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Elm Lea Residential 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 caring?	Good
Is the service responsive?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection was carried out on 20 March 2018. The inspection was unannounced.

Elm Lea Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Elm Lea is registered to provide accommodation and personal care to 15 older people. The service is a detached house in a residential area, it has 14 bedrooms all of which have ensuite toilet and wash hand basin facilities. None of the rooms are used for double occupancy therefore the maximum number of people accommodated at the service does not exceed 14. There were ten people living there at the time of our inspection; a further person had recently been admitted to hospital.

At the last inspection on 23 and 24 November 2016, the service was rated Requires Improvement. At this inspection the service was rated Good.

At our last inspection in November 2016, we found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These breaches related to the management of people's 'as and when required' medicines, and, failure to ensure effective systems were in place to monitor the quality of the service. The registered manager sent us an action plan stating they would meet the regulations in November 2016. This inspection took place to check that the registered provider had made improvements to meet the regulations. We found that improvements had been made and the breaches had been met.

The service had a registered manager in post who had worked with the provider for a number of years. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was supported by a team leader.

People were not always offered the opportunity to participate in a range of activities to meet their needs and interests. We have made a recommendation about this.

People felt safe and were protected from the potential risk of harm and abuse. Staff understood their responsibilities for safeguarding people and followed the provider's policy and procedure. Potential risks to people had been assessed and steps were taken to reduce any risks. The premises were well maintained and equipment had been regularly serviced to ensure it was in good working order.

There were enough staff deployed to meet people's assessed needs. The provider operated safe and robust recruitment and selection procedures to make sure staff were suitable and safe to work with people. Staff were trained to meet people's needs including any specialist needs. Staff were given feedback, support and guidance from their line manager, through regular supervision meetings.

People received their medicines safely as prescribed by their GP. There were systems in place to ensure that medicines had been stored, administered, audited and reviewed regularly. People were protected by the prevention and control of infection where possible, with systems in place to ensure the risk of contamination were minimised. Accidents and incidents were monitored and managed effectively.

People's needs and choices were assessed when they started using the service. People received care that was personalised to their needs. People were encouraged to maintain as much independence as they were able. People knew who to speak to if they were unhappy about the service. No complaints had been received.

People were encouraged to make their own choices about their lives. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were treated with dignity and respect by staff that were kind and caring. Staff knew people's likes, dislikes and personal histories; this information was readily available within the persons' care plan. People were supported to maintain relationships with people that mattered to them.

People were given choice at mealtimes and were able to access drinks and snacks throughout the day. People's nutrition and hydration needs had been assessed and recorded. Staff and the chef met people's specific dietary needs and support. Staff ensured people remained as healthy as possible with support from health care professionals, if required.

Systems were in place to monitor the quality of the service being provided to people. There was a range of checks and audits carried out to ensure the safety and quality of the service that was provided to people. People and staff were asked for their feedback about the service, with action taken if any suggestions or concerns were raised.

The registered manager understood their responsibility of registration with us and notified us of important events that occurred at the service; this meant we could check appropriate action had been taken.

The registered manager spoke passionately about providing a high quality person-centred service. They had developed working relationships with other services to promote and encourage best practice.

Further information is in the detailed findings below.

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.

People felt safe living at the service. Staff protected people from the risk of harm or abuse and knew how to identify and raise safeguarding concerns.

Potential risks to people's safety had been assessed and recorded. Guidance was in place for staff to follow to minimise any identified risks.

There were enough staff to meet people's assessed needs. Staff were recruited safely and followed good practice.

Systems were in place for the event of an emergency such as a fire or flood. Equipment was serviced and maintained to reduce potential risks.

People received their medicines as prescribed by the GP.

Is the service effective?

Good

The service was effective.

People were encouraged to make their own choices about everyday decisions. People were asked their consent by staff prior to any care and support tasks being carried out.

