

## South East London Baptist Homes

# The Elms

### Inspection report

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London  
SE22 0JR

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### Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

The Elms is a residential care home providing accommodation and personal care to 26 older people, some of whom have dementia. The service can support up to 26 people.

### People's experience of using this service

The provider safeguarded people from abuse and mitigated risks to their health and safety. Lessons were learned when things went wrong and the provider ensured there were enough suitably qualified and appropriately vetted staff to care for people. The home was clean and tidy on the days of our inspection and staff took reasonable action to prevent the risk of infection. People's medicines were managed safely.

The provider ensured care was provided in line with legislation and current standards of practice. People's nutritional and health needs were met. Staff were appropriately inducted and received ongoing support to provide people with care. The home was appropriately designed and decorated to meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were involved in making decisions about their care and their equality and diversity was respected. People's privacy and dignity was respected and promoted and they were supported to be as independent as they wanted to be.

People took part in activities they enjoyed and there was a clear complaints procedure in place which was followed. Care plans covered all areas of people's needs and the registered manager took reasonable action to determine people's end of life care needs.

People using the service, their relatives and staff were involved in the running of the service. The registered manager understood and acted appropriately in accordance with their responsibility to be open and honest. The registered manager and care workers understood and carried out their roles. The provider appropriately monitored the quality of the service and took action to improve the quality of care. The provider worked in partnership with other professionals.

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:

The last rating for this service was good (published 9 May 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# The Elms

## 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.

#### Inspection team

The inspection was carried out by a single inspector.

#### Service and service type

The Elms is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with six members of staff consisting of the registered manager, the chef, the activities coordinator and three care

workers.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including quality monitoring documents.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and policies and procedures. We communicated with five relatives of people using the service.

# 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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had clear systems in place to safeguard people from the risk of abuse. Any allegations of abuse were reported both to the local authority and the Care Quality Commission and were fully investigated. People told us they felt safe at the home and with their care workers. One person told us "I'm very well looked after".
- Care workers told us they had received training in safeguarding adults and understood their responsibilities. One care worker told us "If I thought anything was going on, I would get in touch with the CQC, I would report it to the manager or go above them if I needed to. I would never keep it to myself."
- The provider had a clear safeguarding policy and procedure in place which stipulated the provider's responsibilities to safeguard people from abuse. We found the provider was meeting the requirements of their policy.

Assessing risk, safety monitoring and management

- The provider assessed risks to people's health and safety and took appropriate action to mitigate these. People's care records contained clear risk assessments that identified the level of risk along with actions care workers were supposed to take to help prevent these from occurring. We saw completed risk assessments in areas such as people's risk of contracting a urinary tract infection as well as developing a pressure sore.
- People had Personal Emergency Evacuation Plans (PEEPs) in place. PEEPs are 'escape plans' for people who may not be able to reach a place of safety without assistance. These contained clear instructions about the level of support people needed.
- The equipment and premises were risk assessed to ensure they were safe for people. We saw evidence of equipment checks on items such as bed rails and wheelchairs and risk assessments assessed the safety of the environment. This included a check of the lighting and electricity among other matters.

Staffing and recruitment

- The provider ensured there were a sufficient number of suitable staff in place. We observed there appeared to be enough staff on duty on the days of our inspection and the provider's rotas confirmed enough staff had been scheduled to work. They had time to speak to people and responded quickly to their needs. People told us there were enough staff scheduled to work. One person told us "They do look busy, but I think there are enough of them. Whenever I've needed help, they've come straight away." Care workers confirmed there were enough of them scheduled to support people.
- The provider conducted pre-employment checks to ensure staff were suitable to work with people. We reviewed three staff files and saw evidence of people's employment history, recent references, their right to work in the UK as well as criminal record checks.

