

Mission Care

# Elmwood

## 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?

Good ●

# Summary of findings

## Overall summary

About the service: Elmwood is a care home that provides accommodation and nursing care for up to 70 older people. At the time of the inspection 67 people were using the service.

People's experience of using this service:

- The home had safeguarding policies and procedures in place and staff had a clear understanding of these procedures.
- Appropriate recruitment checks took place before staff started work and there was enough staff available to meet people's care and support needs.
- Risks to people had been assessed and reviewed regularly to ensure people's needs were safely met.
- People were receiving their medicines as prescribed by health care professionals.
- The home had procedures in place to reduce the risk of the spread of infections.
- Assessments of people's care and support needs were carried out before they moved into the home.
- Staff had received training and support relevant to people's needs.
- People were supported to maintain a balanced diet.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.
- Staff treated people in a caring and respectful manner.
- People and their relatives [where appropriate] had been consulted about their care and support needs.
- People were supported to participate in activities that met their needs.
- The home provided end of life care and support to people and their family members when required.
- The home had a complaints procedure in place. People and their relatives told us they knew how to make a complaint if they were unhappy with the service.
- The manager had effective systems in place to assess and monitor the quality of the service.
- The manager had worked in partnership with health and social care providers to plan and deliver an effective service.
- The provider took people and their relatives views into account through satisfaction surveys and meetings. Feedback from the surveys and meetings was used to improve on the service.
- Staff enjoyed working at the home and said they received good support from the manager. Management support was always available for staff when they needed it.

Rating at last inspection: Requires Improvement (Report was published on 24 January 2018).

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

At our last inspection of the service 14 December 2017 we found a breach of regulations in that risks to people were not always managed safely. Improvement was required to ensure staff treated people with dignity, respect, care and compassion. Improvement was also required in the providers systems for

monitoring the quality and safety of the service.

At this inspection we found the provider had taken steps to make sure that risks to people were managed safely, we saw staff treated people in a dignified and respectful manner and the provider's systems for monitoring the quality and safety of the service were operating effectively.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 ●

# Elmwood

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** The inspection team consisted of two inspectors and a specialist advisor. Two inspectors and the specialist advisor visited the home on the first day of the inspection. On the second day of the inspection one inspector visited the home to speak with people using the service and their relatives.

**Service and service type:** This service is a nursing home. It provides care and support to older people, some of whom were living with dementia.

The home did not have a registered manager in post. The current manager had worked at the home since January 2019. They previously worked as a registered manager at another of the provider's care homes. At the time of this inspection they were applying to the CQC to become the registered manager for the home.

**Notice of inspection:**

This inspection was carried out on 5 and 7 February 2019 and was unannounced.

**What we did:** Before the inspection we looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We contacted health care professionals and the local authority quality monitoring team and asked them for their views about the service. We used this information to help inform our inspection planning.

During the inspection we looked at seven people's care records, staff recruitment and training records and records relating to the management of the home such as medicines, quality assurance checks and policies

and procedures. We spoke with 18 staff members including the manager, the clinical director, the clinical lead nurse, three nurses, the activities coordinator, the catering manager, the chef, the facilities manager, two domestic staff and six care staff about how the home was being run and what it was like to work there. We spoke with seven people using the service and seven relatives. We also spoke with a visiting health care professional.

Some people using the service had complex communication needs and were not able to communicate their views to us so we also used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection of the service 14 December 2017 we found a breach of regulations in that risks to people were not always managed safely. The provider had not acted to address all of the fire safety risks identified in the care home's fire risk assessment within the recommended timeframe. Substances hazardous to health were not always securely stored to prevent accidental harm, call bells were not always positioned appropriately to enable people to use them if required and an appropriate assessment of the bed rails on a person's bed had not been conducted and the bed rail protector had not been fitted correctly to prevent the risk of injury.

At this inspection we found the provider had taken steps to make sure that risks to people were managed safely.

Assessing risk, safety monitoring and management.

