The Elms Residential Care Home Limited

The Elms Residential Care Home

Inspection report

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Date of inspection visit:
05 December 2019
13 December 2019

Date of publication:
10 February 2020

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
The Elms Residential Care Home is a care home providing personal and nursing care to people aged 65 and over. The service can support up to 20 people in one adapted building. At the time of the inspection, 18 people were living in the home, some of whom were living with dementia.

People's experience of using this service and what we found
With the input from external stakeholders, the service had made positive changes since our last inspection, although some of our findings showed a need for further improvement in certain areas.

Specifically, the quality management systems in place had not been fully effective at identifying issues, partly because they were not comprehensive enough to ensure all aspects of the service were monitored. This included the regular review and analysis of incidents, accidents and near misses. It also included ensuring compliance with the service's training policy and we have made a recommendation about this. Infection control checks had not identified issues uncovered during the inspection and care plan audits had failed to ensure some errors and omissions in care records were addressed.

People and their relatives spoke positively about the care they received at The Elms, which they told us was delivered by kind, attentive and friendly staff, who they knew well. People were treated with warmth and affection, they were listened to, valued as individuals and respected.

People told us they were supported to be involved in making decisions about their care and to retain their independence, where possible. They 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.

People's care was personalised and delivered in a way that met their needs and preferences. Staff sought to ensure people were involved in activities and events that were of genuine interest to them. People were supported to have contact with relatives and friends and staff were alert to and took actions to avoid the potential for social isolation.

We heard and observed that staff were knowledgeable and able to care for people so they remained safe and well. People were supported to ensure their health needs were met and that their intake of food and fluids was appropriate to their needs. Where staff supported people with their medicines, they did so safely.

The registered manager led the service well and ensured a dedicated and caring culture developed. They engaged well with people using the service, relatives, health care professionals and other stakeholders and this promoted an inclusive and empowering environment.

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

Rating at last inspection
The last rating for this service was Requires Improvement (last report published 22 November 2018).

Why we inspected
This was a planned inspection based on the previous rating.

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?

Requires Improvement

The service was not always 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 caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below

The Elms Residential 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 Care Act 2014.

Inspection team
The inspection was carried out over two days by one inspector and on the first day, an Expert by Experience attended. 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
The Elms 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We received feedback from the local authority and a professional who works with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with

key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection
We spoke with four people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, an assistant manager, three care workers and the chef.

We reviewed a range of records. This included six people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management and monitoring of the safety and quality of the service were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found relating to quality assurance records.

Requires Improvement

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 remained the same. This meant some aspects of the service were not always safe or protected people from potential risk of harm.

Learning lessons when things go wrong

● The service had taken actions to address some of the safety management concerns identified in the 2018 CQC inspection. However, a recent inspection by an external stakeholder highlighted that some of the same issues remained unresolved. This suggested that, whilst some improvements had been made, the service had not been fully effective in driving positive change or learning lessons where shortfalls were identified.

● The systems in place for recording and monitoring unforeseen events were not sufficiently transparent to ensure potential themes or patterns would always be identified. This presented a risk that measures may not be put in place promptly to reduce the risk of potentially harmful events from reoccurring. The service had, however, acted to ensure there was a continual presence of staff in the lounge due to a higher risk of people falling in that area.

Preventing and controlling infection

● The registered manager told us there had been a recent issue with regards to toilets in communal areas not being flushed by people using them. This had been raised in a recent staff meeting and the staff had been asked to check toilets hourly. We noted one of the communal toilets contained unflushed faecal matter for at least one hour. It was not possible to determine exactly how frequently staff were undertaking checks on the toilets as there were no records relating to this. This was a health and safety risk and more regular checks, and increased oversight of the checks, were needed to effectively manage the issue.

● The door to the toilet in question was damaged. A hole in the inside part of the door frame had not been repaired and this meant that it could not be effectively cleaned. This posed a potential infection control risk.

● There was a good supply of Personal Protective Equipment for staff, who we observed following safe procedures whilst delivering personal care to people. Staff we spoke with understood the importance of infection control.

● A range of cleaning schedules and infection control audits had been recently been introduced.

● An information board in the entrance hall encouraged visitors to observe infection control by not visiting if they were unwell and to use the nearby communal toilet to wash their hands.

Using medicines safely

● Medicines were stored safely apart from tubs of thickener powder, which had been left unsecured in a communal area. This posed a potential choking risk to people and any children visiting the service. The assistant manager immediately moved the thickener to a secured location when we raised this issue. By the second day a lockable cabinet was installed where drinks were made in the lounge, to ensure the thickener remained readily available.

