

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?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

This inspection took place on 16 November 2015 and was unannounced. An inspection was carried out previously on 26 April 2013 and found assessments were not undertaken to establish people's needs for the purpose of calculating staffing levels, there were gaps in recruitment processes, supervision and mandatory training was not carried out. Follow up inspections found the service to be compliant.

Elmhurst Residential home is a residential home for up to 14 adults with dementia. There were nine people staying there at the time of the inspection.

The home did not have a registered manager in place during our inspection. A registered manager is a person

who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some risk assessments were not updated to reflect people's current needs and did not take into consideration people's health needs. When a risk was identified it did not provide clear guidance to staff on the actions they needed to take to mitigate risks in moving and handling and for behaviours that challenged the service.

Summary of findings

Supervision was not consistent and regular one to one meetings were not being carried out. Staff had not received annual appraisals.

People were given choices during meal times and their needs and preferences were taken into account. Nutritional assessments were in place for people, which included the type of food people liked and disliked. However, food was not being monitored for people with specific health concerns to ensure they had a healthy balanced diet. We made a recommendation that the provider monitors food and drink intake for people at risk of malnutrition.

Due to risks to their safety most people living at the home were not allowed to go outside without staff or relative accompanying them. Appropriate Deprivation of Liberty safeguards had not been applied for.

Two mental capacity assessments assessed people to have 'limited capacity'. The assessment did not detail the specific decisions that people did not have the capacity to make and we did not see any evidence of best interest meetings or decisions being made on their behalf. The home managed four people's finances. However, we did not see capacity assessments to evidence that this was in their best interests or if people had the capacity to manage their own finances.

People were not supported to access activities in the community. There were limited opportunities for people to engage in meaningful social and leisure activities. However, the home had recruited an activities coordinator and they were due to begin employment once pre-employment checks had been completed. We have made a recommendation about the management of activities.

Staff and resident meetings were not held regularly. The last staff meeting was held on April 2015 and we did not see evidence of residents meetings being held since November 2014. Questionnaires were completed by people and their relatives about the service and the findings were analysed.

People told us they felt safe. Staff had a good understanding of how to safeguard adults and knew what to do to keep people safe.

People were supported by suitably qualified and experienced staff. Recruitment and selection procedures were in place. Checks had been undertaken to ensure staff were suitable for the role. Staff members were suitably trained to carry out their duties and knew their responsibilities to keep people safe and meet people's needs.

People were supported to maintain good health and appropriate referrals to other healthcare professionals were made.

Quality assurance and quality monitoring systems had been implemented to allow the service to demonstrate effectively the safety and quality of the home. Regular health and safety audits were carried out to ensure the premises was safe. However, the provider's quality monitoring had not identified the shortfalls we found during our inspection.

There was a formal complaints procedure with response times. Where people were not satisfied with the initial response it also included a system to escalate the complaint to relevant bodies such as the CQC. Complaints were handled and response was provided appropriately. People were aware on how to make complaints and staff knew how to respond to complaints in accordance with the services complaint policy.

People were encouraged to be independent and their privacy and dignity was maintained. People were able to go to their rooms and the garden.

We identified breaches of regulations relating to consent, risk management and staff support. You can see what action we have asked the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe. Some risk assessments were not updated to reflect people's current circumstances and health needs.

Medicines were not always managed safely.

Staff members were trained and knew how to identify abuse and the correct procedure to follow to report abuse.

Recruitment procedures were in place to ensure staff members were fit to undertake their roles and there were sufficient numbers of staff available to meet people's needs.

Requires improvement



Is the service effective?

Some aspects of the service were not effective. People's rights were not being consistently upheld in line with the Mental Capacity Act 2005.

Training was not provided to staff on Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS).

Supervision was not consistent and appraisals were not carried out with staff.

People's weight was monitored. Records did not include information on what action staff should take if people lost weight.

Staff had received the relevant induction and mandatory training to ensure they had the skills and knowledge to care for people.

Requires improvement



Is the service caring?

The service was caring. There were positive relationships between staff and people using the service. Staff treated people with respect and dignity.

People had privacy and staff encouraged independence.

People were involved in the planning of their care. Staff had good knowledge and understanding on people's background and preferences.

Good



Is the service responsive?

Some aspects of the service were not responsive. Activities were not regular and people were not always supported to go into the local community.

