

ELMS in Waltham Forest

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Inspection report

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23 October 2017

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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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 20 and 23 October 2017, the first day of inspection was unannounced. At our last inspection on 8 October 2015 we found the provider was in breach of Regulation 12 safe care and treatment. At this inspection we found some improvements had been made, but further improvements were required to ensure that risk assessments were more comprehensive and detailed actions for how risks would be mitigated.

ELMS in Waltham Forest is a three bedded care home. The home specialises in providing support for people with mental health conditions and working towards them developing their independence. There were three people using the service at the time of our inspection. Each person had their own room and shared communal areas such as bathroom, lounge, kitchen and the garden.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission 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.

Medicines were stored safely, however we found gaps in medicine administration records.

People were protected from the risk of abuse because staff knew what to do and how to report any suspicions to their manager and the relevant authority.

The service operated within the legal framework of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Risk assessments identified areas of risks, however they did not include guidance for staff on how these risks should be mitigated.

The registered manager told us that staffing levels were sufficient to meet people's needs. We found staff were not deployed appropriately to ensure that people were safe.

Staff recruitment procedures were in place, however we found gaps in records relating to staff references and disclosure and barring checks.

Care plans were detailed and provided staff with guidance on how to support people. People received support in line with their plan of care. However, care plans were not written in a person-centred manner.

Staff felt supported by the registered manager and felt able to approach them at any time with their concerns. Some staff had not completed training in specialist areas such as diabetes.

Systems in place to audit the service were not effective as they had not identified the gaps we found on the day of our inspection.

We made recommendations in relation to care plans, staff deployment and staff training.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to safe care and treatment, staff recruitment and governance. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe. Although risk assessments were carried out they did not provide details on how risks should be managed. They did not include triggers for staff to observe to identify people who may be suffering a relapse. Medicine administration records were not always up to date.

People were protected from the risk of abuse because staff knew what to do should they suspect abuse.

Staff were subjected to the necessary checks before starting work, however, we found gaps in references for staff. We found the deployment of staff and staff training were not sufficient.

Is the service effective?

Good ●

The service was effective. Staff received training in most areas, however, there were gaps in specialist training such as diabetes and behaviours that challenged the service.

The service met the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff understood the importance of asking people for their consent before supporting them.

People had access to food and drink of their choice and were involved in shopping for the home.

Is the service caring?

Good ●

The service was caring. People were treated with dignity and respect.

People were encouraged to maintain positive relationships. They received visits from family members and friends were encouraged.

People had access to advocates and their human rights were protected.

Is the service responsive?

Good ●

The service was responsive. People received personalised care tailored to their needs. Care plans documented people's histories and information on how to support them However, these were not always written in a person-centred manner.

People were able to make a complaint knowing that staff would act on these in a timely manner.

Is the service well-led?

The service was not consistently well-led. Systems to monitor the quality of the service were not effective. The registered manager had not identified issues found by us during our inspection.

People and staff spoke highly of the registered manager and other staff. They felt able to approach staff with any concerns knowing this would be acted upon.

Requires Improvement 

ELMS in Waltham Forest

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 checked 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.

This inspection took place on 20 and 23 October, and was unannounced on the first day.

The inspection team consisted of an adult social care inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We gathered information and intelligence we held about the service, this includes notifications submitted by the provider. Notifications are changes or events that occur at the service which the provider has a legal duty to inform us about.

During our inspection we spoke with three people using the service and three staff members, including the registered manager. We reviewed various records, including three care records for people using the service, such as care plans, risk assessments and medicines administration records. We looked at various policies and procedures including equalities and diversity, complaints and suggestions and accident and incident reporting. We also reviewed documentation requested and sent in by the provider. This included additional policies such as safeguarding and protection, induction and training and medication. We were also sent a copy of the staff training matrix, group supervision records and minutes of staff meetings.

Is the service safe?

Our findings

People told us they felt safe living at the home. One person told us, "Yes I feel safe here." Another person said, "Yeah, I feel safe here."

However, we found a number of issues relating to medicine management and risk assessments.

Medicines were stored safely and medicines administration record (MAR) charts were mostly up to date. However, we found some gaps, for example one person self-administering medicines had been without their medicine for two days on 20 and 22 September 2017. The provider informed us after the inspection that this was because the pharmacy was out of stock of asthma inhalers. The registered manager told us that staff administering people's medicines were responsible for reordering of medicines for people self-administering. This person was also prescribed another medicine to be taken twice daily, however the evening dose had not been signed as given on the MAR chart. The registered manager told us that staff would sign the MAR to demonstrate that the person had self-administered their medicines. For another person, staff had not recorded when a prescribed medicine had been opened or recorded the amount remaining. Staff were not able to tell us how much had been used because this had not been recorded. Therefore we could not be confident that people received their medicines as prescribed, which put them at risk of becoming unwell. There was no system for recording medicines returned to the pharmacy.