People's nutrition and hydration was maintained. People were supported to remain as healthy as possible with support from health care professionals.

Staff were supported in their role and were given training to meet the needs of people.

People and their relatives were involved in the initial assessment which was then transferred into the persons' care plan.

Is the service caring?

Good

The service was caring.

Staff were kind and caring. People's privacy and dignity was maintained by staff who promoted people's independence.

People and/or their relatives were involved in the development of their care plan. Staff knew people well and understood people's personal preferences.

People were supported to maintain contact with people who mattered to them.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

People did not always have access to a range of activities to meet their needs.

People's care plans were detailed and contained guidance for staff on how to meet people's needs.

People's documents were reviewed with them and/or their relatives on a regular basis.

Information had been made accessible to people to ensure it was clear.

Systems were in place for concerns or complaints to be listened to and acted on.

Is the service well-led?

Good

The service was well-led.

There was an open culture and staff were kept informed and updated about changes to the service. Staff understood their role and responsibility, and who they were accountable to.

There was an experienced registered manager who had developed links with external organisations to promote best practice.

Systems were in place to monitor the quality of the service being provided to people.

There were a range of policies and procedures in place to guide and inform staff.

The registered manager understood their role and responsibility to provide a quality service to people.

Elm Lea Residential Care Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 20 March 2018 and was unannounced. The inspection team consisted of two inspectors 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. The expert-by-experience for this inspection had experience in care for older people.

The registered manager had completed a Provider Information Return (PIR). This is a form that asks them to give some key information about the service, what they do well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about.

During the inspection we observed the support that people received in the communal lounge and dining area of the service. As part of the inspection we spoke with the registered manager, two care staff, the chef and the housekeeper. We spoke with nine people using the service and two relatives to gain their feedback on the service they received.

We reviewed a range of records. This included four people's care records including care planning documentation, risk assessments, nutrition and hydration information and medicine records. We looked at documentation that related to staff management and recruitment including two staff files. We also looked at records concerning the monitoring, safety and quality of the service.

Good

Our findings

People told us they felt safe and secure living at Elm Lea. One person said, "Yes I feel most safe here, I really do." Another person said, "I do feel very safe now, which is why I came in the first place. I feel safe because I know I can call for help at any time of the day or night and they will come to my aid whatever." A third person said, "I am sometimes awake at night and feel comforted and safe knowing that they pop their head around the door to check I'm alright." A fourth person said, "Yes dear, I am safe as houses living here, everything is catered for and done for me now." Relatives told us they felt their loved ones were safe. One relative said, "It is a very pleasant home and the staff are all very friendly and keep everyone safe here."

At our inspection on the 23 and 24 November 2016 we found that there was a continuing breach of Regulation 12 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had failed to ensure people receiving 'when required' (PRN) medicines were effective, and, the recording of people's bowel movements was insufficient. The registered manager sent us an action plan which said they would meet the regulation on 24 November 2016. At this inspection, we found that PRN protocols were in place which recorded the medicine, dosage, purpose and directions for its use. If people were receiving PRN medicine relating to their bowel movements this was linked to a bowel movement chart and recorded. This breach has now been met.

People received their medicines safely from staff that were trained in the administration of medicine and followed the provider's policy and procedure. One person said, "Sometimes my medicine is a bit late, but I don't worry because I know it is going to come." A relative said, "The medicines are all organised for [loved one] which is great and gives [loved one] and us peace of mind too." Another relative said, "The medicine is always brought to [loved one] and they make sure [loved one] takes it before leaving them."

All medicines were stored securely and appropriate arrangements were in place for ordering, recording, administering and disposing of people's prescribed medicines. During our inspection we observed the medicines round, staff administered medicines to people and accurately recorded when they had been taken. The medicine trolley was stored securely, was neat and contained clearly labelled shelves for people. People were asked if they required any pain relief, prior to its administration. A record was kept and guidance was in place for the use of any topical medicines such as creams. Directions of where to apply the cream was kept within the persons' daily file and a copy kept within the persons' bedroom. Regular audits took place of people's medicines by the registered manager, this enabled any errors or potential errors to be highlighted and acted on. People could be assured that they would receive their medicines as prescribed by their GP.