Care plans included people's care and support needs and staff acted on them.

There was a complaint system in place. People using the service and relatives knew how to make a complaint and staff were able to tell us how they would respond to complaints.

Requires improvement



Summary of findings

Is the service well-led?

Some aspects of the service were not well led. Staff and resident meetings were not carried out regularly.

There were appropriate systems in place to monitor the service and make any required changes. Regular audits were undertaken by the acting manager; however, these did not always identify shortfalls.

Staff told us the acting manager was supportive and we observed that the acting manager supported staff.

There was a homely culture, which encouraged people to be independent.

Requires improvement



Elmhurst Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out on 16 November 2015 and was unannounced. The inspection was undertaken by two inspectors.

Before the inspection we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. We also made contact with the local authority for any information they had that was relevant to the inspection.

During the inspection we spoke with five people, one relative, two staff members, the cook, a visiting social worker and the acting manager. We observed interactions between people and staff members to ensure that the relationship between staff and the people was positive and caring.

We spent some time looking at documents and records that related to people's care and the management of the home. We looked at five people's care plans, which included risk assessments.

We reviewed six staff files which included training and supervision records. We looked at other documents held at the home such as medicine records, quality assurance audits and residents and staff meeting minutes.

Is the service safe?

Our findings

People told us they were safe at the service and had no concerns. One person told us, "I am safe as I ever can be." A relative told us that their relative "is safe." Despite these positive comments we found that aspects of the service were not safe.

There were arrangements to evacuate most people in the event of a fire or similar emergency and there were individual Personal Emergency Evacuation Plans (PEEPs). However, a person in a wheelchair had been temporarily moved to the second floor of the home whilst refurbishment works were carried out on the person's room on the ground floor and risk assessments had not been completed on what to do in the event of an emergency. The acting manager told us after the inspection that the person had been moved back to a room on the ground floor.

Assessments were undertaken with people to identify risks. Assessments were regularly reviewed and were updated to reflect any changes in people's needs. Staff members were aware of the risks to people around moving and handling and how to respond to escalating health concerns. For people with risk of high cholesterol levels or diabetes, staff told us that if people's glucose levels or cholesterol levels were to increase, then this would be monitored through a balanced diet and an appointment booked with a GP if required.

There were some assessments specific to individual's needs. There were general assessments for everyone such as safety awareness, falls, unsupervised wandering, physical/verbal aggression and absconding. However, when a risk was identified it did not provide clear guidance to staff on the actions they needed to take to mitigate such risks.

Of the six people's risk assessments we looked at, we found four had not been fully completed. For two people who could demonstrate behaviour that challenged the service, risk assessments were not completed on how to mitigate risks, such as the steps to be taken to de-escalate situations. Records showed some people had specific health concerns such as high cholesterol, diabetes and angina. Risk assessments were not completed to demonstrate the appropriate management of these risks in order to minimise them leading to serious health

complications. Risk assessments had not been carried out for a person who was able to go out unsupervised in order to mitigate risks such as getting lost, lack of road safety awareness or if they became confused.

Moving and handling assessments had been carried out. These listed if people had history of falls and were mobile. The assessments did not include risks associated with moving and handling, such as their weight, height, postures, behaviour, level of mobility and if people could follow instructions. Moving and handling assessments were not specific for those people who used wheelchairs.

The above issues related to a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Medicines were stored safely. Staff members handling medicines were trained and we saw up to date training certificates. Medicines administration records had been kept securely and recorded appropriately. People told us they received their medicines on time, one comment included "I do get my medication when I got to have it." There were appropriate return procedures for unused medicines. Staff confirmed that they were confident with managing medicines and the service regularly audited the management of medicines.

We observed that a staff member gave a person using the service their medicines in a pot and left them on the table for the person to take independently. The staff member did not wait for the person to take the medicine. There was a risk that the person might not have taken their medicine and other people could have had access to the medicine. The acting manager assured us that this was an isolated incident. The person had taken the medicine and staff members were reminded to always observe to ensure that medicines have been taken by people if self-administered.

Staff had undertaken training in understanding and preventing abuse and up to date training certificates were in staff files. Staff members were able to explain how to identify abuse, the types of abuse and who to report abuse to. Staff also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the local authority.

A recent emergency evacuation test was carried out. Staff members were able to tell us what to do in an emergency,

Is the service safe?

which corresponded with the fire safety policy. Weekly fire tests were carried out. Risk assessments and checks regarding the safety and security of the premises were completed.