● Where the service was responsible for administering people's medicine, they received them safely and as

prescribed. We observed good practice in relation to the monitoring and administration of high – risk medicine such as warfarin, and time-specific medicines. Medicines given by staff were recorded on a medicine administration record (MAR) appropriately apart from a few signature errors. Stock checks of medicines assured us these were recording rather than administration errors. The application of topical medicines such as creams and emollients, and medicinal patches, was undertaken as prescribed and recorded appropriately.

● Protocols were in place for people who were prescribed medicine to be taken as 'when needed'. Staff recorded why the person requested the medicine and whether it had been of any benefit, thus enabling them to review the effectiveness of the medicine. This showed good practice.

● People told us that staff supported them well with their medicines. One person told us, "They bring me my pills and hand them to me. They watch while I take them."

● Staff responsible for administering and handling medicines were trained and had their competence assessed on a regular basis.

Assessing risk, safety monitoring and management

● People's risk assessments were detailed, regularly reviewed and included the use of appropriate assessment tools. Assessments covered many areas of potential risk including a person's ability to mobilise safely, their ability to communicate and their behaviour. Where risks were identified, guidance was provided to reduce the likelihood of the person coming to harm.

● Staff we spoke with knew people well and could explain how they catered for people's needs to ensure they remained safe. We observed staff supporting people in line with their care plans and best practice.

● People and relatives told us they felt staff knew how to keep them safe. When asked if they had any concerns about their family member's safety, one relative told us, "No, none at all. I think they keep a careful eye on all the people."

● Regular maintenance checks, auditing and servicing of equipment mitigated most potential risks associated with the premises and the equipment.

Staffing and recruitment

● The service had made helpful changes to the staffing structure since the previous inspection. Two assistant managers had been appointed as senior carers and shift leads. We observed that this resulted in the effective deployment of care staff and good continuity of care. The assistant managers and a newly appointed administrator also relieved the registered manager of some of their administrative duties, ensuring they could dedicate time to service development.

● People and their relatives were happy with the level of staffing. We observed at least one member of care staff was always present with people in communal areas to ensure their safety and wellbeing.

● We were assured that staff were recruited safely as we saw evidence of background and reference checks in addition to a detailed application form. Staff files did not contain interview records though, which we were told would be formally recorded and filed in future.

Systems and processes to safeguard people from the risk of abuse

● Information on safeguarding and whistleblowing was available to people, relatives and staff.

●There were effective safeguarding systems in place and all staff spoken to had a good understanding of what to do to make sure people were protected from harm or abuse.

Good

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 as Good. At this inspection this key question has remained the same. 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
●People's needs were fully assessed and their care was delivered in line with their needs. A relative told us, "When [family member] came here, we sat down together and went through everything. [Staff] wanted me to make sure they had the details right and if something wasn't right, we agreed any changes."
●Care and support was planned in line with legislation and nationally recognised tools, which supported good care delivery and outcomes for people using the service.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
● Staff consulted with and requested input from healthcare professionals appropriately and achieved good outcomes in respect of people's health needs. A healthcare professional commented, "Advice is always followed and staff seek clarification if they are unsure."
●We saw from records and heard from people and their relatives that staff worked collaboratively with visiting healthcare professionals and ensured a holistic approach to people's care. For example, one person told us, "A podiatrist comes in every 3 months, the care staff arrange that for me." People's oral health, hearing and vision were also continuously supported in addition to any emerging health needs.
● The service participated in the 'red bag scheme' which supported the safe and effective transfer of people to hospital, should the need arise. Most people's care records contained a document with key information about their health and care needs. Should there be a need for urgent hospitalisation this document would support continuity of care between services.

Supporting people to eat and drink enough to maintain a balanced diet
● People were supported to eat and drink enough and we observed people being offered generous meal portions. A person told us, "Oh they come round all the time offering tea or coffee or a cold drink."
● People were regularly asked what they would like to have included on the rolling menus. The menus contained a choice of options and we were told that other dishes would be prepared if a person wished for something different.
● We noted that whilst fresh vegetables were cooked there was a lack of fresh fruit or variety of tinned fruit used. The registered manager told us they had offered fruit to people, but it had regularly been thrown away. However they recognised the benefit of ensuring high fibre meal options and the fact that fruit could be incorporated in different ways into a person's diet.
● The chef was aware of people's dietary needs. A relative said in relation to their diabetic family member, "I think the Elms manage it very well and they monitor [family member] 's levels of intake of sweets. They have not had any diabetic incidents and they are enjoying a far better diet here than before."

● We observed people being supported to eat their meals if needed, for example some people were served their food on coloured dishes to help them distinguish their food from their plate. Other people were encouraged by staff to eat. Staff were patient and reassuring.

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.

● Staff were aware of and worked within the principles of relevant legislation. Staff understood the importance of seeking people's consent before offering care and supporting people to make their own choices.
● Mental capacity assessments and best interest decisions were completed appropriately when a person's capacity was in doubt although care records did not always reflect people's current levels of cognition or detail in full any information regarding legal powers of attorney. The registered manager said they would address this after the inspection.

