be listened to.

People, visitors to the home and staff told us the service was managed well. They told us this was a good home and they would recommend the home to others. Staff felt valued, enjoyed working at the home and genuinely cared about the people in their care. Systems to assess and monitor the quality of the service and the practice of staff had improved. People's views and opinions of the service were sought and acted on.

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 and update

The last rating for this service was requires improvement (published 16 August 2019). We found 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 we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

We carried out an unannounced comprehensive inspection on 1 and 22 July 2019. Breaches of legal requirements were found in relation to the management of medicines, risk management, systems to safeguard people, record keeping and failing to establish and operate systems effectively. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, safeguarding service users from abuse and improper treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective, Responsive and Well-Led which contain those requirements.

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.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elm House 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 until we 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?

Good ●

The service was 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 responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was 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 focused 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.

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 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 or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with CQC. This means 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

We looked at the information we held about the service. This information included statutory notifications the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We also contacted local authority commissioners and asked them for their views about the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spent time in the communal areas observing how staff provided support for people to help us better understand their experiences of the care they received. We spoke with six people living in the home and with four relatives. We also spoke with the registered manager, deputy manager, four care staff and the activity person. We also contacted two healthcare professionals for their views about the service.

We had a tour of the premises and looked at a range of documents and written records. These included three people's records related to their care and support, two staff recruitment records, staffing rotas, training, induction and supervision records, minutes from meetings and complaints and compliments records. We looked at maintenance and servicing certificates and records related to the auditing and monitoring of service. We also looked at the recent report (February 2021) from the local authority quality monitoring team.

#### After 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 the last inspection, this key question was rated as requires improvement. At this inspection, this key question has improved to good. This meant people were safe and protected from avoidable harm.

### Systems and processes to safeguard people from the risk of abuse

At our last inspection, the provider failed to ensure effective safeguarding systems and processes were followed. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The provider ensured people were protected from the risk of abuse. Staff had access to appropriate training and understood how to raise any concerns about poor practice.
- People felt safe. One person said, "It is safe and secure, and I love it here with the other residents and staff." A relative said, "[Family member] is so safe because the staff are always around, and it gives me peace of mind."
- We observed people being treated with care, patience and kindness and conversations were friendly and appropriate. We observed staff taking time to offer kind words, encouragement or reassurance to people.
- The registered manager and staff were clear about when to report incidents and safeguarding concerns. Staff were confident the registered manager would act quickly to keep people safe if they reported any concerns.

### Assessing risk, safety monitoring and management

At our last inspection, the provider failed to properly assess and manage the risks to the health and safety of people who used the service. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager assessed and managed risks to people's health, safety and wellbeing. Staff were provided with clear guidance on how to manage the risks in a safe and consistent way. Staff had received mandatory safety training.
- Equipment was serviced and maintained in accordance with manufacturers recommendations. A range of internal checks had been carried out, to ensure they were clean and fit for use.

## Using medicines safely

At our last inspection, the provider failed to manage people's medicines safely. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- The registered manager and staff followed safe processes to ensure people's medicines were managed safely. However, we found handwritten entries on the medicine administration records and disposal records were not always witnessed. We discussed this with the registered manager and appropriate actions were taken following the inspection.
- Staff were suitably trained to administer medicines and checks on their practice had been carried out.

## Staffing and recruitment

At the last inspection, we recommended the provider ensured enough numbers of staff were in place to meet people's needs. The provider had made improvements.

- People received prompt care and support. Records and observations showed there were enough suitably skilled staff to meet people's needs in a flexible way. Staff felt staffing levels were enough to meet people's needs. They told us they had a good team that worked well together and supported each other.
- People described staff as wonderful, patient and kind. They said there were enough staff to offer them choices and to promptly respond to calls for assistance.
- The registered manager followed safe recruitment systems and processes. Pre-employment checks were carried out to make sure staff had the right skills and character to work with vulnerable people. We discussed ensuring health questionnaires were completed in a timely way and ensuring the application form included full employment history. This was addressed during the inspection.

