Mr & Mrs T F Chon

Elmhurst Residential Home

Inspection report

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Ratings

Overall rating for this service	Good

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?	Good

Summary of findings

Overall summary

This inspection took place on 29 January 2019 and was unannounced. The last comprehensive inspection of the home was in March and April 2018 where we found six breaches of legal requirements. We served three warning notices and made three requirement notices on the provider requiring them to make improvements.
We carried out a focused inspection on 24 July 2018 to check on compliance with the warning notices. We found that overall there had been improvements but there was a continued breach of Regulation 12 (Safe care and treatment) because the provider did not provide staff with a written protocol for when to give "as and when needed" medicines and did not follow their own policy of weekly medicines audits. The home was rated 'Requires Improvement' in all five key questions.

Following the last inspection, we met with the provider to confirm what they would do and by when to improve the rating of the home to at least good.

Elmhurst Residential Home 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.

Elmhurst Residential Home is a residential home registered for up to 34 older people in one adapted building. There were 14 people living at the home at the time of the inspection. There had been an embargo on admissions to the home since March 2018 due to the local authority's concerns about the home, so no new people had moved into the home since our last inspection.

The home had a registered manager. 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 home is run. The registered manager was registered by CQC the week before this inspection and had been working at the home for three months.

We found that a lot of improvements had been made in the home since our last inspection and since the new manager had been in post. People were satisfied that they were receiving care that met their needs and wishes. Staff morale had improved significantly.

Mental Capacity Act 2005 (MCA) assessments had been carried out using the MCA principles. Deprivation of Liberty Safeguarding applications had been made to deprive people of their liberties lawfully, for their own safety. Those who were not subject to a deprivation of liberty safeguard were able to go out and return as and when they liked.

Medicines were being managed safely. People were receiving medicines as prescribed and this was recorded on their Medicine Administration Record (MAR). Weekly medicines audits were being carried out

and these were effective. One person was given medicines covertly and this was not documented or checked properly. This was the third inspection where this concern was raised. The provider was not following their own policy on covert medicines. The registered manager began to address this immediately after the inspection.

Staff told us they were very happy with the new registered manager and felt very supported. They received regular supervision and competence assessments. Staff training had improved since the last inspection to ensure staff had the necessary knowledge and skills.

Care plans were in place and the registered manager advised us that they were in the process of introducing an improved care plan format. People living in the home told us they were happy with their care and found the staff to be kind and caring. Staff encouraged people to be as independent as they wanted. One example of this was staff assisting a person to bake their own gluten free cakes which they had really enjoyed. People said staff treated them with respect. We saw positive interactions between all staff and people living in the home.

People were given choices of food and drinks and individual preferences were well catered for. Since the last inspection the service had started cooking some foods which met people's cultural preferences. Food intake was being monitored well for people with specific health concerns.

No complaints had been made since the last inspection. People and their relatives told us they had no concerns with the home other than some said they would like more activities. The range of activities had improved since the last inspection.

People were supported to maintain their health and to attend appointments with healthcare professionals. Staff called the GP promptly when a person was unwell and worked well with healthcare professionals.

Quality assurance systems were in place. The registered manager carried out daily, weekly and monthly checks of the home. People living in the home, their relatives and staff all praised the new registered manager for improving standards in the home and being very supportive. One staff member said the new registered manager had "raised the bar." Record keeping was well organised and records were stored securely.

We made one recommendation which was to review the mealtime experience.

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 home was not consistently safe. The provider had not ensured that covert medicines were only given in line with best practice. The registered manager addressed this immediately after the inspection. Other medicines were managed safely and effectively.

There were enough staff to meet people's needs safely. There were risk assessments in place to advise staff on how to ensure people's health and safety. There was good practice in infection prevention.

People living in the home and their relatives told us they felt safe.

Is the service effective?

Good

The service was effective. Staff were trained for their role and receiving effective supervision and support. People were happy with the food and individual preferences and dietary needs were catered for well. There had been improvements in the range of culturally appropriate foods. People's health needs were met well. The building was suitable for people with a physical disability.

Is the service caring?

Good

The service was caring. Staff were kind and formed good relationships with people. People and their relatives thought staff were caring and supportive. Independence was encouraged and staff were aware of the need to respect people's dignity.

Is the service responsive?

Good

The service was responsive. People were treated as individuals and staff knew their needs and preferences. People and their relatives felt confident to raise any concerns or complaints and thought they would be acted on. They were currently satisfied and had no complaints.

Is the service well-led?

Good

The service was well led. The new registered manager had made significant improvements in the home. People living in the home,

relatives and staff were all satisfied and made positive comments about the registered manager.

Records were in good order and all aspects of the service were regularly audited to ensure risks were identified and addressed and quality was maintained.

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 home, and to provide a rating for the home under the Care Act 2014.