People were protected from the potential risk of abuse by staff who knew the potential signs of abuse and the action to take if they had any suspicions. For example, by speaking to the registered manager, the local authority safeguarding team, the police or the Care Quality Commission (CQC). Staff received regular training regarding adult protection and followed the provider's policy and procedure. Staff also had access to the local authority safeguarding policy, protocol and procedure. This policy is in place for all care providers within the Kent and Medway area, it provides guidance to staff and to managers about their responsibilities for reporting abuse. Staff understood whistle-blowing and felt confident any concerns they raised would be acted on.

Accidents and incidents involving people were recorded and monitored. Staff completed an accident form following either an accident or incident which detailed what happened, and, the action they had taken. The registered manager reviewed all accidents, to ensure appropriate action had been taken, and any relevant documents that required reviewing such as risk assessments. Regular audits took place of all accidents and falls, which enabled the registered manager to identify any potential patterns or trends that had developed; this information was used to make improvements if required.

People's care plans contained information about their support needs and the associated risks to their safety. Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to personal care, communication, mobility, management of medicines and the environment. The risk assessment included the level of the potential risk such as moderate or high, the action staff should take to prevent the potential harm occurring and the overall objectives to the assessment. For example, the overall objective for a pressure area risk assessment was to maintain the persons' skin integrity. Risk assessments were reviewed on a regular basis by the registered manager to ensure staff were following up to date guidance.

Systems were in place to ensure the safety of people, staff and visitors and minimise potential risks. The registered manager had completed a general risk assessment for the service detailing potential risks such as, security of the service, clinical waste disposal, kitchen, lighting and potential hazardous cleaning materials. Equipment was regularly checked and serviced to ensure they were in good working order such as, walking aids, hot water checks, emergency lighting and fire alarm system. A fire risk assessment was in place which detailed the action that should be taken in the event of a fire. There were regular checks of the fire alarm system and visual check of emergency firefighting equipment. These actions mitigated the risk to people and would reduce the risk of a serious incident.

Each person had a personal emergency evacuation plan (PEEP) in place which provided guidance to staff on how to support people to evacuate the building in a fire. There was an emergency 'grab bag' which was stored at the front of the building; this contained the plans for the entire building and a copy of each person's PEEPS. People could be assured their safety in the event of a fire had been assessed and recorded.

Staff were recruited safely, recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history and showed proof of identity. Potential staff completed a telephone interview screening check with the registered manager, which was followed by a formal interview as part of their recruitment. Written references from previous employers had been obtained. People could have confidence that the staff supporting them were of good character and were safe to work with people.

There were mixed views from people regarding the number of staff that were on duty each day. One person

said, "I don't think there are enough staff. If I need to go to the toilet they can take far too long to come and help me." A relative said, "I think they could do with more staff, but they manage, it just means that he has to wait a bit longer than he would ideally like." Whereas another person said, "I think we have plenty of staff." Another relative said, "There seems to be a sufficient number of staff for the residents to be comfortable and looked after." We observed staff responding promptly to requests from people for assistance or support. The registered manager used an assessment tool for each person which gave an overall total score to determine the number of staff that were required. This was reviewed by the registered manager on a two monthly basis or more frequently if a persons' needs changed. These processes ensured there were enough staff available to meet people's assessed needs.

The provider employed a house keeper who ensured the environment remained clean to reduce the risk of infections. All staff received training regarding infection control and followed the providers' infection control and cleanliness policy. The house keeper spoke passionately about their role and the schedule of cleaning they had implemented. This included cleaning people's bedrooms, changing bedding, cleaning of all communal areas and the restocking of personal protective equipment such as gloves and aprons. The service was clean and odour free. The registered manager completed infection control audits to ensure best practice guidelines were followed. Substances hazardous to health were kept securely within a locked cupboard in order to minimise the risk of people using them inappropriately.