Risk assessments were in place and covered areas such as, smoking and physical health, use of illicit drugs, cooking independently, financial vulnerability and relapse. However, some risk assessments required more details on how these risks should be managed. For example, one risk assessment identified that the person was at risk of relapse, however, it did not document the indicators or triggers for staff to look for that could indicate the person was suffering a relapse. Although staff working with the service for a while knew the indicators to look for we could not be confident that all staff would know what action to take. This put the person at risk of receiving care and treatment that was unsafe or inappropriate.

We noted that there were some visit and travel restrictions in place for some of the people using the service; however, the provider had not carried out assessments to determine or mitigate the risks to people using the service during the daily periods when staff were not on site. This put people at risk of harm. Post the inspection the provider informed us that there were no restrictions in place.

The fire risk assessment completed by the registered manager in June 2014 and a landlord fire risk assessment completed in 2010. We saw that the registered manager had hand written that the fire risk assessments had been reviewed in 2016 and 2017 with no changes to report. However, this was incorrect as the landlord fire risk assessment stated that smoking was discouraged in the building but people had been given permission to smoke in their rooms and smoking risk assessments were in place. The registered manager told us that the last visit by the London Fire Brigade Authority was in September 2015 and that there had not been any changes in terms of the building. This may put people at risk of harm because information in the fire risk assessment had not been updated to include the change in procedure regarding people smoking in their rooms.

Servicing contracts were in place for the maintenance and upkeep of the building. Gas checks were last carried out in July 2017 with the next servicing due in July 2018. Water checks were last carried out in January 2017. The registered manager told us that this should be carried out quarterly, however this had not been checked for eight months, which could have put people at risk of drinking contaminated water as it had not been checked to make sure it was safe.

The above concerns were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff recruitment files were kept at the head office. The registered manager arranged for staff personnel summary files to be made available on the second day of our inspection. We found these files contained application forms, some proof of identification and interview notes. However, we found a number of gaps, for example, for one staff member the application form was not signed or dated and the reference information was incomplete as only email address provided, without a reference. Although we saw records of Disclosure and Barring Service (DBS) criminal record checks, eight of 11 checks we reviewed did not include the outcome of the DBS. Therefore we could not be confident that staff were safe to work with people living at the home.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

On the first day of our visit we arrived at the home to find no staff on duty. We asked the people living at the home whether staff were available and we were told they did not start until 10.30am. One person using the service immediately contacted the on call duty officer from the house phone. When we spoke with the duty officer they told us that this was how the service had always operated and staff were not always required on site as people were independent. A staff member who was undergoing induction training arrived at 10.30am. We reviewed the rota for October and saw that one staff member was on duty for each shift. Shift hours were 10.30am to 2pm, 3pm to 5pm and sleep in from 10pm to 6.30am. This meant that the home did not have staff on site for nine hours each day. This was confirmed by the registered manager who told us that people did not need staff on duty for the whole time as they were independent. This was in contrast with what another staff member told us, which was that the people living at the home had high needs and that staffing levels were not sufficient to meet people's needs.

We recommend that the service seeks advice and guidance from a reputable advice about assessing dependency levels to determine staffing numbers.

Staff knew about safeguarding procedures and how to minimise the risk of abuse. They knew the signs to look for that may indicate that someone was suffering abuse and the types of abuse. For example, one staff member told us that they would look for signs that people were always short of money or constantly borrowing, as this could indicate possible financial abuse. They would also look for physical signs such as bruising, withdrawal symptoms or avoidance of certain staff. Staff told us that in the first instance, any suspicions of abuse would be reported to the duty officer, then to the line manager. Staff knew how to whistleblow and said they would feel comfortable approaching their manager with their concerns. Staff knew the external authorities to report to if they were not satisfied with the action taken by the provider. This included the Police, local authority or the Care Quality Commission.

Is the service effective?

