

# Bupa Care Homes (CFChomes) Limited

# Elm Grove Care Home

## Inspection report

Somerford Road  
Cirencester  
Gloucestershire  
GL7 1TX

Tel: 01285653057

Website: [www.bupa.co.uk/care-services/care-homes/elm-grove-cirencester](http://www.bupa.co.uk/care-services/care-homes/elm-grove-cirencester)

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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?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Elm Grove Care Home is a residential and nursing home which provides personal and nursing care to 60 older people and people living with dementia. The home is split across two different buildings. Elm Grove which provides people with nursing care and Chestnut Lodge which provides personal care for people living with dementia. At the time of our inspection 22 people were living in Chestnut Lodge and 27 people were living in Elm Grove.

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

People and their relatives felt Elm Grove Care Home was a safe place. People's relatives had peace of mind and felt that their relatives received appropriate care and treatment. People's risks were known by care and nursing staff. Care and nursing staff were fully aware of their responsibilities to raise concerns and the registered manager and provider ensured lessons were learnt from any incidents or accidents.

People and their relatives felt staff were well trained and had the skills to meet people's needs. Staff had access to training, support and continued professional development. People received effective care and treatment. The service worked alongside a range of healthcare professionals to ensure people's health and wellbeing were maintained.

People told us care and nursing staff were kind, caring and compassionate. When people were anxious, care staff took time to reassure them and promote their wellbeing. People were treated with dignity and respect. Where possible, people were involved in their care and their individuality was promoted.

People received care which was personalised to their needs. Where people's needs changed or their health deteriorated, care and nursing staff took appropriate and effective action to ensure their health and wellbeing. People enjoyed an engaging and varied life at Elm Grove. The registered manager and provider ensured people's views were acted upon.

People and their relatives told us Elm Grove was well led. The registered manager and provider had clear and robust systems to assess, monitor and improve the quality of care people received. People, their relatives and staff were involved in making improvements to Elm Grove. Staff spoke proudly about working at the home.

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.

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

Good (The last report was published 14 October 2018). We rated "Is the service safe" as requires

improvement as we had identified that people's risk assessments and care plans did not always contain sufficient details for staff to know how to keep them safe.

#### Why we inspected

This was a planned inspection based on the previous rating. At this inspection we found that the service remained "Good".

#### 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?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our effective findings below.

**Good** ●

### **Is the service caring?**

The service was caring.

Details are in our caring findings below.

**Good** ●

### **Is the service responsive?**

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-Led findings below.

**Good** ●

# Elm Grove 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 team consisted of an inspector, an assistant inspector and two Expert by Experiences. 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 Grove 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 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 18 people who used the service and five relatives/representatives about their experience of

the care provided. We spoke with 16 members of staff including two representatives of the provider, the registered manager, deputy manager, two nurses, seven care staff, the chef and two activity staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection:

We spoke with one professional who regularly visit the service and the feedback from local authority commissioners.

# 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 now improved to Good.

Good: This meant people were safe and protected from avoidable harm.

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

- People felt safe living at Elm Grove Care Home. Comments included: "Yes, I feel safe, the security is very good"; "I definitely feel safe – it's like a family here" and "I think we all feel safe living here – the carer who is in charge is very good and that helps." People's relatives told us they had piece of mind that their loved ones were safe. One relative told us, "I certainly feel my relative is safe when I'm not here – I don't have to worry when I'm away from them."
- Staff knew what action to take if they suspected abuse, poor practice or neglect. All staff were aware of the need to report concerns to the manager or provider and knew which organisations to contact outside the home if required.
- The provider reported and shared appropriate information with relevant agencies to safeguard people. The registered manager and provider ensured people and their relatives were informed of any concerns and learnt from any incidents or concerns.
- Incidents and accidents were reported, recorded and investigated to find out why things had gone wrong and ensure appropriate action was taken to keep people safe. Any learnings identified through investigations was shared with staff and used to prevent similar incidents occurring in future. The registered manager and representative of the provider discussed an accident which had occurred at Elm Grove Care Home, including the lessons they had learnt and that these lessons had been shared with other organisations operated by the provider.
- Incident and accident audits carried out by the registered manager showed there were no trends when or where accidents had occurred. Any incidents and accidents or concern about people's health and wellbeing were discussed in weekly clinical risk meetings and weekly walk arounds.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- People's risks were identified and assessed by nurses in Elm Grove and care staff in Chestnut Lodge. Staff completed risk assessments in relation to people's health and wellbeing as well as the actions needed to be taken to reduce these risks. One person had a pressure ulcer which they had acquired before they moved to Elm Grove. Staff had clear guidance on how often the person required to be supported with repositioning to promote healing and help protect their skin integrity. Additionally, the person was cared for on pressure relieving equipment and was supported with the application of topical cream to maintain their skin integrity. Staff recorded when they had assisted the person with repositioning. Nurses monitored the wound and kept clear records of how they were treating the wound. One nurse told us, "The wound is healing, we're hoping that soon we can support them to sit out in a comfy chair and access the garden."
- Risks assessments had been completed in relation to people's mobility needs, falls and medicines