Good

Our findings

People told us they enjoyed living at the service. One person said, "I would rather be in my own home, but this is the next best thing." A relative said, "The staff get to know the residents and make sure they all have what they need."

People told us they made their own choices about their lives. One person said, "I think I make my own choices. I get up when I like to albeit with a little help and I go to bed when I want to. I watch my own television in my room and watch what I like. I choose what I like to eat and drink. I choose if I want a bath or a shower. I have lots of choices." Another person said, "The staff help me to dress but I like to say what I will wear and when." A third person said, "They support me with everyday living from getting up in the morning to going to bed in the evening." A relative told us their loved one made their own choices, they said, "She chooses what time she wants to get up, when she wants a bath, who she wants to see and not see."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA 2005, and whether any conditions or authorisations to deprive a person of their liberty were in place. The registered manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand and use these in practice. People's consent was gained by themselves and staff talking through their care and support or by staff offering choices. People had signed their care plan and consent to receive care and support document. Care plans contained information about how people communicated. For example, to give people clear instructions and time to answer.

At the time of our inspection there were no DoLS in place at the service and the registered manager told us that people living at the service all had the capacity to make their own decisions. The registered manager had built a relationship with an independent mental capacity advocate (IMCA) and knew how to make a referral for this service if required. Records showed advice was sought regarding a do not attempt

cardiopulmonary resuscitation (DNACPR) order for a person, a best interests meeting took place with the person and their doctor. DNACPR informs medical professionals that cardiopulmonary resuscitation will not be attempted if the person stops breathing or their heart stops beating.

The registered manager told us they generally visited people in their own environment to carry out an initial assessment before they moved into Elm Lea to ensure they were able to meet their needs. However, two of the last three people to move in had done so without this being possible due to circumstances and timescales. Assessment information had been obtained from the funding authority and the registered manager told us they used this assessment when visiting people to discuss care and support needs. This information was then transferred into a care plan for the person. People's protected characteristics, such as their race, religion or sexual orientation, were recorded during the initial assessment. There were equality and diversity policies in place for staff to follow, this helped staff promote people's equality, diversity and human rights. Nobody living at the service had been discriminated against because of their protected characteristics at the time of our inspection.

People spoke highly of the food they received. One person said, "The food is marvellous almost like home cooking and we do have a jolly good menu." Another person said, "The food is quite good, and we have quite a good variety too." A relative said, "I feel that they keep a very good eye on the menu here and make sure it is varied and nutritious." During the inspection one person did not eat much of their meal and told us, "It won't go down". Staff quickly intervened and offered other choices and the person chose a ham sandwich, which they did eat.

People had access to adequate food and drink and had their nutritional needs assessed. People's food and fluid intake was monitored, as was their weight to ensure they remained healthy. If staff had any concerns appropriate referrals were made and records showed one person had been referred to a dietician. Menus, which included people's preferences, showed people had a varied diet. Special diets were catered for, such as diabetic. Meals looked hot and appetising. People were offered three meals a day with a choice available at each meal. The main meal was served at lunch time and homemade soup or a light meal or sandwiches at tea time. Lunch was relaxed with people choosing to have their meals where they preferred. Some people ate in their room, some in the dining room and others in the lounge. People had regular drinks, such as morning coffee and afternoon tea, which were served by staff with biscuits or cake. The Environmental Health Officer had visited in July 2017 and awarded a rating of four stars out of five with two recommendations, which had been actioned.