On reviewing the accident and incident book, we noted that incidents were recorded in detail and listed actions that had been taken. We saw evidence that a risk assessment had been reviewed and updated following an incident.

People using the service and their relatives told us they were happy with the help they had from staff and told us that staff members always provided support as expected. One person told us “When I call help, I get help.” Another person commented “Staffing levels are adequate.”

We saw there was adequate staffing to accommodate people’s needs and people were supported promptly when required. We observed the acting manager combined her substantive role as a senior care worker and was involved in providing care and support and we saw her supporting people as well as providing guidance for staff. This meant that the acting manager was not able to carry out managerial duties in full. The acting manager told us a new manager would be starting on 19 November 2015 who would concentrate on managerial duties.

Staff files demonstrated that the provider followed safe recruitment practice. Records showed the provider collected two references from previous employers, proof of identity, criminal record checks and information about the experience and skills of the individual. The acting manager made sure that no staff members were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. The dates of the checks corresponded with the start date recorded on the staff files.

We saw evidence that demonstrated appropriate gas and electrical installation safety checks were undertaken by qualified professionals. Checks were undertaken on portable appliances, hot water temperatures and Legionnaires’ disease to ensure people living at the home were safe.

Staff received training in handling behaviour that challenged safely. Staff told us they had not used physical intervention to manage behaviours which challenged the service. One staff told us “We are told not to use restraint.” They described how they used de-escalation techniques such as talking to people to calm them. A staff member commented “We talk to them softly, try to remove them from the situation and calm them.”

Is the service effective?

Our findings

All of the people we spoke to were happy with the care they received at the home. People and their relatives told us that staff members were skilled and knowledgeable. One person told us “They [staff] are pretty good.” Another person commented when asked if staff were able to look after them “Yes.” A relative told us “They just know what to do.”

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA.

Training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty and Safeguarding (DoLS) had not been provided. Staff told us if people did not have the mental ability to make certain decisions, then an assessment would be carried out to have the decision made in their behalf. However, we found the assessments did not follow the MCA principles evidencing decisions that were taken was in their best interests.

The home had a basic MCA form that listed if people had capacity to make decisions. Two of the MCA forms listed that people had ‘limited’ capacity. However, they did not detail specific decisions that people did not have the capacity to make and we did not see any evidence of best interest meetings or decisions. The home managed four people’s finances. However, we did not see capacity assessments or best interests evidence that stated that the individuals were unable to manage their own finances or agreement for the provider to manage people’s finances.

We saw that the front door was kept locked and most people did not go out. The acting manager told us most

people were not allowed to go out without a staff or relative accompanying them due to risks to their safety. The home had not applied for DoLS authorisations for people who they felt were unable to safely go out alone and therefore this meant that people may have been unlawfully deprived of their liberty. The acting manager told us contact will be made with the local authority for advice.

This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff told us they always asked for consent before providing care and treatment. One comment included “You always explain things to them, you have got to.” People and relatives confirmed that staff asked for consent before proceeding with care or treatment.

The provider’s supervision policy showed that formal supervisions and appraisals should be carried out with staff regularly. Supervision was inconsistent and irregular. Some staff had received five supervisions in a year, while others had received only two supervision in the last year.

Appraisals were not carried out with staff. The service was unable to produce any documentary evidence to show that appraisals were undertaken and that systems were in place to undertake appraisals in the future.

This was a breach of regulations 18 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

Staff completed an induction to make sure they had the relevant skills and knowledge to perform their role. Induction involved a probationary period and covered all essential requirements that were needed to undertake the role. Staff confirmed they had induction training when they started the role.

People were supported to develop their skills and knowledge through the providers training programme. Staff told us the training was relevant and covered what they needed to know. Training records showed that staff had received training appropriate for their roles.

Nutritional assessments were being carried out, which included what type of food people liked and disliked along with special diets. Some people had high cholesterol and diabetes and we saw people’s weight was being monitored regularly. However, the records that were in place did not include information on what action staff should take if people were losing weight. In one care plan we saw that a person was on a diabetic diet and staff should monitor

Is the service effective?

food and fluid intake. We did not see documentary evidence that this was monitored or records which showed the types of food that were consumed by the person and the amount that was eaten.