management. Each person had a detailed mobility risk assessment which included guidelines provided by healthcare professionals. One person's mobility needs were changing, and the support they required had increased. Staff were supporting the person daily and assessing the support they required. The person was involved in making decisions on how they wanted to be assisted to mobilise and were able to voice their preferences.

- Staff had received training on infection control, which gave them the knowledge and skills to provide care in a hygienic and safe way, reducing the risk of contamination and spread of infection. In April 2019, the registered manager worked alongside the Public Health England and followed recognised best practice, following an infectious outbreak in Elm Grove. Posters in relation to hand washing were placed around the service to promote awareness.
- People could be assured the building and equipment used to assist people with their mobility was safe and routinely service and maintained. The registered manager and provider had systems in place to ensure any health and safety and maintenance issues were addressed. The registered manager and provider had clear maintenance plans for Elm Grove, which included refurbishment work. Where work was being carried out, or required to be carried out, staff ensured these areas were secure and that people and their visitors were protected from risk.
- Staff were provided with current information to support them to identify infections so that prompt action could be taken to seek medical attention. For example, staff had recently been given information regarding sepsis and the symptoms they needed to be aware of when assisting people.

#### Staffing and recruitment

- There were enough staff, at any given time, to meet people's needs. The deputy manager and registered manager told us that the provider allowed the service to staff higher than the recommended safe level due to the layout of the home. The service used agency staff when there were unplanned absences.
- People and their relatives told us there was enough staff to meet their needs and their requests for assistance were responded to promptly. Comments included: "I've used my bell and the staff came quickly. I think it would be just as quick at night as during the day"; "From what I see of the staff, it's good. There seem to be enough and they have time to talk to me, I don't get rushed" and "Yes, there are enough – if not I'd report it."
- Staff told us that there were enough staff to meet people's needs. Comments included: "The staffing is good here, we're one down today, however it doesn't feel like it, as we have such a good team"; "Staffing is fine. There is a good team and we work together and get everything done" and "We have a good stable team here, we get everything done, it's busy however I don't feel rushed."
- Staff recruitment systems and records showed pre-employment checks were completed to help protect people from those who may not be suitable to work with them. All staff worked probationary period and disciplinary action was taken, when needed, to ensure expected standards were met.

#### Using medicines safely

- Nursing and care staff received training to be able to administer people's prescribed medicines. The registered manager and provider assessed the competency of nursing and care staff regarding medicines to ensure they had the relevant skills.
- People spoke positively about the support they received with their prescribed medicines. People were given time to take their medicines in a calm and patient manner. Care and nursing staff ensured people received their medicines when required or if possible at a time suitable to their preferences. For example, one person required one of their prescribed medicines at a set time. Nursing staff ensured these medicines were provided to ensure the person's health and wellbeing were maintained.
- People's prescribed medicines were reviewed frequently alongside healthcare professionals. Where people received 'as required' anti-psychotic medicines (medicines used to assist people when they became

agitated) there were clear protocols in place. The service ensured the use of these medicines were appropriate and worked alongside healthcare professionals to ensure these medicines were used as a last resort.

- One person received some of their prescribed medicines covertly. Staff worked with the person's GP and representatives in their best interest to ensure their health and wellbeing was maintained.
- People's prescribed medicines were stored securely, and care and nursing staff followed recognised good practice regarding the receipt, storage and disposal of prescribed medicines. The registered manager and provider ensured staff received drug recall notices and other information of concern. This enabled nursing and care staff to take any appropriate remedial action.

# 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 had remained Good.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed with ongoing involvement of their close relatives and where necessary based on their assessed needs from healthcare professionals.
- People had access to information to help them understand their care and treatment and promote a good quality of life with positive outcomes for people.
- Universally recognised assessment tools were used to assess people's needs, including their mobility needs and the use of specific equipment. This ensured staff delivered evidence based-practice and followed recognised and approved national guidance.
- People's independence was promoted through the use of technology. This included assistive technology which alerted staff when people who were at risk of falls were walking. For example, if one person fell from bed this would immediately alert staff.

