

Mr & Mrs T F Chon

# Elmhurst Residential Home

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Elmhurst Residential Home is a care home providing personal care for up to 34 older people. At the time of the inspection there were 20 people living in the home. The service is an adapted building with a lift.

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

There were not always enough staff on duty to meet people's needs. The provider told us they immediately increased the staffing levels after the inspection to ensure people's needs could be met safely and responsively in the evenings and at night.

We observed people were cared for by staff who were caring and compassionate. Relatives spoke positively about the staff team and how caring they were.

People received their medicines safely as prescribed. There were suitable systems and processes in place to manage medicines safely.

There were processes in place to prevent and control infection at the service, through regular COVID-19 testing, additional cleaning and safe visiting precautions. However, the home's infection control policy did not give guidance about COVID-19 and we saw some staff not wearing Personal Protective Equipment (PPE) appropriately. The management team confirmed after the inspection they had addressed this concern through additional training, displaying information about how to wear PPE and checking on staff to ensure they wore their masks properly.

Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow.

We made one recommendation to consult people to ensure their dietary preferences were being met.

Relatives were satisfied that people were looked after well by staff who knew their needs and preferences, however some relatives felt communication and updates could be improved.

People had care plans which detailed their needs and preferences. Staff knew people's care needs and wishes very well.

Staff spoke very positively about the manager and the support they received. Despite the challenges posed by the COVID-19 pandemic, the manager had implemented some improvements and new processes at the service.

The management team engaged well with health and care professionals who told us they found them to be helpful and said the manager acted on their advice.

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 and update

The last rating for this service was good (published 9 April 2019). At this inspection the rating has deteriorated to requires improvement.

#### Why we inspected

We received anonymous concerns in relation to staffing levels, quality of food, hygiene and poor care. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only. Although we found staffing levels needed to be increased there was no evidence to justify the other concerns. The level of hygiene in the home was good and the staff team was caring and worked well together to provide good care.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the safe section of this full report. You can see what action we have asked the provider to take at the end of this full report.

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

We made one recommendation to consult people to ensure their dietary preferences were being met.

#### Enforcement

We have identified a breach in relation to staffing.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe. Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Details are in our effective 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** ●

# Elmhurst Residential 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.

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

This 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 care service. This person made phone calls to relatives to ask their views on the service.

#### Service and service type

Elmhurst Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 but they were not yet registered with the Care Quality Commission.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We considered all the information we received from and about the service since the last inspection. This included notifications and concerns received.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We contacted relatives of people living in the home to ask their views on the quality of care provided at the home. We spoke with the relatives of 18 people living in the home. We used all this information to plan our inspection.

During the inspection

We spoke with 13 staff in person and on the phone. This was a selection of day and night care workers, the manager, assistant manager, senior care worker, domestic staff and one of the partners who run the home. We also spoke to with 16 people living in the home. We carried out observations of a mealtime and people's wellbeing during the evening routine in the home.

We reviewed a range of records. This included four people's care records and ten people's medicines records. We looked at two 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.