## Preventing and controlling infection

- The provider was preventing visitors from catching and spreading infections. The service had been COVID free during the pandemic. People commented on the cleanliness of the home. One person said, "The home is spotless and never a smell anywhere."
- The provider was admitting people safely to the service.
- The provider was using personal protective equipment (PPE) effectively and safely.
- The provider was accessing testing for people using and visiting the service and staff. We were told all people living in the home and staff had been vaccinated against COVID-19.
- The provider was promoting safety through the layout and hygiene practices of the premises.
- The provider made sure infection outbreaks could be effectively prevented or managed. The infection prevention and control policy was up to date.
- The provider was facilitating visits for people living in the home in accordance with the current guidance.

## Learning lessons when things go wrong

- The registered manager promoted an open culture in relation to accidents, incidents and near misses. Lessons learned were discussed at management and staff meetings.
- The registered manager reviewed all incidents and accidents to ensure appropriate actions were taken and to determine whether there were any trends or patterns. We discussed making additions to the analysis



form; this was completed during the inspection.

# 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 requires improvement. At this inspection, this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection, the provider failed to ensure people were protected from unlawful restrictions. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered manager and staff understood when an application for a DoLS authorisation should be made. They worked with the local authority and with people's authorised representatives to ensure where people were deprived of their liberty, any decisions made on people's behalf, were lawful and in their best interests.
- Staff received training and demonstrated a good awareness of the MCA. They supported people to have maximum choice and control of their lives and supported them in the least restrictive way possible. Staff asked for people's consent before providing care, explained what they were going to do and respected their decisions.

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

- The registered manager ensured assessments of people's needs were carried out before they came to live at the home, to ensure their needs could be met. Assessments from health and social care professionals were also used to plan effective care.

- Management and staff applied their learning in line with expert professional guidance such as the management of nutrition, falls prevention, oral health and skin integrity. This supported a good quality of life for people.
- The initial care assessment supported the principles of equality and diversity and staff considered people's protected characteristics, such as age, disability, religion or belief.
- Management and staff used technology and equipment such as, internet access, call alarms, an interactive gaming table, sensor mats and pressure relieving mattresses, to deliver effective care and support.

Staff support: induction, training, skills and experience

- Staff received a range of appropriate induction, ongoing training, supervision and support to carry out their role effectively. Training compliance was monitored to ensure this was carried out in a timely way. Staff were complimentary about the training and support they received.

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

- People's nutritional needs and dietary needs and preferences were met. The lunchtime meal was a positive experience for people; we heard lots of chatter and laughter throughout the meal. Meals served were presented well, hot and nutritious without any rushing; appropriate aids and discreet support was provided when needed. Meals, snacks and drinks choices were offered throughout the day.
- People confirmed they were offered choices and alternatives. They said, "The food is excellent" and "The food is very good and there is always a choice. If I don't like it, they always make me something else."
- Staff monitored people if they were at risk of poor nutrition. Advice from appropriate healthcare professionals was sought, as needed.

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

- The registered manager and staff provided people with appropriate support to meet their healthcare needs. Staff worked with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.
- Staff shared appropriate detailed information when people moved between services such as transfer to other services, admission to hospital or attendance at health appointments. In this way, people's needs were known, and care was provided consistently.

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

- The provider had designed the home with people's specialised needs in mind. All areas were safe, well-equipped, accessible, bright and airy with good use of colours and clear signage. Gardens were attractive, safe and well maintained with seating areas for people to use. Maintenance and auditing processes ensured prompt attention to any reported issues.
- People were happy with their bedrooms and the communal areas. Some had personalised their bedrooms with their own pictures and ornaments.

# 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 requires improvement. At this inspection, this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

At our last inspection, the provider failed to develop records which contained the information required to meet people's needs effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- People's care and support was centred around their choices and preferences. Care records had been reviewed since the last inspection; the information was clear and detailed. Staff confirmed they found the information clear and easy to understand.
- The registered manager and staff understood people's needs well and encouraged them to make decisions about their daily lives. Staff supported people on an individual basis whilst promoting equality and diversity and respecting individual differences and choices. One member of staff said, "People are loved and hugged and given choices. We give them praise and encouragement and make them feel good about themselves."
- Staff reviewed people's care plans regularly and updated them when people's needs changed.