Staff support: induction, training, skills and experience

- People and their relatives spoke positively about the care and nursing staff that supported them or their relatives and felt they had the skills to meet their needs. Comments included: "I think they are knowledgeable; the way they come in and treat people seems very competent and everything they do seems appropriate"; "The staff have never failed me...and I sit and watch and listen when they are with the others and it's very good" and "I don't need much but I think I can get what I want. They are always amenable to helping you."
- Staff spoke positively about the registered manager and provider. They felt they had the training and support they required to meet people's needs. Staff comments included: "I've had dementia essential training and out of work completed dementia champion course"; "I had dementia training couple a months ago. I've learnt about different stages and different approaches" and "I definitely have all the training and skills I need. Bupa provide really good training."
- Staff had opportunities for professional development, including completing qualifications in health and social care. One member of staff told us, "I'm starting my level 2 diploma (in health and social care)."
- The registered manager had a clear overview of the training needs of all staff working across Elm Grove and Chestnut Lodge. Every member of staff had access to the same four-day induction training. All staff had access to support and training around "Person First, Dementia Second" training. Staff spoke positively about the training and the skills that it had provided them. They also discussed they had recently taken part in a dementia bus activity which they felt was really positive.
- Staff had access to supervision and support, including regularly one to one meetings with their line

manager. One member staff discussed how they appreciated the support they received from their manager. They said, "She's helped me to get better out of me. If I do something wrong she'd come and say 'do you mind if we re-do it' and gives me a chance to correct and learn."

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

- People spoke positively about the food they received. Comments included: "I don't think I've ever had any problems; the grub is pretty good."; "The food is excellent – I normally go to the dining room, I can have a cooked breakfast" and "The food seems pretty good. They offer a choice and we certainly get plenty to eat!"
- The support people needed with their dietary needs was recorded in their care plans, including any specific dietary arrangements, including textured diets. The home's chef and staff were aware of people who required a textured diet, including pureed, fork mashable or thickened fluids. Where Speech and Language Therapist (SALT) guidance had been sought this was clearly recorded in people's care plans. We observed people were supported in accordance with this guidance.
- People's dietary risks were known. For example, one person had been assessed as being at risk of choking and now required a pureed diet. Care staff had clear guidance to follow to ensure the risk to the person was reduced. Additionally, care staff kept clear records of how the person's swallow had deteriorated and how they had worked to promote the person's wellbeing.
- Where people were at risk of malnutrition this information was shared with the registered manager, catering, care and nursing staff. This ensured that people who had been assessed at risk received additional support including snacks and fortified food.

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

- Care and nursing staff worked alongside GP's and other healthcare professionals to meet people's needs and respond to any changes in their needs. Staff made referrals to healthcare professionals if they felt someone required specialist input. One person told us, "If I had a problem, I can talk to anyone. They've helped with my gastric problems. The chiropodist comes here and someone took me out to the dentist."
- Where advice had been sought this informed people's care plans to enable staff to follow this guidance to meet people's needs. For example, a staff member told us about one person they had supported with medical appointments as their health needs changed. They explained how they had sought the advice of healthcare professionals to ensure the person's medicines promoted their wellbeing. They explained they were monitoring the person to ensure their current prescribed medicines were effective.
- The service sought advice when reviewing people's mobility equipment. They worked alongside occupational therapists and followed recognised best practice guidance to ensure people were assisted to mobilise safely and remain independent.

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

- The provider and registered manager had a plan of refurbishment for Elm Grove Care Home. Plans were in place to refurbish the home's garden and improve access to enable more people to use and enjoy the garden. Elm Grove was an old building, however people could choose where they spent their days. The registered manager had arranged for safety gates to be placed on stairs to reduce the risk to people. Chestnut Lodge was in a separate building with people having access to a range of communal areas as well as their own secure garden.
- Where appropriate, people could orientate themselves around the home and access facilities including a range of communal lounges and dining rooms. Some people also accessed the gardens independently.
- Each person's room contained en-suite facilities, meaning their care and support could be provided in their comfort of their own room.

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.