The inspection was carried out on 29 January 2019 and was unannounced. The inspection team comprised one inspector, a specialist professional advisor who was a pharmacist and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. A second expert by experience made phone calls to relatives of people living in the home to seek their views on the quality of the service.

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 and the action plan the provider gave us following the last inspection. We also contacted the local authority for any information they had that was relevant to the inspection.

During the inspection we spoke with twelve people living in the home, three of their relatives, one professional, three members of care staff, the activities coordinator and the registered manager. After the inspection we spoke with a further six relatives on the phone.

We observed interactions between people living in the home and staff to check the quality of people's experience. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people when they may not be able to tell us themselves. We also observed two mealtimes and activities taking place in the lounge.

We carried out pathway tracking where we looked at five people's care records including assessments, risk assessments, care plans, medicines records and records of care provided. We looked at all medicines records in the home and observed the morning medicines round.

We looked at records of staff training for all staff, staff rotas, supervision and recruitment records for two new staff. We looked at all medicine records, quality assurance audits, safeguarding, complaints and health and safety records.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection there had been a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as medicines were not managed consistently safely. At this inspection we found that overall medicines were managed safely. However the home had a covert medicines policy and procedure that was not being followed.

One person was being administered their medicines covertly (without their consent, hidden in food). There was a covert medicines procedure in the home but this was not being followed. A specific mental capacity assessment for this task had not been completed to determine whether the person could consent to this. No best interest process had taken place and no planned reviews were scheduled to ensure the ongoing appropriateness of covert administration. The only document staff had was agreement from the GP. This was not medicine specific. The service had not consulted a pharmacist to see whether the medicines were suitable to be crushed. We raised this at a previous inspection. At the last inspection the provider told us that they had stopped giving this person medicines covertly but we found this was not the case as staff continued to give this person medicines covertly. The registered manager informed us that they had acted following this inspection to seek a new up to date agreement involving the person and their representative and advice from a pharmacist on how to give this person their medicines safely.

A senior staff member had responsibility for ordering and receipt of medicines and this was overseen by the registered manager who carried out regular spot checks. Medicines Administration Records (MAR) were accurate and staff were assessed as competent before they administered medicines. Separate charts were kept for patches, creams and ointment advising staff where exactly they needed to be applied. Controlled drugs were managed safely.

Regular audits of the MARs were undertaken and these were effective as we found no errors on them. People told us they had the help they needed with their medicines.

People told us they felt safe at this home. Their comments included; "I feel safe & well looked after. So far, so good", "Yes, I feel safe here. I know that I could talk to the manager about any concerns. Once the button is pressed, the response is very quick, always. I am on lots of medication, the staff help me." and, "Yes, I feel safe. I had a stroke and came here. Yes, there is someone to help me and I have no complaints."

Relatives also told us their relative was safe at this home. They said, "I certainly feel that the home is safe", "My relative is very safe & very well looked after. The home is really taking care of them. There is always someone to help. If I needed to talk to someone about (safety issues), it would be the manager" and, "I feel that she is safe here. She is looked after well. "

The service had a safeguarding procedure in place and staff had been trained in recognising and reporting any signs of abuse. There had been no safeguarding concerns since the last inspection.

Staff knew the whistleblowing procedure and could tell us who they would contact if they had any concerns.

As no new people had moved into the home since the last inspection staff knew all the residents' needs well and were aware of any risks to their health and safety. We saw that staff knew who was at risk of falling and made sure they supported those people when they walked from room to room and ensured they had their walking frame or staff assistance. People had risk assessments addressing risks to their health and safety such as falls, nutrition, pressure ulcers and health conditions. The registered manager carried out a falls audit regularly where they analysed the cause of a fall and took action to minimise the likelihood of the person having a similar fall again. They could give examples where they had changed practice so that people were protected from risk of falls.

Staffing levels were sufficient at the time of the inspection. There were three care assistants on duty during the day and two at night. The registered manager worked full time and there were two part-time cooks, a cleaner, laundry assistant and activity coordinator. This meant that care staff could concentrate on caring duties. The registered manager told us they were confident that the provider would agree to more staffing once the embargo was lifted and new people moved into the home. One relative said they thought there were not enough staff at weekends to answer call bells promptly but others did not have any concerns about staffing.

The home followed safer recruitment practices. We checked two new staff members' files. These showed that relevant pre-employment checks such as criminal record checks, right to work in UK, references and proof of the person's identity had been carried out before they started work.

Personal Emergency Evacuation Plans (PEEPs) had been completed for people living at the home which contained information on how to evacuate people and the level of support people required to evacuate the building in the event of a fire. Regular evacuation drills had been carried out. An emergency grab bag containing the PEEPs, staff rota, torch, a high visibility jacket and next of kin details was available.