People's health care needs were met. People had access to doctors, nurses and opticians. A chiropodist visited the service regularly. Appropriate referrals had been made to health professionals and people attended outpatient appointments. People's health needs were monitored. During the inspection staff talked about how two people's health had recently been closely monitored over a period of time; having ongoing discussions with the GP following a change in one of their medicines. Any health appointments or visits were detailed including outcomes and any recommendations, to ensure all staff were up to date with people's current health needs. There was also a staff handover at the start of each shift where staff were updated on people's health and well-being and kept up to date on events in the service. Care plans contained information about prevention of pressure ulcers and people had equipment, such as pressure relieving cushions to help ensure their skin remained healthy.

Staff were provided with the skills, knowledge and guidance to meet people's needs. Staff told us they felt they had been provided with the training and support relevant to their role. There was an on-going programme of training courses for staff which included; safeguarding adults, first aid, health and safety, equality and diversity, moving and handling, infection control and medicines management. These courses

would run alongside the providers' in-house induction procedure, which covered information about the company, reading people's care plans and policies and procedures. New staff worked alongside experienced members of staff before working as part of the care team. New staff completed the Care Certificate which is an accredited qualification within health and social care. The Care Certificate includes assessments of course work and observations to ensure staff meet the necessary standards to work safely unsupervised.

People received care and support from staff who felt well supported and were regularly supervised. Records confirmed that staff received supervision in line with the provider's policy, which was three times a year and in addition had an annual appraisal of their performance where their learning and development was discussed. Staff also had team meetings where policies and procedures were discussed, such as infection control and record keeping.

The premises had been adapted and decorated for the people who lived at the service. People's bedrooms were personalised with items that had meaning such as photographs or pictures. People were able to access the garden and in the warmer weather were able to sit and spend time in the garden. There was a conservatory which was attached to the lounge overlooking the garden. This area was also used for people to meet with their loved ones.

Good

Our findings

People told us the staff were kind and caring. One person said, "The staff are all very caring and nice, every single one of them." Another person said, "The staff are all very pleasant and very caring." A third person said, "The girls are all lovely they really are, they cheer me up no end." A relative said, "The staff are most accommodating I would say, they really do make a difference and jolly life along."

We observed positive interactions between people and staff. People were at ease and comfortable in each staff member's presence. For example, after lunch the cook made time to chat with people about their meal and whether they had any suggestions for other meals.

People told us and we observed staff promoting people's privacy and dignity. One person said, "The staff always knock on the door and wait until I answer before they enter." Another person said, "The staff are very good and always ask first before they do anything for me in my room." A third person said, "The staff do knock before entering my room and even if the door is left open they will knock before coming in." A fourth person said, "I like my privacy and have made this my home so the staff all respect that." Staff gave examples of how they protected people's privacy and dignity whilst offering them care and support. For example, by closing doors, covering people up with a towel following personal care and offering people privacy when in the bathroom or their bedroom.

People and or their relatives were involved in the planning and delivery of their care. One person said, "I know I have a care plan and I know it is reviewed." A relative said, "I know that her care plan is quite through, and it periodically gets discussed and altered if necessary." People's care plans included clear information and guidance about their individual communication needs, their preferences, likes, dislikes and interests. People and their families were encouraged to share information about their life history with staff to help staff get to know about peoples' backgrounds. Staff knew people well with many staff having worked at the service for a number of years. Records showed people had signed to agree to their care plan and its review. People were regularly given the opportunity to express their views and make their own decisions about the care and support they received; through questionnaires and review meetings.

People were encouraged and supported to maintain as much independence as they were able to. Care plans informed staff what people were able to do for themselves and then the support they required from staff. For example, the care plan for one person recorded they enjoyed going into the local town for lunch independently; records confirmed this person was able to do this regularly. One person said, "They help me with little things I need like hair brushing and sock pulling up." Another person said, "They go out of their

way to help" when speaking about the staff. A third person said, "The staff will sometimes come for a walk with me to make extra sure that I don't fall or something."

People were supported to maintain contact with people that mattered to them. There were no restrictions on what time visitors could call. A relative said, "The staff are always most welcoming, and I come in at least twice a week." We saw relatives being offered refreshments during their visit.