Our findings

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 when this is in their best interests and legally authorised under the MCA. The authorisation 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, and whether any conditions on authorisations to deprive a person of their liberty were being met. The MCA requires providers to submit applications to a 'supervisory body' for authority to do so. The registered manager told us that no one living at the home was currently subject to DoLS. There were no restrictions in place, and people were able to come and go as they pleased. Staff understood and applied the principles of the MCA. One staff member told us, "People have the right to refuse medication, you cannot deprive them of their human rights." The staff member told us that people had the right to be kept informed, and this was done through house meetings and regular key working meetings. Where necessary staff involved family and other healthcare professionals. Where family were not available staff told us they would get an advocate in to speak on behalf of the person.

Supervision records showed that staff had received monthly supervision. This included group supervision with other services managed by the provider. Appraisals were carried out yearly and some appraisal records were seen. Staff told us they felt supported by the registered manager. One staff member told us, "I feel well supported." Staff confirmed that weekly staff meetings were held, and these allowed them to discuss the service or any concerns. Staff told us "We can discuss the project and any problem you may be having."

Staff told us they had completed on line training in various subjects which included administering medicines, MCA and DoLS, equalities and diversity and person centred care. Records confirmed this. One staff member confirmed that they had completed mental health awareness and challenging behaviour training this year. However, not all staff received training specific to people's needs, such as diabetes, behaviours that challenged the service.

We recommend that the provider seek advice and guidance from a reputable source in respect of staff training in specialist areas.

Records showed that people were supported to access health care and staff worked with other healthcare professionals to ensure people's needs were met. One person was seen by a dietitian to help them to manage their health and weight and they received regular visits from a chiroprapist.

People told us that they were given a choice about what they ate and were involved in making decisions about their care. Staff knew people's likes and dislikes for foods, for example, one person liked roast meals

and another enjoyed Caribbean foods. People told us that they were involved in food shopping and able to choose the foods they liked. On the day of our visit we saw one person went out with staff to purchase shopping.

Is the service caring?

Our findings

People told us that staff treated them with dignity and respect. One person told us, "Yeah they respect me." Another person told us, "They do respect me, they do respect my privacy. They don't go into my room, they knock before entering."

We observed good interactions between staff and people living at the home. People comfortably interacted with each other and were comfortable in staff's presence. People told us that they got on well living together.

People were encouraged to maintain positive relationships and this was recorded in their care plan. One person visited their family weekly and received regular visits from a friend. This was confirmed by the person.

People were allocated a keyworker who provided individual support to people to help them to develop their independence. This was confirmed by people using the service who told us that staff encouraged them to be independent, this included encouraging them to cook meals for themselves and tidying their rooms. We saw this was documented in people's care plans. One person told us, "They [staff] encourage me."

People were involved in discussions about their care and had seen and signed a copy of their care plan. One person told us, "I've seen some of it. ...I signed it and I left it at that."

Although care plans were detailed and contained information about people's needs, these were not written in a person-centred manner, for example these referred to people by initials and in the third person. These were task focused, for example, for one person the plan stated, 'encourage [initial] to have regular contact with [their] family by phone or visit.' For another person the plan stated, 'staff to work with [initial] to identify areas of weakness for improvement.' We informed the registered manager who told us that they would look at this when they next review the care plans.

The provider had an equalities and diversity policy which included protected characteristics, (groups protected by The Equality Act 2010 in relation to age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage and civil partnership and pregnancy and maternity). Care plans included a section about people's cultural and religious needs. One person told us that they enjoyed preparing meals related to their culture, this included Caribbean food such as rice and peas and spicy chicken.

Is the service responsive?

Our findings

People told us they participated in activities of their choice. One person told us that they liked to go shopping with staff and this was in their care plan. On the first day of our inspection we saw that this person went out with staff to do the weekly shopping. The person told us that they had also attended a 10 week cooking class organised by the provider, and learnt how to make pizza which they enjoyed so much they were interested in doing another course. Another person told us they went shopping and "Every week we write our own list [shopping]. Staff will do a group list. I sometimes go with them [staff]." This person also told us that they were attending a 12 week course and had enjoyed this.

Care plans were detailed and contained information about people's past and current history in relation to their mental health and background details such as, people's links with the borough, relationships with family and friends and things people liked to do. Care plans included a summary of interventions which covered areas such as mental health assessment, medication, physical health, personal care, domestic care, finance, social/day care and relationships. Care plans reflected the support provided to people living at the home. For example, one person's care plan stated that they should be encouraged to go food shopping with staff, buy their own food of choice and do their own cooking. This was confirmed by the person who told us that they often went shopping with staff and choose their own food. They also told us that they were involved in decision making in the house. This was documented in their care plan. This showed that people received care in line with their plan of care.