- Fire safety risks identified in the home's fire risk assessment had been addressed. Substances hazardous to health were securely stored to prevent accidental harm, call bells were positioned appropriately to enable people to use them if required and appropriate assessments of all people using bed rails had been conducted.
- Risks to people had been assessed and reviewed regularly to ensure their needs were safely met. Assessments included the levels of risk to people in areas such as falls, eating and drinking, choking, moving and handling and skin integrity.
- Where people had been assessed as being at risk of falling guidance had been provided to staff on the prevention of falls. People's care plans recorded the support they needed from staff to ensure safe moving and handling.
- Where people had been assessed as being at risk of choking advice had been received from appropriate health care professionals and their care plans recorded the support they needed from staff to ensure they could eat and drink safely.
- People had personal emergency evacuation plans (PEEPs) in place which included guidance for staff and the emergency services on the support they would need to evacuate from the service safely.

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

- One person told us, "I am very safe here. There are plenty of staff around if I need them." A relative told us, "I think this is a nice care home. I know my loved one is safe." Another relative said, "My loved one is safe here and well looked after."
- There were safeguarding adults procedures in place. The manager and staff had a clear understanding of these procedures. Staff told us they would report any concerns they had to the registered manager and to the local authority's safeguarding team and CQC if they needed to.
- At the time of this inspection two safeguarding concerns were being investigated by the local authority and the home. We cannot report on the safeguarding investigations at this time. However, the CQC will

monitor the outcome of the investigation and actions the provider takes to keep people safe.

- All staff had received up to date training on safeguarding adults from abuse.

#### Staffing and recruitment

- One person told us, "I think there is always enough staff. Whenever I use the call bell they turn up right away." A relative told us, "I come here most days and there is never a problem with staff numbers. There's always plenty of staff on duty."
- We observed and staff told us the staffing levels at the home was meeting people's needs.
- The registered manager said staffing levels were arranged following assessments of people's needs. If extra support was needed for people to attend health care appointments then additional staff cover was arranged.
- The staffing rota reflected the number of staff on duty. Staffing levels were achieved through the use of regular bank and agency staff to maintain consistency as there were vacancies for permanent staff. The manager said that whenever possible the same agency staff were used as they were familiar with people, their likes and dislikes and routines. The rota showed regular use of the same bank and agency staff. Two agency care staff confirmed they were included on the staff rota and they worked at the home on a regular basis.
- Robust recruitment procedures were in place. Staff recruitment records included completed application forms, employment references, evidence that a criminal record checks had been carried out, health declarations and proof of identification.
- Records relating to nursing staff were maintained and included their up to date PIN number which confirmed their professional registration with the Nursing and Midwifery Council (NMC).

#### Using medicines safely

- Medicines including controlled drugs were stored securely. Where medicines required refrigeration, we saw they were stored in medicines fridges and daily medicines fridge and clinical room temperature monitoring was in place and recordings were within the appropriate range.
- People were receiving their medicines as prescribed by health care professionals. They had individual medication administration records (MARs) that included their photographs, details of their GP and any allergies they had. MARs had been completed in full and there were no gaps in recording.
- All staff responsible for administering medicine had received medicines training and the clinical lead nurse had assessed them as competent to administer medicines.
- Medicine audits were carried out on a regular basis. Outcomes from these audits had been shared with staff and areas for improvement had been identified and acted upon.

#### Preventing and controlling infection.

- The home was clean, free from odours and had infection control procedures in place. There were hand wash and paper towels in communal toilets and staff told us that personal protective equipment such as gloves and aprons was available to them when they needed them.
- Staff had completed training on infection control and food hygiene.
- We spoke with two members of the domestic team. They told us they had cleaning schedules that they followed, they were well trained, and they had access to cleaning materials, equipment and protective clothing.

#### Learning lessons when things go wrong.

- Staff understood the importance of reporting and recording accidents and incidents.
- The manager told us the provider had systems for monitoring and investigating incidents and accidents. They told us that incidents and accidents were monitored to identify any trends. For example, data collected



regarding falls had been analysed, evaluated and was being used to reduce the number of falls occurring at the home.

# 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. People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 restrictions on people's liberty had the appropriate legal authority and were being met.