- People and their relatives told us their choices or their relatives' choices were respected. Comments included: "They bath me and help me dress and usually they choose what I wear but sometimes I'll get a garment out and they use that. It's all a normal procedure now but in the first instance they always asked" and "I am supported to make my own choices, nothing is forced on me."
- Where people were living with dementia, staff supported them to make an informed choice, by providing clear options. One member of staff told us how they supported one person to make simple decisions, such as what they would like to eat, drink or wear. They said "We always promote choice, if its something to wear, we provide people with options. One lady needs some support, however she'll always pick the clothes she wants." Another member of staff said, "We do offer choice because preferences change."
- Everyone living at Chestnut Lodge was being deprived of their liberty under the Deprivation of Liberty Safeguards (DoLS). People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the DoLS. We checked and assured ourselves the service was following the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- People's legal representatives (those who held Lasting Power of Attorney for Finances and/or for Health and Welfare) were known to the organisation and they were included in decisions made about the person's care. For example, one person's Power of Attorney for Health and Welfare had been clearly involved in making decisions in relation to their relative's care.

## 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 had remained Good.

Good: 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 and their relatives spoke positively about how kind caring and compassionate the care staff were. Comments included: "They all seem to be kind. They are just around and get you your food or anything you need", "the staff are very good; they look after me well"; "I have been treated extremely well" and "They are very kind. Even if they are busy, they always have time for him."
- We observed staff supporting people to be engaged in activities which were tailored to their needs. Staff took opportunities to engage with people and ensure they were comfortable. One member of staff was assisting people prior to an activity. They took the time to talk to people and engage with them, even if this was just a simple greeting.
- People responded to staff positively. We observed that people were comfortable with staff and enjoyed spending time with them. One person chose to spend their time in their own room, when staff visited this person or walked past their room they engaged with the person and the person responded positively. The person was clearly comfortable in their company. The person told us, "The staff are lovely, they make sure I'm okay."
- Where people were anxious staff had a clear guidance on how to assist them. Staff spoke positively about working to the same guidance. One person was anxious at times during both days of our inspection. Staff, including representatives of the provider, engaged this person and provided them with the reassurance and support they required. The person responded positively to the time they spent with staff and were genuinely reassured. One member of staff told us, "It can be difficult; however, we take time to sit with her, reassure and engage. We try and use photos to talk about their memories."
- Staff spoke positively of the people they cared for and understood their needs, preferences and life experiences. Staff told us how they took time to engage with people and promote their personal wellbeing. One relative told us about changes they had identified when their relative came to Elm Grove from another care home. They said, "There is a big difference here the staff have made a real effort to get to know what she likes and doesn't like and spend time with her, they are involving her in her plan."
- The service respected people's diversity. Staff were open to supporting people of all faiths and belief systems, and there was no indication people protected under the characteristics of the Equality Act would be discriminated against. The Equality Act is legislation that protects people from discrimination, for example on the grounds of disability, sexual orientation, race or gender.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us people's dignity was always respected by care and nursing staff. One relative told us, "They are definitely very good and respectful." Another relative said, "I would say they do this, from what I've seen."
- Staff told us how they respected people's dignity and the importance of making sure people were comfortable. We observed that staff ensured people's personal spaces were always respected. For example, knocking on their bedroom doors before entering (even if they knew the person was not in the room) and by talking and engaging with people before assisting them, whether with their meals or their mobility.
- Staff understood how to assist people and promote their involvement with all care activities. Staff explained that they treated everyone as an individual and understood how much each person could be involved or do for themselves. One person told us, "Staff keeping me independent, they know I like to be independent, so they let me do things."
- People were encouraged to do as much as they were able to. For example, one member of care staff explained how they supported one person to do as much for themselves as possible, respecting their choice. One member of staff told us, "We don't want to take things away from people. We supported one person without using a hoist, as long as they were able to." One person told us, "I do my own personal care but they do ask before they help me."

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

- People's communication needs were known, recorded and understood by care and nursing staff. Staff could describe the support people needed to enable staff to understand their wishes and support their decision making. Where people were living with dementia and could not communicate their views or concerns, staff would observe their facial expressions and body language to gauge their views, needs or if someone was in pain or discomfort. Where people were prescribed 'as required' pain relief, care staff in Chestnut Lodge used recognised assessments to identify the level of pain the person was in, to ensure they had the correct support.
- People were at the centre of their care and where possible were supported to make decisions, as well as being involved in reviewing their own package of care. One person responded positively when asked if their decisions were supported. They said, "Yes, I have no problems."

