

# Bondcare (Darrington) Limited

# Elm Park 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?	Good ●
Is the service well-led?	Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Elm Park is a purpose built care home on the outskirts of Doncaster. The home provides accommodation for up to 100 people. At the time of our inspection there were 90 people using the service. The home provides residential and nursing care; this includes a dedicated unit on the first floor for people living with dementia.

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

Systems in place to monitor the service were not always effective. Audits in place had not always identified the concerns we initially found on inspection. Although concerns raised were swiftly addressed, new systems and approaches required embedding in to practice.

The management team and staff knew their roles and responsibilities. People and their relatives were complimentary about the home. The provider and registered manager used feedback to improve the service.

On the first day of inspection we found some areas of the home were in need of a deep clean. On the second day of inspection we found the service was clean and tidy. Appropriate action had been swiftly taken by the registered manager, who could demonstrate systems had been put in place to keep the home clean and well maintained.

The provider had systems in place to ensure people received their medications as prescribed. Some minor issues identified on the first day of our inspection were swiftly addressed by the registered manager.

The provider had a dependency tool which was used to identify the number of staff required each day. We found there were enough staff available to meet people's needs in a timely way. The provider had a safe recruitment procedure to ensure appropriate staff were employed.

Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learnt. Risks associated with people's care had been identified and plans were in place to mitigate risks.

Staff were knowledgeable about safeguarding and confirmed they had received training in this subject. They knew what actions to take if they suspected abuse.

People's needs were assessed, and care was delivered in line with current legislation. We observed care and support being delivered in line with people's assessed needs and choices.

People were supported to maintain a healthy and balanced diet. We observed lunch being served and found people were assisted with making choices about what to eat. Through our observations, and speaking with staff, we found they had the skills to carry out their role. We found people had been referred to appropriate

professionals when required, to ensure their needs were met.

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.

We observed staff interacting with people and found they were kind, caring and delivered support in a person-centred way. Relatives told us they were happy with the care their family member received and felt they were treated with dignity and respect.

Care plans were person centred and offered staff guidance about how to support people. Staff knew people well and assisted people to maintain their independence. Social activities were provided in line with people's interests and preferences.

Relatives we spoke with found the registered manager approachable and felt she would act on any complaints raised.

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

This service was registered with us on 04 November 2019 and this is the first rated inspection. We also carried out an inspection looking at infection control. This inspection report was published on 26 November 2020, but the service was not rated at this time.

#### Why we inspected

We carried out this inspection in line with our current methodology.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elm Park on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service 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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

# Elm Park Care Home

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by 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 service.

#### Service and service type

Elm Park is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elm Park is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

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 spoke with six people who used the service and 14 relatives about their experience of the care provided. We spoke with eight staff, including the registered manager, care staff and ancillary staff. We also contacted staff via email to obtain feedback and received six responses.

### After the inspection

We continued to seek clarification from the provider to validate evidence found including training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- On the first day of inspection we found some areas of the home were in need of a deep clean.
- On the second day of inspection we found the service was clean and tidy. Appropriate action had been swiftly taken by the registered manager, who could demonstrate systems had been put in place to keep the home clean and well maintained.
- Relatives told us they always found the home clean and well presented. One relative said, "The hygiene is excellent. We looked at loads of homes and Elm Park was the best cleanliness wise." Another relative said, "It's spotlessly clean."

### Visiting in care homes

- The visiting arrangements implemented by the registered manager followed government guidance. Relatives told us they were able to visit and confirmed they had a lateral flow test (LFT) prior to visiting.

### Using medicines safely

- The provider had systems in place to ensure people received their medications as prescribed. Some minor issues identified on the first day of our inspection were swiftly addressed by the registered manager.
- Staff received training in medication administration and had their competences checked on an annual basis.
- Relatives felt their family member received their medicines as prescribed. One relative said, "[Family member] has periods when they refuse medication. The nurses are brilliant ensuring that they get their medication."

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

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff told us they had received training in safeguarding and knew what actions to take if they suspected abuse.
- Relatives we spoke with felt their family member was safe living at the home. One relative said, "Most definitely [family member] is safe. I've had no issues with the home whatsoever. I've found Elm Park to be amazing. I would speak to the manager of the home if I was worried." Another relative said, "Yes [family member] is safe. We know the staff and the staff know [family member] and us really well."

### Assessing risk, safety monitoring and management

- Risks associated with people's care were identified and actions taken to mitigate risks occurring.
- People had risk assessments in place for risks such as falls, choking, weight loss and pressure area care.

These gave direction for staff to reduce risks.

- Relatives told us risks were managed effectively. One relative said, "[Family member] has to have pureed meals because they have difficulty with swallowing." Another relative said, "[Family member] has a special bed that lowers to the ground and has a crash mat. It goes off [alarm] if you step on it. They [staff] will respond to the alarm."
- The provider ensured equipment such as hoists were maintained, and regular maintenance of the premises was carried out.

#### Staffing and recruitment

- Through observations and speaking with staff we found there were enough staff available to meet people's needs in a timely way.
- The provider had a recruitment process in place which ensured suitable staff were employed. This included pre-employment checks such as Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to identify any trends or patterns. This helped to mitigate future risks and ensured lessons were learned.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 assessed, and care delivered in line with current standards.
- Documentation included assessments of people's needs, which led to person centred care plans being devised and followed.

Staff support: induction, training, skills and experience

- Staff told us they received training and support to carry out their roles effectively.
- The provider had an induction program in place which consisted of training and shadowing experienced staff.
- Staff told us they received one to one supervision sessions with their line manager. Staff felt these sessions were valuable.