- Where people lacked capacity to make specific decisions for themselves, they were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.
- The manager demonstrated a good understanding of the MCA and DoLS. Where the supervising body (the local authority) had authorised applications to deprive people of their liberty for their protection the authorisation paperwork was in place and kept under review.
- Staff had completed MCA training. They told us they sought consent from people when supporting them and they respected people's decisions.

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

- Initial assessments of people's care and support needs were held within their care records. These assessments were used to draw-up individual support plans and risk assessments.
- Nationally recognised planning tools such as the multi universal screening tool (MUST) was being used to assess nutritional risk and the waterlow score was being used to assess the risk of people developing pressure sores.
- People's care plans and risk assessments had been kept under regular review.

Staff support: induction, training, skills and experience

- Staff had the knowledge and skills required to meet people's needs. Staff told us they had completed an induction, they were up to date with training and they received regular supervision.
- The manager told us that staff new to care were required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers.
- Training records confirmed that staff had completed training that was relevant to people's needs. This

training included dementia awareness, safeguarding adults, moving and handling, food hygiene, health and safety, infection control, medicines administration, MCA and DoLS.

- Nursing staff had completed training in clinical areas for example, wound care, catheter care and end of life care.

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

- People's comments about the food provided at the home included. "I am on a low fat diet, the chefs are fantastic, they know exactly what I need and the food is lovely." And, "I am diabetic, I have gluten free foods, the staff in the kitchen are exceptionally good. They make sure I get what I need."
- We observed how people were being supported and cared for at lunchtime. Some people ate independently, some people required support and some people preferred or were supported to eat their meals in their rooms. People received hot meals and drinks in a timely manner.
- Staff supported people by giving them time and encouragement to eat their lunch. The atmosphere in the dining areas was relaxed and not rushed and there was plenty of staff to assist people when required. We saw that people were provided with a choice of drinks and snacks throughout the day and these were available in the lounges on each unit.

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

- One person told us, "I like living here. My room is just the way I want it. The home is clean and comfortable and I have everything I need."
- Each person's room was personalised with their own belongings and style and families were encouraged to bring items that were important to them.
- The home and its garden were clean and well maintained, and there was an on-going refurbishment plan to make the environment easier for people living with dementia to find their way to their rooms and communal areas.

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

- Staff worked in partnership with GPs and other health and social care professionals to plan and deliver an effective service. One person told us, "The doctor comes around and I can see them if I need to. I see the chiropodist and the dentist too when I need to." A relative told us, "My loved one's healthcare needs are being met. They get to see the GP and other health care professionals whenever they need to."
- Peoples care records included records of health care appointments and advice and support guidance for staff to follow, for example, from speech and language therapist's and dietitians. A visiting health care professional told us, "I have never had any problems when I come here. The records I need for the people I see are always completed and the staff are helpful, they are on the ball."

# 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. People were supported and treated with dignity and respect; and involved as partners in their care.

At our last inspection of the service 14 December 2017 some people and their relatives expressed mixed views as to whether staff treated them in a dignified manner. We found improvement was required to ensure staff consistently treated people with dignity and respect, and with appropriate care and compassion.

At this inspection we found the provider had taken steps to make sure that staff treated people in a dignified manner.

Respecting and promoting people's privacy, dignity and independence

- One person told us, "The staff do all they can to make sure everything they do for me stays private. Nobody comes into my room when they are helping me."
- A relative told us, "When I was in the lounge recently a person needed hoisting, a member of staff asked me to leave the room until they finished helping the person. This showed me that staff really cared about people's dignity."
- Staff said they made sure people's privacy and dignity was respected by knocking on doors and asking people for their permission before entering their rooms. When providing people with personal care they explained to the person what they were doing as they went along and by asking if they were happy to continue.
- Staff said they maintained people's independence as much as possible by supporting them to manage as many aspects of their own care that they could.
- One person told us, "I am a very independent person and I want to do as much as I can for myself for as long as I can. The staff know this and only help me with the things I need or when I ask them for help."
- Staff made sure information about the people was kept confidential at all times. Information about people was stored in locked cabinets in a locked office.