### Using medicines safely

- People were safely supported with their medicines. Where people required support there were clear medicines care plans in place. These stipulated the medicines people took, the dose as well as time. Staff filled in medicines administration record charts (MARs) after they supported people and these were clear.
- We reviewed the storage of people's medicines and found these were kept in a separate room and the temperature was monitored daily. Controlled drugs (CDs) were kept in a suitably constructed cabinet with a separate book that had been signed by two staff members upon administration.
- Only staff with the appropriate training administered medicines to people. We saw evidence of training and competency checks that had been conducted to ensure they had up to date knowledge of their responsibilities.

### Preventing and controlling infection

- The provider took appropriate action to ensure the home was clean and tidy. We saw the home looked clean on the days of our inspection and the cleanliness was monitored daily. People told us this was the usual state of the home. One person said "It's always clean and tidy here. There's no smell here. They're very hot on it."
- Staff received infection control training and gave us examples of actions they took to ensure they delivered safe care. One care worker told us "We make sure we wash our hands throughout the day and clean up any mess right away."
- The provider conducted comprehensive bi-annual infection control audits. We reviewed the last audit conducted and found this did not identify any issues.

### Learning lessons when things go wrong

- The provider learned lessons when things went wrong. We reviewed the provider's accident and incident records and found these were reported and investigated in full. Lessons learned were input directly onto people's care records and risk assessments were updated when needed. For example, we identified one person who had fallen and found their falls risk assessment had been promptly updated with the details of their fall, the heightened risk and actions care workers needed to take to mitigate this.
- Care workers understood the risks to people's care and gave us examples of the types of actions they took to manage these. For example, one care worker told us about the people who were at risk of falls and told us they monitored these people closely and removed any obstructions when they were mobilising. We observed this happening during our inspection.

# 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.

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

- People's care was delivered in accordance with current legislation and guidance. For example, we saw appropriate tools were used to assess people's risk of dehydration or malnutrition and developing pressure sores among others.
- The provider had up to date policies and procedures in place to guide staff and delivered up to date training to ensure they were delivering care in accordance with requirements.
- People's needs and choices were assessed before they moved in to the service and this was updated regularly to ensure people received the care they wanted. We saw people's care plans contained up to date information and care workers demonstrated a good level of knowledge about people's needs.

Staff support: induction, training, skills and experience

- Staff received appropriate support to meet people's needs. Prior to moving into the service, care workers were required to complete an induction that followed the principles of the Care Certificate. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of health and social care workers. Records demonstrated that the provider ensured this was happening. We read that one care worker's induction had been extended due to failure to complete the requirements of their induction on time.
- Care workers told us they received appropriate training as part of their role and records confirmed this. Care workers received annual training in subjects such as safeguarding adults, infection control and medicines administration. One care worker told us "I'm getting enough training."
- Care workers told us they received regular supervisions and annual appraisals as part of their role and records confirmed this. Supervisions were completed every three months and appraisals were completed on an annual basis.

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

- People were given appropriate support with their nutritional needs. People had clear care plans in place which included details such as whether they had any allergies or nutritional requirements such as a risk of malnutrition or dehydration as well as other matters, including their likes and dislikes in relation to food.
- People gave very positive feedback about the food. One person told us "The food is excellent. Fresh cakes here every day! [The chef is] lovely. She really puts herself out."
- We spoke to the chef and they understood people's dietary needs. They told us about people's allergies and knew who required a special diet, such as fork mashed food. People were asked for their preferences in relation to food every day. If they did not like the food on offer, they were offered alternatives. We sampled the food on the first day of our inspection and found the food was appetising, served at the right

temperature and of a good portion.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked with other agencies to provide appropriate care. People's care records included evidence of communications with professionals such as district nurses and people's GP's. We saw their advice was incorporated into people's records and followed.

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

- The home was designed to meet people's needs. Parts of the home had been recently refurbished and people had personalised their rooms to suit their needs.
- Corridors were wide enough for wheelchair access and there was a conservatory, garden area and a fish tank that people enjoyed observing.