Adapting service, design, decoration to meet people's needs
● The service had made improvements to the décor of the premises and further work to refurbish and modernise areas of the premises was scheduled to take place.
● One toilet did not have a lock on the door and the sliding cover on the 'free/engaged' sign, to indicate whichever was the current state, was also missing. The registered manager said this was would be rectified as soon as possible.
● People's rooms were individualised. One person's room was full of personal items with ornaments, soft toys and pictures. They told us, "My room feels like home. It's very comfortable."

Staff support: induction, training, skills and experience
● People told us they had confidence in the staff and their abilities to provide care and support and our observations confirmed this. One person told us, "Staff use that (pointing to a hoist) and they let me know what they're doing. They seem to know what they are doing." When asked if they felt confident with the staff, another person said, "Yes, they seem very good." Feedback from a GP and a healthcare professional who visited the service revealed that in their view, staff were competent.
● Our conversations with staff assured us that they were knowledgeable about how to deliver good care. We saw and heard from staff that topics were regularly discussed in team meetings when the registered manager also used quizzes to test staff knowledge. The registered manager undertook informal care observations and competence assessments. Staff benefitted from regular supervisions and appraisals, during which their performance and progression was discussed.
● Staff training records showed that some members of staff were not up to date on their training across various topics. The registered manager told us this would be remedied as soon as possible and we saw evidence of scheduled staff training sessions on the staff notice board.

● Staff told us that the induction process had been thorough and prepared them well for their role.

We recommend the provider ensures that staff training is prioritised to ensure the service's training policy and best practice guidance from a reputable source is adhered to.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

● People, relatives and healthcare professionals praised the kindness and empathy shown by staff. They told us that people felt cared for, listened to and respected. As an example, one person told us, "Oh the carers are lovely, they are all so kind. "A relative commented in feedback to the service, 'We are very grateful for the concerned and caring way you look after [family member]. Their needs are met in a very sensitive way."

● The registered manager led by example and promoted a compassionate culture within the service. A relative told us, "My [family member] was in hospital and the registered manager visited them every day when they finished work. They genuinely care." We observed and heard this from the registered manager, who told us, "All I strive for is that people feel safe and have a smile on their face and their family feel comfortable with us looking after them. They are my family. We might not look the best home aesthetically, but we do really care."

●We observed staff demonstrating warmth, reassurance and they used humour appropriately to put people at ease.

Supporting people to express their views and be involved in making decisions about their care

● People were supported to make their own decisions about their care. Staff we spoke with explained how they helped individual people to make their own choices, depending on their needs. Communication care plans gave clear information to support people's involvement.

● Staff were patient with people and enabled them to communicate at their own pace. A person told us, "I think the staff are very patient and they don't hurry me, but they are efficient and get their work done."

● Care planning was undertaken with people and their relatives and it was clear that that the service supported a collaborative and inclusive approach to people's individual care needs. A relative told us, "The staff have fully included me in discussions about care planning."

Respecting and promoting people's privacy, dignity and independence

●We observed and heard from people and relatives that staff were respectful and provided dignified care. One person told us, "I like having the door open but if they're helping me and I need privacy they'll shut the door first." A relative said, "The carers and staff all go the extra mile to make sure all residents are spoken to with respect and looked after impeccably." We also saw from a recent survey that a healthcare professional commented, "The standard of care is more than satisfactory. Care needs are anticipated an delivered with dignity and respect."

● Staff had discussed with people what dignified care meant to them and people's thoughts were

represented visually on a 'dignity tree' in the dining area.

● We heard from staff and observed how they promoted people's independence. For example, staff involved one person to fold serviettes at the dining table and accompanied people to the shops on their mobility scooters. They also encouraged another person to eat by themselves when they could.

Good

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 as Requires Improvement. At this inspection this key question has now 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

- People were supported by staff who had a good understanding of, and were very attentive to their care needs and preferences. The stable team meant that agency staff were not used, which with the effective management of shifts supported the provision of a continuous and personalised service.
- A health care professional from a clinical care commissioning group told us, "I feel the service is meeting the needs of the person we commission very well. The service is really good at providing personalised care and treating [person] individually. They have tailored a package of care for them."
- It was clear that staff valued people's individuality. A relative commented, "Through the life story that The Elms is recording with [family member], the staff are showing a real interest in [family member]'s experiences. Staff will allow [person] to be themselves, in spite of some eccentric habits."
- Most people's care plans were complete, accurate and up to date on the electronic care planning system and showed good evidence of personalised care planning. They detailed people's preferences, backgrounds and interests. The registered manager had started to audit electronic care records and said this process would be expanded this to ensure the system was being used to its full potential and that all care records were completed consistently.

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.