# 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 Good. At this inspection this key question had remained Good.

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; 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

- People and their relatives spoke positively about the care they or their relatives received and felt it was personalised to their needs. Comments included: "I don't have to worry about anything"; "I know the care is about me" and "I prefer a bath, so they take me for a bath."
- Each person's care plans contained information about their life, including their relationships, occupations and hobbies and their preferences. People and their relatives were involved in creating their care plans and reviewing them. One relative told us, "We're involved and we're informed of any changes."
- Staff had skills and experience to identify when people's health was deteriorating, and their support needs were changing. Staff discussed how they supported people and made referrals to people's GP with their permission or in their best interests. One member of staff told us how they supported people who could not communicate their pain or needs fully, "I'm always looking at body language, if someone is in pain, it can change their usual routines. We're always mindful when someone can't tell us."
- Staff kept a clear record of people's changing healthcare needs and used this to plan for people's ongoing healthcare changes. For example, care files were reviewed, contained detailed ongoing care notes, which demonstrated when the person's needs had changed, including the support the person received. During our inspection, we listened to nurses discussing people's needs and how they ensured the support was personalised for that person and in the least restrictive manner. One person told us, "I can definitely talk to the staff. It happened yesterday for the first time when I didn't feel well. They did the appropriate things, they helped me."
- People had access to a varied active and fulfilling life within Elm Grove and Chestnut Lodge. People told us they enjoyed spending their day as they wished, including accessing activities which interested them. Comments included: "I've enjoyed doing a big jigsaw puzzle with others. I like bingo and the quizzes. There's a daily newsletter. They don't have a minibus but I've been out once or twice in the car to have tea at the garden centre. As long as I've got a book and it's quiet, I'm happy"; "They've offered me a little trip out in the car and to have tea out. I get involved in the exercise sessions and the bingo and the singing. It's all good" and "I do quite a lot. The dancing, and I like going out to the shops and for tea, and I like the animals coming in."
- People enjoyed accessing the home's gardens, spending time with their relatives as well as enjoying activities such as arts and crafts, exercises and a musical session. We observed people enjoying a sing along session, where people were encouraged to be involved. One person was smiling throughout and said, "it's lovely." We observed a craft activity (making paper flower decorations for the forthcoming strawberry tea

party) with small groups of two or three residents. This mix of activity seemed to work very well, with residents responding with interest and taking part. Both the staff were skilled at engaging people and drawing individuals into the conversation. They chatted easily and courteously with residents and the atmosphere was relaxed and upbeat.

- A senior activities co-ordinator discussed how they organised their team to provide activities six days a week. They explained when people moved in they and their relatives were given a pack to complete around their life history and preferences. Staff spent time with people to identify the types of activities they enjoyed and when they enjoyed them. There was a weekly programme of events planned by the activity team included one to one and group activities.
- There was a strong focus on supporting people as individuals. Staff distributed the Daily Sparkle newsletter, using it as a positive opportunity to talk to each person, reminding them of what's planned for the day but also using articles in it as the basis of a conversation. People who preferred to stay in their rooms or were not able to leave them are always included in coordinators' daily activities and the aim was to see everyone at least once a day. One member of staff said, "even if someone can't talk, they can recognise our voices and can respond in their own ways".
- The service engaged with local community services to support them as far as possible to fulfil their wishes. This was part of the providers "#nevertoolate" campaign. One person living at Elm Grove had a long career with the army. They were supported to spend their birthday at a local Territorial Army centre. The deputy manager said of the staff that organised it; "The event came about from [activity co-ordinators] drive to enrich the lives of the individuals in our care through activities."

#### 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.
- Information was provided to people in a format which was appropriate for them. For example, people could have access to information in a large print format, braille or in different languages.

#### Improving care quality in response to complaints or concerns

- There was a complaints policy in place which advised people and their relatives what to do regarding concerns and complaints and if they were not satisfied with any outcome. People and their relatives told us they knew how to raise a concern. Comments included: "I've never had a complaint, not one. If I did, there are certain carers I could talk to, without a doubt"; "If I had a complaint, I'd talk to the senior carer. I think they would all do their best if I had a complaint but there's never been anything major" and "I've never needed to complain but if I did, I'd talk to someone in the office."
- The registered manager kept a record of all compliments and complaints. In the last 12 months, the registered manager had received 4 complaints and 21 compliments. All concerns were acknowledged and acted upon. Where lessons could be learnt these were clearly documented.