People's confidential records relating to their care were stored securely to ensure that only people who had permission were able to view them. Staff understood the importance of maintaining people's confidentiality through the providers' induction and ongoing training programme.

Requires Improvement

Our findings

People told us the staff were responsive to their care and support needs however, people felt there was a lack of activities available, to meet their needs and interests. One person said, "I am bored, always the same old thing, the same old programme on the box that nobody watches." Another person said, "I don't really do any activities there aren't really any to write home about." A third person said, "There are not really any things organised to do here I don't think, not often anyway." A fourth person said, "Nothing much to do just the television on."

A relative said, "I cannot say that I am overwhelmed by any activities done here."

The activities programme showed that a local church visited monthly; there was a creative talk each week and bingo once a fortnight. The registered manager told us that more outside entertainers/activities had previously been arranged but people had not participated so they had been cancelled. During the inspection two people went out for the day, but most others in the lounge were not engaged in any activities although the television was on all day. Records showed that apart from the activities listed on the programme or visits from family or the hairdresser people had limited opportunities for activities. Staff told us they did organize film afternoons and a sing-a-long but these had not been recorded. Staff told us one person had their own computer and accessed the internet and others had their own mobile phones so they could stay in touch with friends and family.

We recommend that the registered manager sources activities for people to participate in to meet their needs, choices and interests.

People's care plans included information about people's medical and life history, communication, eating and drinking, emotional needs, mental capacity, mobility, continence, preferred morning and evening routine including information about their wishes and preferences in relation to these areas. This included what they could do for themselves to aid their independence and what support was required from staff. This information guided staff to deliver the care the person needed and in a way the person wanted. Care plans and discussions with the registered manager and staff demonstrated that they had a good understanding of people and their care needs. People's care plans were reviewed on a regular basis to ensure the information was up to date and continued to inform staff how to meet their needs. They received updates about each person during the shift handover. We joined one handover session, which showed that staff discussed everybody and how they were. People could be assured that they would be offered person-centred care, which put themselves and their wishes at the centre of everything they needed care and support with.

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. Care plans confirmed the assessment of people's communication to identify any special communication needs. Staff told us most people did not have any special communication needs, but had developed a folder of pictures of food for one person. The registered manager had also developed an easy read quality assurance questionnaire using pictures to use when required. This was to ensure people who lived at the service had information in the most accessible format.

No one living at the service was receiving end of life care at the time of our inspection, although the registered manager told us that people would be supported to receive good end of life care. The registered manager and staff had recently worked closely with relevant healthcare professionals to provide end of life care to one person. Care plans contained limited information about people's wishes at this time mainly that they wished to remain at the service. Two people had funeral plans in place, which were held by the registered manager. Some people had a Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) form in place. DNACPR forms indicate where a medical decision has been made by a doctor with the person or their representative that cardiopulmonary resuscitation will not be attempted if the person stops breathing or their heart stops beating.

People told us they would speak to the registered manager or staff if they had any concerns or complaints. One person said, "If I am concerned about anything I go straight to the office." People had received a copy of the complaints procedure and some had this displayed in their bedrooms. Resident meetings gave people them opportunity to raise any concerns, and these were used to remind people about the complaints procedure. The registered manager told us there had been no complaints since the last inspection, but any complaints would be taken seriously and used to improve the service.

The registered manager had also kept any compliments that the staff and service had received. Several compliments and thank you cards had been received by the service. These included comments such as, 'thank you for all the excellent care and support over the last 5 years for our dear friend'. 'Thank you for your help, care and love you gave our [loved one]'. 'Thank you for taking such good care of our [loved one]'. 'We are grateful for your patience and understanding especially over the last few weeks. Elm Lea is a very happy home.' There was also a comments book with positive comments recorded.