- The registered manager was aware of and ensured the service met the AIS. They gave examples of staff having used word cards and reading a person's body language when there was a need to do so.
- People's communication plans supported staff to interact with people in a way which ensured they had equal access to information.

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

- Activities were provided for people each day and most days of the week there was an extra member of care staff available on shift to facilitate this. We observed people taking part in games and quizzes, which people and relatives told us they enjoyed. A relative said, "Their activities are great. The staff encourage the residents to participate and gently coax those less able."
- Staff offered people choice as to how they spent their time but were also proactive in ensuring people

avoided social isolation. A relative told us, "The staff are extremely tolerant and give [person] their space whilst encouraging them to be more social and spend time out of their room. They have worked hard to encourage [person]'s involvement." Where people chose to stay in their rooms, staff ensured they benefitted from time chatting to a member of staff or were able to follow an activity of their choosing, such as listening to the radio.

● Staff knew people's backgrounds and interests and sought to promote activities that were relevant to them. We heard how one person who used to be a hairdresser was encouraged to brush and tend to staff member's hair, which they enjoyed. Staff told us they also held an indoor 'street party' to celebrate a royal wedding as one of the people at the service was very interested in the royal family.

● Staff organised themed parties and events and encouraged people to go out, for example to the beach for an ice-cream, in the summer.

Improving care quality in response to complaints or concerns

● There was clear information available to guide people and relatives how to complain if they wished to.

● People and relatives all told us they would feel comfortable raising any concerns, should the need arise, and they were confident that issues would be addressed promptly.

● We were assured that the registered manager would investigate any concerns or complaints thoroughly and appropriately. The service had not received any written complaints since the previous inspection.

End of life care and support

● People's end of life care plans were personalised and where there had been an opportunity to discuss people's wishes in full, their care plans were complete.

● Good care planning had enabled the staff to meet the particular religious needs of one person as they neared the end of their life.

● Some staff had received training on end of life care and those members of staff spoken explained how they had given attentive and personalised care to people at the end of their lives. This included ensuring they were dressed as they wished, were read to or had certain music playing.

Requires Improvement

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 as Requires Improvement. At this inspection this key question has remained the same. This meant that the oversight of the service 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

● Recently updated and improved quality checks and governance mechanisms had been introduced. However, we could not be assured that the systems in place were routinely effective in identifying risks and enhancing the quality of care. This was partly because some audits had not picked up on issues identified during the inspection, for example the location of the unsecured thickener, the damaged toilet door and certain errors and omissions in care records. Also, whilst some issues had been identified and remedied through audits, it was too soon to gauge the impact these improvements were having on people and their experience of living in the service.
● The quality management systems in place were not yet sufficiently comprehensive. For example, certain care records were not being audited and management had not ensured staff routinely undertook training at the required frequency. There was also a need to create a system where lessons learnt from incidents and investigations could be used to drive quality.
● The registered manager was receptive to our feedback and said these areas would be further developed after the inspection.
● The management team understood their legal and regulatory responsibilities and ensured staff carried out their roles with integrity and a sense of accountability. Staff received constructive support and feedback which ensured they understood their roles and responsibilities.
● The drive for continuous improvement was demonstrated by the improvements since the previous inspection. This was supported by the creation of new positions within the staffing structure, the transfer of people's paper files to the electronic care planning systems and the use of a premises refurbishment plan.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● The service held regular staff and resident meetings and the minutes from these meetings showed that these events promoted the sharing of ideas and viewpoints.
● Relatives were invited to attend meetings and meet with the provider. They were also welcomed at events and could speak easily with staff and management on an ad-hoc basis.
● The service used annual questionnaires which were sent to healthcare professionals and relatives to seek views and gauge service performance.
● Whilst the service demonstrated regular and open engagement with people, staff, healthcare professionals and relatives, there were limited links with community groups and local organisations. The

registered manager said they hoped to develop this.

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

● People, relatives and staff all spoke highly of the registered manager, who led by example and developed a friendly, committed and inclusive culture within the service. A person told us, "The manager is very nice, I see them all the time and they come and talk to me." A relative told us, " We are thoroughly pleased with the staff and management. The Elms deserve recognition for their hard work and dedication to their residents and families." Staff told us that their manager was approachable and co-operative.

● People and relatives told us they felt at ease with staff and with their surroundings. Staff worked well together as a team and supported one another. A member of care staff told us, "I like working here, I like the atmosphere, you can build relationships with the people and staff."

● The registered manager said they felt supported by the provider with whom they were in regular contact.

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 registered manager gave a good explanation of their duty of candour and we were assured they would act appropriately should the need arise.

Working in partnership with others

● The staff had developed good working relationships with healthcare professionals based in local services and other external stakeholders. It was evident that they had been receptive to feedback and suggestions and that the people using the service benefitted from the collaborative approach to their care.