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

- People and their relatives, where appropriate, had been consulted about the care and support they received. One person told us, "When I came here they asked me about the things I needed and put a care plan in place. They always ask me if I need anything else or if anything has changed." A relative told us, "We filled in all the papers about our loved ones likes and dislikes, about their past and about their needs. The care plan says everything our loved one needs."
- We saw that care records were person centred and included people's views about how they wished to be supported.
- People and their relatives expressed positive views about the care provided by staff at the home. One person said, "The staff deserve medals for all of the hard work they do and you never hear any of them moan." Another person told us, "The staff are kind and caring and very good hearted." A relative said, "Our loved one has been here for a while and seems happy. They are always well dressed; their hair is nicely done

and the activities lady paints their nails. The carers are very good with our loved one." Another relative commented, "We are very pleased with the home. Staff are very caring, the meals are pretty good and the attention our loved one receives is good." A third relative told us, "My loved one moved in recently and they have made us feel very welcome. The staff are friendly when I visit and the home is very clean."

Ensuring people are well treated and supported; equality and diversity

- Peoples care plans included a section that referred to their diverse needs.
- People were supported to meet their spiritual and religious needs by the provision of daily services and the Christian ethos of the home was reflected in the attitude of the staff and their approach to care. Where people had other religious beliefs these could be facilitated as required and details of the local priest were available on each floor. One person told us, "My religious beliefs are very important to me. It is great that I can go to services, bible studies and prayer meetings here at the home."
- Training records confirmed that staff had received training on equality and diversity and inclusion. Staff said they were happy to support people with their diverse needs.

## Is the service responsive?

### Our findings

Responsive – this means we looked for evidence that the service met people's needs. People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had care plans that described their health care and support needs and included guidelines for staff on how to best support them. For example, there was information for staff for supporting people with specific medical conditions and with eating and drinking. Staff understood people's needs and they were able to describe people's care and support needs in detail.
- People were supported to partake in activities that met their needs. Activities included exercise sessions, ball games, board games, hand massages and manicures, tea mornings and visiting entertainers such as singers and dancers. We observed the activities coordinator playing games with people in the lounges and visiting people in their rooms. We also saw staff throughout the home engaging with people through games, reading and conversation.
- The home employed two activities coordinators however one had recently left. The manager told us they were in the process of recruiting another activity coordinator. They had deployed a member of staff into the role on a temporary basis until a new activity coordinator was employed into post.
- The home had a dedicated cinema room and a café which provided comfortable spaces for people to use. Films are shown twice weekly (Thursday and Saturday), and people and their relatives were encouraged to use the café.

Improving care quality in response to complaints or concerns

- The home had a complaints procedure in place. The complaints procedure was available in formats that people and their relatives could understand and was displayed in communal areas at the home.
- A relative told us, "I know how to make a complain but I have never needed to. I would just speak with the manager if I had to complain and they would deal with it."
- When concerns had been raised, these were investigated and responded to appropriately. Where necessary discussions were held with the complainant to ensure they were satisfied with how their complaint was handled.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in their care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.

End of life care and support

- The home had been accredited to the Gold Standards Framework (GSF) for end of life care. GSF is a national program for care homes to provide a gold standard of care for people nearing the end of life. The manager told us that when necessary additional support was provided by the local hospice end of life care team to ensure people's end of life needs were met.
- Where people required support with care at the end of their lives we saw there were end of life care plans in place. People's next of kin had been contacted and they were actively involved in planning care and

expressing their wishes.

- We saw Do Not Attempt Cardio-pulmonary Resuscitation (DNAR) forms in some of the care files we looked at. Where people did not want to be resuscitated, we found DNAR forms had been completed and signed by people, their relatives [where appropriate] and their GP to ensure people's end of life care wishes would be respected.
- The home was participating in a local Project ECHO [Extension for Community Healthcare Outcomes]. A group of care homes were invited to form a community of practice and participate in an ongoing programme of ECHO sessions. The aim of the project was to empower and support care home staff to provide individualised, skilled and effective end of life care for their residents. The manager said this involved staff attending six monthly sessions to review and learn from local case studies to improve decision making in palliative care at the home.