Good

Our findings

People knew the registered manager well, and were comfortable in their presence. The registered manager had worked at the service for a number of years and knew people and their relatives well. One person said, "The manager is very good, she comes in everyday and if we have any concerns we can see her, but she is not too important for us." Another person said, "We don't get involved with the details of running the home we just let them get on with it, and I believe that they do a good job."

Relatives spoke highly of the registered manager and told us they were kept informed about their loved one. One relative said, "When I visit I usually have a chat with the registered manager to make sure there is nothing I should know, and she always knows what has been going on and if there is anything that I should know." Another relative said, "If I can't get here for any reason I call the office and she will always know exactly what [loved one] has been up to and fills me in, yes very approachable indeed."

At our inspection on the 23 and 24 November 2016 we found that there was a continuing breach of Regulation 17 of the Health and Social Care Act 2008 (regulated activities) Regulations 2014. The provider had failed to ensure systems or processes were in place to effectively monitor and improve the quality of the service that was provided to people. The registered manager sent us an action plan which said they would meet the regulation on 24 November 2016. At this inspection we found that effective auditing systems were in place to monitor and improve the quality of the service that was provided to people, this breach was now met.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the registered manager on a monthly basis, including health and safety, medicine, infection control, incidents and accidents and a systems audit, which included people's care records. These audits generated action plans which were monitored and completed by the registered manager and the provider. Quality assurance surveys and resident meetings ensured people were able to provide feedback about the service they received.

The registered manager was supported by a team leader and senior carer who managed the care staff. Staff understood the management structure and who they were accountable to. Staff told us they felt there was an open culture and visible leadership. Staff told us they enjoyed working at the service and "felt valued" by the management team. Staff said they understood their role and responsibilities and said this was also outlined in their job description and contract of employment. The registered manager spoke passionately about their aim to "provide a service centred around the person." Observations showed that staff promoted

this vision and culture. For example, we saw staff often used a joke or good humour when interacting with people, which they responded to with humour. Staff took the time to comment on how nice individual people's hair looked when they had just returned from the hairdresser. When people declined the hairdresser this was respected.

The registered manager was skilled and experienced; they had worked with the provider for a number of years. The registered manager had developed links with other organisations to ensure they were kept up to date with best practice. The registered manager attended the registered managers forums and the registered manager meeting chaired by social services. The registered manager told us they used these meetings to network with other registered managers and to keep up to date with best practice. The provider attended meetings chaired by the commissioners; these meetings discussed the current contracts. The registered manager had subscribed to an external company who specialised in ensuring staff working within the care sector were suitably qualified. All of these enabled the registered manager to ensure they were kept up to date with relevant legislative changes, current best practice guidance and provide a joined up way of working with other agencies.

Staff and people were kept informed about people's care needs and about any other issues. Regular team meetings were held so staff could discuss practice and other topics such as, the providers' uniform policy and dress code, policies and procedures and training needs. Staff meetings gave staff the opportunity to give their views about the service and to suggest any improvements. Staff handover's between shifts and communication books highlighted any changes in people's health and care needs, this ensured staff were aware of any changes in people's health and care needs.

People and staff were actively involved in the development of the service; annual questionnaires were sent out to seek views and feedback. Feedback from the November 2017 survey showed that people were happy living at Elm Lea and felt they received the care and support they wanted. A suggestion was made about the choice of meals; this was actioned quickly by the chef. Feedback from the November 2017 staff survey showed that staff felt they received enough training, they felt they had sufficient time to spend with people and felt the management team were understanding and they were able to trust them. The feedback gave the provider and registered manager the opportunity to ensure everyone's views were taken into account and used to develop the service further.

There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. For example, complaints, dignity and privacy, equality diversity and human rights, infection control, nutrition, theft, slips/trips and falls and whistle blowing. Staff knew where to access the information they needed.

The registered manager had a clear understanding of their role and responsibility to provide quality care and support to people. They understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, when a person had died or had an accident. All incidents had been reported correctly.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the hall way.