We looked at all communal rooms, the kitchen , toilets and ten bedrooms in the home.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, procedures, care, food and fluid charts and quality assurance records. We received feedback from three professionals who have had recent contact with the home.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staffing levels were not always sufficient to meet people's needs.
- Our observations showed although staff interacted very well with people, they were very busy throughout the evening and did not have time for meaningful interaction with many people. Most staff said they thought there needed to be more staff on duty. Two staff thought there were enough staff.
- The staffing levels had a negative impact on the amount of supervision and support people were given at mealtimes. No staff were sitting down at the meal table to encourage and support people with eating. We observed one person was not eating unless prompted during our inspection. We noted that staff did not sit with the person to support them but instead put a forkful of food in their mouth then carried on with other duties in between. This was not a positive mealtime experience.
- Staffing levels also had a negative impact on people in that they had nothing to occupy them in the evening with some people sitting in one place for over three hours with no stimulation or company. Two people were looking for staff at one point when the staff were all busy in other rooms, one person was distressed, two people told us they wanted to go to bed and one person saying they were bored and had nothing to do.
- One staff member was administering people's medicines and we noted they had to pause the medicines round to attend to a person who was distressed as the other two staff had 20 people to look after.
- We had to intervene on a few occasions to let staff know when a person told us they were either cold, thirsty, tired or upset. Staff responded immediately in all cases. There were short periods where the lounges were unsupervised by staff.
- There was no written evidence that the current staffing levels had been properly assessed as suitable. The dependency assessments in place did not include the required level of staffing.
- People had mixed views on whether there were enough staff. One person said, "Plenty come along" and another said, "I appreciate they look after me." Others said, "I'm complaining about them disappearing" and, "I want to go to bed but she is too busy to take me."
- Relatives had not been able to visit regularly during the pandemic but told us of their experience prior to the national lockdown where they thought there were enough staff. Their comments included; "Yes, I was quite impressed with staff around, they seemed attentive to residents", "Yes, (there are enough staff), they seem quite nice and she seems happy" and, "That's a difficult one, they always seem to be busy, don't know about now."
- When we gave feedback to the provider and the manager agreed to increase evening and night staffing levels without delay and assess morning staffing levels to see whether they needed to be increased.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate staffing levels were effectively managed. The provider did not have an effective system for assessing dependency levels and required staffing. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The manager had informed us prior to the inspection that they were in the process of recruiting new staff.
- We did not have any criticism of staff; they were busy but they were caring and interacted with people in a caring person-centred way at all times.
- Relatives and people living in the home all gave very positive feedback about staff being caring and kind and keeping people safe.
- The provider responded immediately during and after the inspection. They increased afternoon/evening staffing levels immediately from three to four staff and increased night staffing levels from two to three two weeks after the inspection.

#### Preventing and controlling infection

- The infection control policy was not appropriate for the service. The policy did not state that staff were always required to wear masks, did not refer to COVID-19 and there were no records of IPC audits. The manager obtained up to date guidance after the inspection.
- In practice despite the out of date policy the provider and manager had ensured staff had completed infection control training during the pandemic, had ensured good levels of hygiene in the home and provided staff with all personal protective equipment(PPE) including masks.
- Staff were not all wearing PPE correctly. Although staff wore aprons and masks, plus gloves for personal care, most staff were wearing their masks incorrectly.
- When we gave feedback to the manager, they told us they immediately displayed information about correct PPE wearing in the home and gave staff videos to watch about PPE to ensure they wore their PPE correctly.
- The provider was preventing visitors from catching and spreading infections by ensuring visits were pre-arranged, visitors were required to take a COVID-19 test on arrival at the service and have their temperature taken.
- Relatives who had visited the home for outside visits told us they were happy that suitable precautions had been taken.
- We were assured that the provider was admitting people safely to the service as only one person had been admitted and had stayed in isolation in the home with their own allocated staff until their quarantine period was complete.
- All rooms inspected were clean and had suitable handwashing facilities. There were hand sanitiser and PPE stations throughout the home.
- The kitchen was cleaned to a high standard and food stored safely with one exception. We saw raw meat stored on the same shelf on the refrigerator as other food items. Although the meat was sealed this was still not safe practice. The manager advised us that this was immediately rectified after we pointed it out.

#### Assessing risk, safety monitoring and management; Systems and processes to safeguard people from the risk of abuse

- Risks to people's health and safety were assessed and risk management plans were in place to guide staff on how to reduce risks. Risk assessments addressed areas such as moving and handling equipment, falls and medical conditions.
- The home had a safeguarding policy and procedure. Staff were trained in recognising and reporting any signs of abuse.