Supporting people to live healthier lives, access healthcare services and support

- People were given appropriate support with their healthcare needs. Care plans included details of people's medical histories, their physical and mental healthcare needs. We saw people's care plans included information about how staff could support them with their mental healthcare needs and we identified an example of one person was in the process of being referred to a specialist for further advice about their needs. We saw their care plan contained advice for care workers, but the registered manager told us they wanted to review if "there is anything more we should be doing."
- People received appropriate support from healthcare professionals. Where people had specialist support from chiropodists or district nurses, this was clearly recorded along with the support they were receiving.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found the provider was working in accordance with the MCA.

- People's capacity to consent to their care needs was assessed on their arrival to the home. Where people lacked capacity to consent, we saw best interest decisions had been made in accordance with legislation.
- Where people's liberty was restricted, we saw there were valid authorisations in place from the local authority. Where people had representatives to make decisions on their behalf, these had been legally authorised.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People received appropriate support to meet their needs and preferences. People gave good feedback about staff and told us they received a high level of care. One person told us "Some of my friends were very concerned when I told them I was moving to a home. "Oh goodness, a home" they said. But it's not a bit like that. It's lovely and I have absolutely no regrets. I wouldn't consider moving. I'm far too well looked after." Another person told us "This isn't a home, it is home."
- People's equality and diversity was respected and supported. The provider asked questions about people's specific needs and took action to meet these. At the time of our inspection, people had not made any specific requests in relation to their cultural needs.
- Most people using the service were from the Christian faith as the home is Baptist care home. We saw there was religious memorabilia displayed within the home and a church service was organised every week. However, people from other denominations were welcomed to the home. One person told us "I'm not a Baptist and I'm very much at home here."

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

- People were supported to express their views and were involved in decisions about their care. People's care plans were written from their perspective and included personalised details about their preferences in relation to their care. This included details about their routines, their preferences regarding their food and drink as well as hobbies.
- People and their relatives told us they felt involved in the formulation of their care plans. One person told us "They asked us questions and wrote everything down." We observed care staff patiently speaking to people at an appropriate pace and volume and responding to their needs.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected and promoted. People told us care workers respected them. One person told us "They are very courteous and respectful." We heard care workers speaking to people with respect and saw they were mindful of their dignity. For example, we overheard a care worker asking someone quietly if they wanted to use the toilet and we heard care workers speak to one another quietly about tasks they needed to do, in order not to disturb people's lunches.
- People were supported to be as independent as they wanted to be. Their care records contained details about what they were able to do for themselves and what support they needed. For example, we read one person's care record and saw it included step- by step guidelines about how they could have their personal care delivered in a dignified way that involved them.

- Care workers demonstrated a good level of knowledge about people's needs. They gave us examples of how they supported them to be more independent and encouraged them to do as much as they could for themselves. One care worker told us "We help people as much as they need, but we encourage them to do what they can for themselves."

# Is the service responsive?

## Our findings

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

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 needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was planned to ensure their personalised needs and choices were met. People told us their preferences were accommodated and if they wanted any changes to be made to their care, they were confident this would also be met. One person told us "They do ask us what we think and they always do what we say."
- People's care records contained personalised details about their life histories and their needs in relation to a number of different areas, including their physical and mental health, their nutritional and their social needs. People's needs were assessed before they moved into the home and these were accommodated.
- Care workers demonstrated that they knew people well and gave us examples of people's personal preferences. For example, one care worker told us about people's routines, their favourite drinks and what they enjoyed doing in their free time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- We found the service met people's communication needs and met the AIS. The registered manager confirmed that information was available in other formats if people requested this and we were given a copy of documents that had been prepared in large print for people with impaired vision. She confirmed that where people had other needs, they could arrange for information to be produced in another format such as braille.
- People had clear communication care plans which detailed their specific needs. For example, one person's care plan stated that they spoke and were able to understand short sentences. Their care plan therefore advised staff to speak at a slower pace and to wait for a response before speaking again.
- We observed staff speaking to people at an appropriate pace and waiting for them to respond before speaking again.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider gave people appropriate support with their social needs. We observed the home was lively and people were engaged in conversation or activity throughout our inspection. People gave good feedback about the activities on offer. One person told us "The activities are very good. We go outside and it's really

lovely. These things are hard to arrange because some of us are in wheelchairs, but they manage."