The provider newsletter outlined details of activities taking place across (the provider's) services. The May 2017 edition included information about in-house activities, such as a mental health focussed service user led recovery conference. This included presentations, workshops and exhibitions and allowed people to learn from individual 'service user stories'. In the May/June 2016 edition we saw that people living at the home, who had become close friends with a long standing resident who had sadly passed away last year, were supported to be part of the funeral arrangements. . This meant staff had been responsive to what people wanted and supported them according to their needs during this time.

People's likes and dislikes were recorded in their care plan and their independence was encouraged. One person told us, "They [staff] try to encourage us to be independent and move on," and "I always try to cook for myself." Care plans confirmed this.

Staff told us that house meetings were used to ask people whether they had any complaints. Staff told us "We talk to them [people] individually and ask how the house was over the weekend, and, whether there were any problems". This was confirmed by people living at the home.

Records showed that weekly key working sessions took place and included discussions and review of how people were getting on, including health needs and any activities.

There was a complaints and suggestions policy in place. This provided guidance for staff on dealing with complaints and included timelines for dealing with formal and informal complaints. It also included

information on how the service was regulated and details of the Care Quality Commission and made reference to the Local Government Ombudsman who could be contacted at the final stage of the complaint. The provider also placed a summarised version of the complaints procedure on their website which encouraged people to talk to staff if not happy about the service. There was a system in place to record and address complaints. People living at the home told us that they knew how to make a complaint. One person told us that they had made their first complaint in five years and was happy with the outcome.

Is the service well-led?

Our findings

People told us that on the whole they felt the service was managed well. One person told us "I think they try their best to provide a good service...if something needs to be done they get it done."

During our inspection we informed the registered manager that the provider website was incorrect. This indicated that all the services run by the provider had been inspected and received a rating of 'Good' at the last inspection in November 2015, whereas the inspection carried out only related to the inspection of this care home based at Southwest Road. We asked the registered manager and assistant client support worker to correct the website, and we were told this would be addressed. At the time of writing this draft report the website had still not been amended. This meant that information about the service had been misleading for people accessing the website. It did not provide them with accurate information to enable them to make an informed decision about whether the service was suitable.

We were told monthly audit visits were carried out by the provider, however the last audit had been carried out in March 2017, and therefore this had not been consistent. The audit covered a number of areas, including audits on people's individual care plans and associated care records, such as risk assessments and MARs, to ensure these were up to date. However, these had not picked up the issues we found with MAR charts and risk assessments. Pharmacy audits carried out in May and August 2017 lacked detail and did not review whether MAR charts were accurate and up to date.

Following our last inspection the provider produced a 'service action plan' to address the gaps found in risk assessments. Although there had been some improvements we found some risks assessments lacked detail and did not provide information on how risks should be mitigated. Therefore, we could not be certain staff were provided with sufficient information on how to manage risks to provide safe care.

The above issues amounted to a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that the service produced a newsletter with input from the people using the service. The latest edition was produced in May 2017. The assistant client support worker responsible for coordinating the production of the newsletter told us that this would be reintroduced in November 2017. The newsletter included articles showing people taking part in competitions, organising group outings and participating in a service user led recovery conference. This showed that the provider involved people at the home in the running of the service.

People spoke highly of the registered manager. One person said, "[Registered manager] is very kind, I respect [them], [they] are very kind. [They] are my favourite."

People told us that they were asked their views about the quality of the service. Regular weekly house meetings took place and people told us that this gave them the opportunity to talk about how things were going in the house and what they wanted from the service. One person told us, ""Every Monday we talk

about the house and house rules. They [staff] ask if we are happy living together. They [staff] talk about everyday stuff. Do menus, chose food of your choice." Keyworking sessions were also used to gather feedback on how people felt about the support they received. Records confirmed this.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was provided in a safe way for people. They had not always assessed the risks to the safety of service users.</p> <p>People's health and wellbeing was at risk because of unsafe management of medicines.</p> <p>Regulation 12 (1) (2) (a) (g).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems used by the provider to assess, monitor and improve the quality and safety of the service were not always effective. The registered person had not identified potential problems with the quality of care planning, the safety of medicine management or the thoroughness of risk assessments.</p> <p>Regulation 17(1)(2)(a)(b).</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered person did not make sure that recruitment procedures were operated effectively to ensure the information specified in Schedule 3 was obtained in relation to each</p>

person employed.

Regulation 19(3)(a)
Schedule 3