#### End of life care and support

- People were supported at the end of their life by care and nursing staff. There were arrangements in place to ensure necessary medicines and additional healthcare support was readily available.
- People's end of life wishes had been explored with people and their representatives. These included preferences in their end of life care and support and identifying any specific religious or cultural needs.
- Nursing staff discussed and planned people's end of life care to ensure that people remained comfortable and pain free at the end of life. They discussed the medicines people required and how often they required support with repositioning.

# 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 Good. At this inspection this key question had remained Good.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives spoke positively about the registered manager and the management team. They felt the home had improved in the last year. Comments included "Yes, it's well managed. The place is clean, the staff are kind"; "It does all seem to work smoothly" and "I think it's managed well. I don't have to worry about anything."
- Staff spoke positively about working at Elm Grove and felt they worked in a supportive and transparent organisation. Comments included: "Definitely I feel supported"; "It's a nice atmosphere, no bad vibe in both sides of the house" and "I feel as though they give me the support I need and they've ensured I'm working well."
- Staff told us the support they received went beyond the home, giving the time, comfort, reassurance and support they needed to provide high quality care. One member of staff told us how they had some back problems. The management team organised physiotherapy for them. When the staff member came back to work all the care staff were aware of her needs. The member of staff said, "They (staff) were all so supportive. The atmosphere is great."
- The registered manager, deputy manager and provider understood their duty of candour responsibilities to be open and honest with people and their family when something had gone wrong.

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

- The registered manager and provider had comprehensive systems to monitor and improve the quality of care people received, as well as assessing people's care to ensure it was effective. The registered manager carried out weekly clinical risk meetings, which discussed people's care, any incidents or accidents and concerning trends. This ensured that all staff have relevant information and lessons could be learnt and communicated throughout the home. Any actions were identified and addressed during these meetings, as well as informing the quality improvement plan of Elm Grove.
- The registered manager and unit leaders carried out a range of audits in relation to the management of people's prescribed medicines, the dining experience, people's care plans, health and safety and first impressions of the buildings. These audits were carried out at routine set by the provider and evidenced continued improvements. When shortfalls had been identified these informed an action plan which was

allocated to set staff to complete. For example, one audit identified that the complaints procedure was not on display during one audit, this had been addressed prior to the inspection.

- The provider operated a quality improvement plan for the service. This plan considered any shortfalls or concerns identified through the provider's quality assurance processes, health and safety concerns and CQC inspections. Once an action had been completed this would be signed off by the registered manager or a representative of the provider.
- Policies were in place, and staff were aware of emergency planning procedures and systems of escalation for immediate and long-term management of major, unplanned incidents with the least disruption to people's care. The provider had ensured protocols were in place to deal with the potential impact of Brexit.

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

- Staff were kept informed of changes and adjustments to what was required of them. The registered manager had arranged for monthly meetings to ensure staff were kept up to date with information. These meetings were used to share lessons learnt from the home and other Bupa services and to promote an open and transparent culture. Alongside this there were weekly walk around and meetings focusing on people's needs and any concerns. Staff spoke positively about the communication they received. One member of staff said, "Communication is good here."
- Staff's views were sought through an annual staff survey. The survey had been carried out prior to our inspection. Staff spoke positively about this process and how it listened and acted on their views.
- Staff were supported to undertake additional roles and responsibilities. For example, two members of staff were engagement champions. The aim of this role was to boost staff morale and find new ways of engaging staff and promoting their involvement. One engagement champion talked about how they had promoted staff to take part in the staff survey, by providing photo booth fancy dress items, which staff could enjoy whilst carrying out the survey. The staff member spoke positively about the role and the support they had to take on this role.
- People and their representatives were also kept abreast of changes and improvements to the service through resident and relative meetings. People's relatives spoke positively about the communication they received from the registered manager and felt they were involved and included in the service. One relative told us, "[Registered manager] is fine, she often comes around, I would talk to her if any problems. They do have meetings." Resident and relative meetings discussed changes in the home, such as the engagement champion role, infection control, staffing matters (such as training and competencies) and cross working with another service operated by the provider. This ensured people and their relatives had access to important information about Elm Grove and Chestnut Lodge.

Working in partnership with others

- The service has realised the challenge that care homes face with the recruitment and retention of staff. Due to this they have been involved in local careers conventions. The deputy manager stated this had been a good way to engage with local college students and people in the community.
- The home worked closely alongside a local care home also operated by the provider. This way of working promoted communication and ensured lessons were learnt across both homes. It also acted as a way to provide support to both homes.