- People had clear activities care plans in place which stated which sorts of activities people enjoyed doing. This included coffee mornings, arts and crafts activities and exercise sessions. We observed an arts and crafts session and saw people appeared to be enjoying this.
- The provider monitored people's involvement in activities to ensure they were not at risk of social isolation.

Improving care quality in response to complaints or concerns

- The provider took appropriate action in response to complaints and concerns. We reviewed the provider's complaints records and saw they had only received two complaints since the last inspection. These were fully investigated and actions were taken to address these to the satisfaction of the complainants.
- People and their relatives told us they knew who to report concerns to and felt confident these would be properly addressed. One person said "We would complain if we needed to, but there's never been anything to complain about."
- The provider had a clear complaints policy and procedure in place. This stipulated the provider's responsibility to fully investigate complaints in a timely manner.

End of life care and support

- The provider took appropriate action to support people at the end of their lives if needed. At the time of our inspection one person was reaching the end of their life. The provider had liaised with healthcare professionals and had invited family members to meet with the person and themselves to assist in the preparation of a care plan to meet the person's needs.
- People's care records included some details about how the provider could meet their needs in the event of an unexpected death. We saw people had 'future wishes' care plans in place which included some details such as whether they wished to be resuscitated in the event of cardiac or respiratory arrest, any particular spiritual needs and some instructions regarding funeral arrangements.

# 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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The provider delivered good quality care for people using the service. Their comments included "I love living here" and one relative told us "One hears so many stories about the quality of care for older people but the Elms is a gem, and I have since recommended it to a number of people."
- Care workers told us they felt well supported in their roles and enjoyed working at the service. They gave positive feedback about the registered manager in particular. Their comments included "I find her very supportive and she's a pusher. She pushes you to do better" and "The manager is helpful and supportive."
- We observed the registered manager interacting with people and care staff throughout our inspection. The office door was open and both people and staff came in to ask questions or have conversations.

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 understood and acted on their duty of candour responsibilities. Notifications of significant events were sent to the CQC and other agencies such as the local authority as required. Where concerns were raised, full investigations were conducted and all parties were kept informed of the process and the result.

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

- The provider had a registered manager in post who understood their responsibility to manage risk and meet regulatory requirements. The registered manager demonstrated a clear understanding of her role, but also contacted agencies such as the local authority for advice when needed to ensure she was consistently acting in line with requirements.
- Care workers had a good understanding of their role within the service and towards people they cared for. They gave us examples of their responsibilities and we found their understanding was supported by written job descriptions.

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

- The provider engaged and involved people using the service and staff by conducting quarterly meetings in order to obtain their feedback. We reviewed the minutes of the previous 'residents meeting' and found this was well attended, with numerous subjects discussed. This included staffing, food, activities and any issues

people were having. Appropriate action was taken to resolve any issues identified.

- Care staff told us they were engaged in the running of the service and they had the mechanisms to provide their feedback. One care worker told us "We get team meetings, supervisions and actually, we can go and talk to [the registered manager] whenever we want. We don't have to wait for a meeting."

#### Continuous learning and improving care

- The provider had clear systems to monitor the quality of the service. A regular system of auditing was operated in areas such as care plans, medicines and infection control. We reviewed the audits that had been conducted in these areas and found where issues were identified, plans were put in place to address these.
- Annual residents and visitors surveys were conducted to assess the quality of care provision. We reviewed the surveys that had been conducted in 2019 and found the results were very positive.

#### Working in partnership with others

- The provider worked in partnership with external professionals as and when needed. Care records included evidence of communications with other healthcare professionals and their advice was incorporated into people's care plans.