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

- People received a healthy and balanced diet which met their needs and took in to account their preferences.
- Catering staff were knowledgeable about people's dietary requirements and engaged with people to ensure their choices were incorporated into the menu planning.
- People and relatives told us the food was good and people's needs were accommodated. One relative said, "[Family member] has to have pureed meals because of difficulty with swallowing." Another relative said, "[Family member] won't wear dentures anymore. But [family member] is not losing weight because they've [staff] changed their diet to suit and [family member] is eating well."

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

- Staff ensured that people were referred to other agencies and healthcare professionals when required.
- Staff provided care and support in conjunction with healthcare professionals, taking on board their advice.

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

- The home was purpose build and therefore designed and decorated to meet people's needs.
- The home had designated quiet areas as well as informal social areas such as a pub, café and cinema room.
- The provider and registered manager had ensured signage was available to help people living with

dementia to navigate around the home.

- People had access to pleasant outdoor spaces.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was knowledgeable about MCA and DoLS and had taken appropriate steps to ensure they were working within the principles of the MCA
- People were supported to be involved in decisions about their care. Where people lacked capacity, decisions were made in people's best interests and involved relevant professionals.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff respected people's individuality and treated people with kindness and compassion.
- People and their relatives spoke highly of the care they or their family member received. One person said, "The staff are lovely here, there isn't a bad one amongst them." One relative said, "The staff are friendly and approachable," another relative said, "The staff care for [family member]. What a marvellous place it is. The staff are amazing. I'm well happy."
- Staff we spoke with knew people well. They spoke of the people they cared for with affection and respect. It was evident staff had built positive relationships with people and knew what mattered to them.

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

- People and their relatives told us they were involved in making decisions about their care and were able to express their views and opinions. One relative said, "They're [staff] very good at keeping me involved."
- We observed staff interacting with people and found they involved people and respected people's decisions.
- Care plans included people's preferences and views.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's privacy and ensured bathroom, toilet and bedroom doors were closed to preserve people's dignity.
- People told us their care was carried out in a sensitive manner and they felt staff supported their independence.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated 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

- Staff knew people well and were keen to ensure care and support was delivered in a person centred way.
- Care plans we reviewed were updated regularly to ensure people's current needs were met.

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 were supported to take part in activities that were socially and culturally relevant and appropriate to them.
- The home had a team of activity co-ordinators who were responsible for arranging and carrying out activities to suit people's interests.
- The activity co-ordinators ensured that one to one activities were provided as well as group sessions.
- People and relatives, we spoke with were complimentary about the social interaction that took place. One relative said, "They do take [family member] down to the craft sessions even though she can't join in. [Family member] enjoys the music and benefits from watching. [Family member] also goes to the hairdresser."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager understood their responsibility to comply with the Accessible Information Standards [AIS]. Arrangements were in place for information to be available in different formats. For example, large print.
- People's individual communication needs were reflected in their care plans. This assisted staff in understanding how to communicate with people.

Improving care quality in response to complaints or concerns

- The provider had a system in place to ensure complaints were dealt with in a timely and effective way.
- The registered manager kept a record of complaints and actions taken to address issues.
- The process was used to learn and develop the service.
- People and their relatives felt comfortable raising concerns and felt appropriate actions would be taken if they were unhappy about something. People and relatives gave positive comments about the service

saying, "They [staff] keep me up do date very much with what's going on. I have no quarrels with Elm Park," and "I think Elm Park is faultless. They've got my full praise."

#### End of life care and support

- The provider had appropriate processes in place to make sure people could be supported in a pain free, dignified and sensitive way at the end of their life.
- Staff received training about providing people with end of their life care.
- People's care plans were designed to include their end of life wishes and preferences.

# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The provider had a system in place to monitor the quality of the service. However, we found this had not always been effective in identifying concerns and acting on them.
- On the first day of inspection we found concerns in relation to infection control and medication management. For example, kitchenette areas were in need of a deep clean, some fridge seals were damaged, and some sweeping brushes and mops were soiled and needed replacing. We also found issues with documentation of medicines. We found infection control audits and medication audits had not identified these issues.
- On the second day of inspection we found the registered manager had addressed these issues and implemented systems to ensure any areas of improvement were quickly identified and addressed in the future. However, these systems required embedding in to practice.

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

- The registered manager and staff promoted a person centred culture which focused on people and assisted them in achieving their goals.
- People and relatives were complimentary about the home and felt their personal preferences adhered to.

### Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team consisted of the registered manager who was supported by a deputy manager, senior care staff and nurses. The management team were clear about their roles and responsibilities.
- Both the registered manager and provider understood their roles and were aware of their duty of candour.
- People and their relatives told us the management team and staff were approachable, supportive and kept them informed. Comments included, "The nurses are excellent; I can talk to them. I trust their judgement," "We've had a lot of contact during lockdown. They went that little bit extra for us," and "Yes, I do feel involved in [family members] care. I'm always consulted about their care."

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

- The provider and registered manager had systems in place to gain feedback from people, their relatives

and other stakeholders. Feedback was used to develop the service.

- The home held monthly focus groups where people could voice their views and opinions. Subjects usually discussed were around menus, activities and social events.
- The home also carried out a quality survey to gain feedback from stakeholders. Comments and suggestions were used to improve the service.

Working in partnership with others

- The home worked closely with other agencies such as the local authority and healthcare professionals.
- Recommendations and advice from healthcare professionals were followed. This helped to make sure the care and support provided was up to date with current practice.