# 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. The service was consistently managed and well-led. Leaders and the culture they created promoted good quality, person-centred care

At our last inspection of the service 14 December 2017 we found the provider had systems in place for monitoring the quality and safety of the service they provided to people however improvement was required to ensure these were consistently used in an effective manner.

At this inspection, we found the service had taken steps to improve their governance system and the quality of care people received. Checks recorded issues identified and follow up action was taken promptly.

### Continuous learning and improving care

- The provider recognised the importance of regularly monitoring the quality of the service. Staff at different levels undertook regular monitoring audits. These audits covered areas such as health and safety, pressure sores, infection control, incidents and accidents, care plans, medicines and cleaning. We reviewed audits and outcomes and saw audits were up to date and that remedial actions were taken with staff when necessary to ensure that care was provided in the right way.
- Monthly safety checks were carried out, for example, on bed rails and bumpers, window restrictors and wheelchair checks. One wheelchair had been immediately removed from the service because of problem with the brakes and a service engineer had been booked.
- There were unannounced 'spot checks' which involved managers checking staff practice for example during night shifts and random checks of medicines.
- The provider undertook regular quality review visits to the home to monitor paperwork and carry out observations of practice. These took place every two months. We saw staff had responded promptly to any issues raised.
- Records showed that regular staff meetings were held to discuss the running of the service and to reinforce areas of good practice with staff. Areas for discussion at the most recent meeting included an update from a meeting with relatives, a reminder about inviting family members to reviews, infection control and information on recent audit results.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- The home did not have a registered manager in post. The current manager had worked at the home since January 2019. They previously worked as a registered manager at another of the providers care homes. At the time of this inspection they were applying to the CQC to become the registered manager for the home.
- The manager was knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014 and demonstrated good knowledge of people's needs and the needs of the staffing team. They submitted relevant statutory notifications to us promptly. This ensured we could effectively monitor the service between our inspections. They were aware of the legal requirement to display their current CQC



rating which we saw was displayed at the home.

- There was an organisational structure in place and staff understood their individual responsibilities and contributions to the service delivery. There was a positive workplace culture amongst nursing, care, kitchen, domestic, administrative staff and the management team.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider aimed to provide high standards of dignified care that respected the individual needs of their residents. Our observations indicated that they achieved this. The management and staff practices reflected the vision and values as they carried out their duties. People were treated equally, with compassion and they were listened to.
- Staff told us the manager was very supportive. Their suggestions to improve the service were listened to and given serious consideration.
- There was a regular audit of people's care plans to ensure they were meeting residents' needs.

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

- The provider sought people and their relative's views about the home through annual surveys. The home had recently received the results from the 2018 survey. Eight people had responded with the help of staff, and all ratings were average or above. Thirty-four relatives completed the survey. The feedback received generally showed positive outcomes for people living at the home. Most ratings given were in the average, good and very good categories. For example, 77% thought support was good or very good and 79% would recommend the home. The manager told us that although no significant areas of concern were identified, they would develop an action plan to work on areas for improvement.
- The home held quarterly meetings with people and their relatives to obtain their views and update them on service development. Minutes from the January 2019 had not been completed at the time of the inspection. We reviewed the minutes of the meeting in September 2018. Topics discussed included the progress on staff recruitment and consideration of how to improve the exit from the car park safer for drivers.

Working in partnership with others

- The provider worked effectively with other organisations to ensure staff followed best practice. The manager told us they had regular contact with the local authority that commissioned the service, health and social care professionals and they welcomed their views on service delivery.
- The home worked closely with other agencies such as St Christopher's Hospice, hospitals and local churches and charities. These organisations supported in improving the care provided to people and training and developing staff. The home worked in collaboration with the local authority to improve the service and the feedback we received from the local authority monitoring team was positive.
- The home was working with GPs so that they were aware of residents who had a power of attorney for health, so the GP could consult relatives before making a referral.