- The manager and provider had experience of raising safeguarding alerts appropriately.
- We were not assured that all staff understood the fire evacuation procedure for night times. The manager confirmed that staff had completed fire safety training recently. When we gave feedback, the manager informed us they immediately carried out individual supervision sessions with night staff to check their knowledge of the fire safety and evacuation procedure.
- Those people who were able to talk about their safety told us they felt safe and that staff helped them when they needed to go from room to room to minimise the risk of them falling over.
- Relatives told us they thought people were safe at the home. Their comments included; "He's safe there, yes", "Definitely safe, I've no concerns because I 'phone him and always ask the staff and they reassure me. He's quite content" and, "I have no reason to think he's not safe."

#### Using medicines safely

- Medicines management was generally good with good practice in personalised medicines administration. We saw staff took time to explain people's medicines to them and gave them time to take their tablets at their own pace.
- Where people took painkillers on an "as and when required" basis there was good practice where staff recorded the person's pain level and the reason for giving the painkiller.
- There were no medicines profiles for people explaining their medical conditions and what each medicine was for. The manager immediately asked the pharmacy to support them in writing these documents.
- Five people had their allergies clearly listed on their medicines administration record (MAR). One person's care records showed she was allergic to two medicines but this was not recorded on their MAR. We informed the manager who told us this was immediately rectified. We confirmed the person had not received any medicines they were allergic to so was not at risk of harm.
- Medicines audits took place regularly to ensure medicines had been given safely as prescribed. The manager explained every person's MAR was audited at every audit. Staff were assessed for competence in medicines administration regularly to ensure they were able to administer medicines safely.

#### Learning lessons when things go wrong

- The manager and provider told us of lessons learned from the first wave of COVID-19 and how they had made improvements and adaptations to the way the home was run to minimise the risk of further outbreaks of COVID-19 in the home.
- Incidents and accidents were analysed to ensure remedial action was taken so that a similar incident would not occur.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The menu showed a choice of two hot meals or sandwiches and soup for the main meal and a meal or sandwiches and soup in the evenings. There was a lack of cultural foods on the menu, with only one Indian, one Chinese and one Caribbean meal each month. Staff told us that this was supplemented by people having foods brought in from relatives to meet their cultural needs.

We recommend that the service review the menu to ensure it meets people's preferences.

- People's feedback about the quality of the food was generally positive and included; "The food is up to standard," "The food is alright" and, "There's nothing wrong with the food."
- Relatives told us they were satisfied with the food provided. They said; "They know their dietary preferences", "The food looks alright, they do give her a choice" and, "There was a choice, he enjoys his food, it seems to me that he likes it."
- Some people had all their food and fluids recorded and were recommended fortified diets due to low body weight. We saw that the food and fluid records were kept up to date by staff. There was no record of what the chef used to fortify the meals for these people. The manager told us that meals were fortified but records not made. We also noted that records showed all snacks were biscuits. The manager and provider told us that fruit, yoghurts, cake were also offered as snacks between meals. The records we saw did not reflect this. They told us they would ensure food records had more detail.
- We saw good practice in that staff offered people second helpings and gave them a choice of dessert. People who had a poor appetite were offered things they liked such as bread and butter or hot chocolate to drink to encourage them to eat and drink. Dietary supplements were available for those who had low weight.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA.

- Most people living in the home required a DoLS and had a DoLS in place.
- People's files contained records of whether they had capacity to make decisions and their consent to care, being photographed etc.
- People told us and we observed that staff always asked them before providing any care and support, for example moving to another room, going to the toilet.
- Care records recorded whether a person had a lasting power of attorney or advocate.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The manager or provider assessed people's needs before they moved to the home. This was to ensure their needs could be met at this home.
- The assessments had enough detail for a care plan to be written outlining people's needs and preferences.
- People and their relatives told us they thought they were cared for well by staff who understood their needs. One relative said, "I could not fault the care." Another said, "The staff are amazing. They go above and beyond and look after people so well."
- Staff supported people with their medical appointments.
- Staff knew people's medical conditions and cared for them accordingly, for example we saw staff supporting people appropriately to suit their sensory and mobility needs and ensuring they had the foods for their specific medical dietary needs.
- Relatives and residents of the home said the staff always sought medical attention for people promptly if they felt unwell and arranged for them to see a healthcare professional.
- One relative particularly praised the quality of care that a person was provided with at the end of their life. They thought the quality of care provided was exceptional.
- Health and social care professionals told us that the home worked well with them and acted on their recommendations for improvement. They always found the manager and staff to be open and helpful.