Improving care quality in response to complaints or concerns

At the last inspection, we recommended the provider sought nationally recognised guidance to ensure complaints were investigated, recorded and acted upon appropriately. The provider had made improvements.

- The registered manager had reviewed the complaints process following the last inspection. There were robust processes to investigate and respond to people's complaints and concerns.
- There had been no complaints made about the service; we noted a number of compliments had been made. People and their relatives had no complaints about the service they received but knew how to complain or raise concerns if they were unhappy. One person said, "I have no complaints but would always speak up if I had any." A relative commented, "All the staff from cleaners to the manager are fantastic. I have never had to complain about anything and cannot see how I ever would need to."

### 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 assessed, recorded and reviewed regularly. People's care plans included the support they needed with communication and how staff should provide it. We observed staff taking time to communicate effectively with people.
- The registered manager provided people with information in alternative formats in a way they could understand.

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

- The service employed an activities coordinator. People were supported to follow their interests and take part in a wide range of planned and ad hoc activities. Activities were tailored to people's needs, choices and preferences; people spoken with were happy with the activities available.
- We observed people participating in one to one and group discussions, watching TV, reading newspapers and books and attending the hair salon. People had also enjoyed manicures, pedicures and massages, quizzes, games and keep fit. Staff said, "There are loads of activities; it's a noisy home and very active. Everyone connects; it's a great atmosphere" and "There is lots for people to do. We treat them with respect and have a great laugh together."
- Staff encouraged people to maintain relationships that were important to them. We observed safe visits being carried out in accordance with guidance.

### End of life care and support

- Staff discussed and recorded people's end of life care wishes, where appropriate, and understood what was important to them. There were arrangements in place to ensure necessary medicines and additional healthcare support was available when required.

# 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 requires improvement. At this inspection, this key question has improved 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

At our last inspection, the provider failed to ensure systems were established and operated effectively. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- There were improved and effective systems to monitor the quality of the service and to monitor staff practice. Action had been taken to address any identified shortfalls and there was clear evidence improvement had taken place.
- The registered manager was clear about their role and responsibility and was supported by the owner and the deputy manager. People and visitors to the home told us the registered manager and deputy manager were visible around the service and were open, approachable and supportive. They knew the management team by name and spoke very highly of them.
- Staff understood their individual responsibilities and contributions to service delivery. They had access to policies and procedures, contracts and job descriptions.
- People's care records were accurate, detailed and kept securely. The language used in daily notes and care plans was respectful and was recorded in a positive manner.

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

- The registered manager and staff demonstrated a high commitment to providing person-centred care and to ensure people received good quality care. People's wishes were respected, and care was arranged around people's preferences and requirements. People told us this was a good home and said they were well cared for and happy living here. People told us they would recommend the home to others. One person commented, "I would recommend this home because of the staff, the food and the general pleasant atmosphere."
- Staff told us they enjoyed their work, felt valued and listened to and the management team gave them support to do their jobs well. Staff confirmed the home was well managed and were complimentary of the people they worked with.

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 management team were aware of their responsibilities regarding duty of candour. They promoted and encouraged candour through openness. Good relationships had been developed between management, staff and people using the service and their family members.
- The provider was aware of their responsibility to be open and honest when something had gone wrong.

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

- The registered manager regularly sought feedback from people using the service, visitors and staff to ensure they were happy and to ensure their diverse needs were met. There was evidence people were listened to and changes made. However, we suggested sharing and displaying the outcome or actions taken with people and staff. Discussions with people and a review of people's feedback indicated they were satisfied with the service provided.
- There were effective communication systems to keep people updated. Relatives confirmed they were kept up to date with any changes. Care plans considered people's diverse needs.

Working in partnership with others; Continuous learning and improving care

- The registered manager encouraged staff to participate in continuous learning and development. Staff training, supervision sessions, spot checks and meetings were used to ensure learning and improvements took place.
- The registered manager and staff had close links and good working relationships with a variety of professionals to enable effective coordinated care and support for people. One healthcare professional spoke very highly of the skills, knowledge and conduct of managers and staff.
- The registered manager worked in partnership with other agencies, including the local commissioners who conducted their own reviews of the service. The registered manager and key staff attended local forums to keep up to date and to help improve the service.