People told us that they enjoyed the food at the home and if they wanted more food, this was provided. The cook had good knowledge about people's individual dietary needs and preferences. People were given a choice of food and people, staff and our observations confirmed this. People received a balanced diet.

People were supported to eat when needed by staff members and were given encouragement to eat by themselves. We observed a person who had difficulty cutting their food and a staff member supported the person. There was a relaxed atmosphere during meal times and people were able to sit next to each other and talk.

We saw three people's bedrooms and noticed there was very little in terms of personal photos and decoration

which identified the individual and their room. Bedroom doors only had room numbers and no names or photos of people who were occupying them. There was also no directional signage around the home that indicated where the toilet was and the kitchen or a person's bedroom especially for those people living with dementia.

Records showed that people had been referred to healthcare professionals such as the GP, chiropodist and dentists. Outcomes of the visits were recorded on people's individual's records along with any letters from specialists. Staff confirmed people had access to healthcare professionals particularly if they were unwell. They gave us examples of where they were able to identify if the person was not well, and take the person to the GP.

We recommend that the provider seek advice from a reputable source about monitoring food and drink intake for people at risk of malnutrition.

Is the service caring?

Our findings

People using the service and relatives told us staff members were caring. One person told us “I get on very well with staff.” Another person commented “It is much better than the home I was in before.” We observed that people had a positive relationship with staff members. One relative commented “They are very good.”

We saw staff interacting with people. We saw staff chatting with people about topics of interest and acting in a caring way, such as reminding a person to get his cardigan before he went outside as it was cold. One staff member said, “I treat them the way I like to be treated.” We saw a staff member assist a person when walking and keeping the person company with humour. However, we did observe on occasions there was lack of interaction with people. People were either looking at the television or sleeping and not engaged in any activities, while staff were completing tasks.

Staff spoke kindly to people and had a lot of knowledge about the people they cared for. They knew and understood people’s life history, likes, and their preferences about how they wished to have their care delivered. We observed the relationships between staff and people receiving support and we saw staff consistently demonstrated dignity and respect at all times. A relative we spoke to confirmed staff had a good understanding of providing care and told us “I think they are very good.”

Staff told us they promoted people to be independent. One staff member told us “We encourage people to keep their independence as much as we can” and “We get them to do small stuff.” We saw a person went to the shops by themselves to buy items and people were able to move around independently and go to the lounge, dining area, toilets and hallways if they wanted to.

Care plans were individual and personalised according to each person’s needs. People told us they were able to make decisions about their care. Care plans were current and were written in first person to make them personal.

People told us that staff allowed them privacy and we observed people going into their rooms freely without interruptions from staff. Staff said that they respected people’s privacy and dignity. We saw staff knocked on people’s doors and waited for a response before entering. Staff told us that when providing particular support or treatment, it was done in private and we did not observe treatment or specific support being provided in front of people that would have negatively impacted on a person’s dignity. One person told us “My privacy and dignity is respected.”

The service had an equality and diversity policy and staff members were trained on equality and diversity. We observed that staff treated people with respect and according to their needs such as talking to people respectfully and in a polite way. One staff member commented “To me they are all equal.” We saw people’s preferences in food according to their cultural beliefs were recorded. People using the service told us they attended places of worship and said the service accommodated this. The acting manager told us arrangements were in place for one person to be picked up by a member of their church and said people were more than welcome to attend places of worship.

We saw end of life care plans, which included detailed assessments of people’s wishes such as where they wanted to stay if they were seriously ill and if they wanted members from religious institutes to be called.

People had contact with family members and details of family members were recorded on their care plans. During our inspection we saw a relative visiting their family member and the relative confirmed that they could visit anytime.

Is the service responsive?

Our findings

People and relatives told us that the home was responsive to their needs and preferences. One person told us when asked if staff listen, "When I talked to them [staff], they do" and a relative when asked if staff listened to their family member and themselves, commented "Yes, they do."

We observed staff playing games with people in the lounge and one person told us that they were taken to a local supermarket to buy ingredients for food one month ago. One staff member told us "We play dominoes, ball games." Records showed at times people played hoopla, dominoes and ball games and people's care plans contained daily activities. However there were few structured activities as daily records showed most of the time people either relaxed in the lounge or watched the television and observation confirmed people did this during most of the day. Staff told us that some people did not like to take part in activities, but we did not see records of people's preferences on what activities they liked and disliked. When we spoke with one person we were informed they wanted to go out and the last time they went out was one month ago. We observed one person going out by themselves. There were no records to show that people were taken out to access community services. We fed this back to the acting manager and were told an activities coordinator had been recruited to introduce regular activities and was waiting to start employment once pre-employment checks had been made.