Staff support: induction, training, skills and experience

- Staff completed an induction training programme and were up to date with mandatory training for their role. During the pandemic staff had also completed training in infection control and attended webinars on COVID-19.
- Staff said they were happy with the training they received.
- The manager had a proactive approach to staff training and told us about training that was booked to help staff recognise and deteriorating health in people and be able to respond quickly to any concerns. The community matron working with the home confirmed that staff will be completing this training and they would be supporting them. This was a good initiative for the benefit of people's health.
- Staff had regular supervision and appraisals. Staff told us they were happy with the level of supervision and support from the manager.
- Many of the staff had worked at the home for several years and had a good level of experience. They therefore knew people well. They had formed good relationships with people and understood their needs, likes and dislikes. Staff were able to tell us about people's needs and preferences in detail.
- People gave positive feedback about the staff, making comments such as; "Staff are very good," and "They look after me well."

# 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 has now deteriorated to requires improvement.

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.

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

- The home has not had a manager registered with CQC for a year. Without a registered manager the service cannot be rated higher than requires improvement. The manager told us they were in the process of applying for registration.
- The manager of the home was experienced at managing care homes and had good understanding of quality. They were able to tell of us improvements they had made to the home. Staff confirmed that the manager had made improvements and supported them well.
- There was one notification that had not been made to CQC. The provider had reported the incident to the local authority as required but had not notified CQC. This was an oversight and the event was reported after the inspection. We were satisfied that the provider was aware of all events that needed to be notified.
- The manager ensured that regular audits were carried out including medication administration records which were audited by senior staff and health and safety audits of the building.

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

- Staff described the home as being like a family and had a good understanding of people's needs and personalities. They were able to tell us detailed information about how they supported people and what their preferences were.
- We saw staff engaged with people in a person-centred way, taking the time to discuss the concerns and their care and seeking their references
- Relatives told us they thought the home ran smoothly and good quality care was provided. Their comments included; "Everything is working smoothly" and "They are very well cred for."
- People said they liked the home. One person said, " I haven't got a dislike about it." One relative said, "There is nothing outstanding and nothing bad."

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 provider and manager both understood their responsibilities under the duty of candour. Two relatives who had experienced a negative event said that they thought the manager and staff had dealt with the event well and were open and apologetic about the event.

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

- One relative told us they were not receiving updates as often as they would like on their relative's wellbeing. Other relatives said they were well informed of any changes in their relative's health and other issues such as having the COVID-19 vaccination.
- The manager had made a newsletter for relatives giving information and photographs of what had been going on in the home during the pandemic and activities people had engaged in.
- Relatives described staff as; "really excellent", "above and beyond" and "really caring."
- Some relatives said they had videocalls with their relative during the lockdown period. Some were happy with visiting arrangements and others said they would have liked more communication and updates. The majority gave positive feedback.
- Relatives said they had not received any questionnaires this year asking for feedback. This may have been due to factors such as change of manager and the pandemic. Despite this most relatives felt well informed.

Continuous learning and improving care

- We found the manager was committed to continuous improvements in the home and was proactive in looking for ways in which the quality of the service could improve.
- Staff gave good feedback about the manager.
- The manager had made adaptations to the cleaning schedule and daily routines as the pandemic required and ensured staff were up to date on changing requirements.
- The provider acted on the feedback we gave in order to make improvements.

Working in partnership with others

- Relatives of people living in the home and professionals told us they thought the home worked well with them and that their views were listened to.
- The community matron supported the home with people's health needs and staff reported a good working relationship.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  The registered persons had not ensured that sufficient staff were deployed to fully meet people's needs at all times.