People were assessed before being admitted to the home in order to ensure that their needs could be catered for. Admission sheets confirmed that detailed assessments of people's needs were undertaken, including important aspects such as the medicines they were prescribed and their diagnosis. Records showed that the provider included people using the service and, where possible, family members in developing support plans and reviews. One staff member told us "We involve them as much as we can" and a relative told us, "They have asked me a couple of times."

Care plans included a summary of people's support needs, food preferences, healthcare, communication, personal

hygiene, medicines history and activities. There was a three stage daily plan, which included support needs for each person during breakfast, lunch and supper. Care plans were up to date and included important details such as people's current circumstances and if there were any issues that needed addressing, such as action plans to manage someone's health condition.

Care plans were personalised and person centred to people's needs and preferences. Staff told us they provided person centred care. In one care plan we read that a person needed help to walk. We observed that person trying to get up and a staff member responded straight away to help the person. Records showed that people were supported to go to hospital when needed and referrals were made to other healthcare professionals where required.

Daily log sheets recorded key information about people's daily routines and the support provided by staff, which corresponded with their support plan.

A communication book recorded key information such as medicines and health appointments. Staff told us that the information was used to communicate between shifts on the overall care people received during each shift.

There were procedures in place to handle complaints. Staff members, when asked, could explain the complaints process in detail. The policy provided people who used the service and their representatives with clear information about how to raise any concerns and how they would be managed. The staff we spoke with told us they knew how important it was to act upon people's concerns and complaints and would report any issues raised to the acting manager or provider. People told us they had no concerns about the home and knew how to make a complaint if they needed to. We saw formal complaints had been received and these had been investigated and resolved appropriately to the satisfaction of the complainant.

We recommend that the provider seek advice from a reputable source about providing meaningful engagement and activities that meet people's individual social and leisure needs.

Is the service well-led?

Our findings

People told us they enjoyed living at the home. One person told us “I feel like I am at home.” A relative told us that their relative “feels so at home, it’s really good.” Staff told us they enjoyed working at the home and they cared about the people living at the home. The acting manager and staff told us that they tried to create a homely environment for people. We observed the environment to be relaxed and open where people were free to chat and move around freely. For example, people were able to go to the garden or to any part of the house when they wanted to.

The service had some systems in place for quality assurance and continuous improvements. We saw that weekly medicine audits were carried out by the acting manager. Audits were also carried out in security, safety, hazards and cleanliness. However, the quality monitoring had not identified the shortfalls that we identified during our inspection.

Regular staff and resident meetings were not being held. The last staff meeting was held on April 2015. The last resident meeting was held on November 2014.

There were policies and procedures to ensure staff had the appropriate guidance on equality and diversity, safeguarding, complaints and fire safety. Staff confirmed

they could access the information if required. Some of the policies and procedures did not have dates to show when they were written and when they would be reviewed. The whistleblowing policy did not list what external agencies to contact in the event staff members wanted to report concerns.

The service had a equality monitoring system which included questionnaires for people and relatives. People confirmed that the service asked for their feedback. We saw the results of the questionnaires, which was very positive and covered important aspects on happiness, staff, safety, concerns and food. We did not see evidence that feedbacks were analysed and used to make any required improvements to the service.

People, relatives and staff were positive about the acting manager. Observations confirmed the acting manager had a positive relationship with people and people were able to speak to the manager with ease.

Staff told us they were supported by the acting manager when needed. One staff member told us “She is supportive.” Another staff member commented “Anytime we work together, she supports.” We observed the acting manager delegating job roles to staff and this was professional, respectful and staff listened to her.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

The registered person was not providing care in a safe way as they were not doing all that was reasonably practicable to mitigate risks to service users. (Regulation 12(2)(b))

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Care and treatment was not always provided with the consent of the relevant person as the registered person was not always acting in accordance with the Mental Capacity Act 2005. (Regulation 11(1)(3))

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA (RA) Regulations 2014 Staffing

The service provider had not ensured that all staff received appropriate supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. (Regulation 18(2)(a))