Premises safety checks had been carried out. We saw evidence that gas and electrical installation safety checks were undertaken by qualified professionals. Checks were undertaken on portable appliances and the lift to ensure people living at the home were safe.

Communal rooms and bedrooms were very clean and tidy. Staff had good understanding of infection control and used gloves and aprons when providing personal care to reduce the risk of infection. Staff had completed training in infection control and basic first aid two months before this inspection.

Good

Is the service effective?

Our findings

At the last two inspections we found that some assessments carried out before a person moved to the home did not ensure important up to date health information was shared with staff and written in a care plan. No new people had moved to the home since the last inspection so we were unable to check whether the assessment process had improved. The registered manager demonstrated good understanding of the importance of ensuring a full assessment and translating that into an accurate plan of care.

People told us they got the care they needed. They said; "I have a care plan and get the care I need" and, "Yes, I get the care I need, everything is better [since the new manager started]" and, "The home asked about what food I liked and about personal care."

Relatives also said that people got the care they needed in accordance with their preferences.

Staff had training in mandatory topics for working in a care home. The registered manager had a good oversight of staff training needs and arranged training accordingly. Staff said training had improved since the last inspection. We saw that staff had recently completed further training. Seven staff were registered on a level three national qualification in working in health and social care. The registered manager carried out individual competence assessments on staff in various aspects of care and gave them advice and support if they needed to improve their work. These topics included infection control, health and safety and first aid. Staff received regular individual supervision and said the supervision was effective. We looked at some supervision records and saw that the registered manager had ensured that supervision was meaningful. Staff said they felt well supported by the new registered manager and were encouraged to develop. One staff member was training to become a senior on the day of the inspection. There was an improvement in staff wellbeing and they said they enjoyed the work more. As the manager was new appraisals were not yet up to date but they had a plan in place for ensuring staff appraisals were carried out. Disciplinary action was being used appropriately when needed.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home was working within the principles of the MCA. Most people living in the home required a DoLS and had a DoLS in place. One person had been assessed as not having capacity to make the decision to stay in the home but they did not want to be there and objected to their DoLS. The person raised this with us as a concern and we discussed it with the registered manager who said they would speak to the local authority to review the DoLS. We also spoke to the local authority to report this person's concern.

People's files contained records of whether they had capacity to make decisions and their consent to being

provided with care. Staff told us that they asked for consent before providing care and support to people. People told us; "The staff knock when they come in and ask permission before personal care", "They sometimes ask my permission before washing me" and, "The carers knock on the door, I have a female carer to help wash." Relatives agreed. One relative said, "Yes […] gets the care they need. Used to a routine, their preferences are all part of this. Staff knock on their door and explain what they want to do for […]."

People enjoyed the food at the home and individual needs and preferences were catered for. People's comments included; "The meals aren't bad - some I like, some not. There is enough food at any time. I can ask for food, if hungry between meals - there are all sorts of snacks - fruit, biscuits, sandwiches" and, "The meals are very good. We go into the dining room. I don't know the menus. We get tea and biscuits. I have not been hungry [enough to ask for snacks]. They seem to time the food well." One person told us that since the new registered manager started they were sometimes being offered foods from their cultural background which they enjoyed. A staff member also told us that more culturally specific foods were being offered and people were enjoying this. The registered manager said that they would shortly be working with the cook adding meals from people's cultural backgrounds to the regular menu. We saw that people with diabetes, coeliac disease and no teeth were all prepared foods appropriate for their nutritional needs by the cook. The cook asked people what they would like and prepared two main meals plus other meals that people asked for such as soup and sandwiches. People could also keep their own food in a separate kitchen and their families could being them food to store there. We noted that mid-morning, mid afternoon and evening snacks were usually biscuits and we discussed this with the registered manager who agreed to review the range of snacks offered to people to ensure they were nutritious. One person had recently baked their own gluten free cakes with staff which they said they had really enjoyed. This was a positive improvement.

There had been improvements in the recording of people's food and drink intake and in the mealtime experience since the last inspection. Where there were concerns about people's weight staff weighed the person regularly and kept a record of all their food and drink intake. Staff offered alternatives if people were not eating well and encouraged people to drink. Although the mealtime experience had improved we observed one staff member was giving out medicines during breakfast and no other staff were in the dining room at that point to supervise or offer support to people. We had raised this at the last inspection and the provider told us they would change this practice to ensure their staff were constantly available to support people throughout each meal. This lack of supervision had meant one person who was confused had poured their cup of tea into their bowl and begin drinking it with a spoon which did not respect their dignity. At teatime staff were also not effectively deployed as for a short time there were no staff in the dining room. This did not have any negative impact on people who were all very satisfied with their meals.

We recommend that the mealtime experience is reviewed in line with best practice.

Staff supported people to see healthcare professionals and kept records of the outcome of appointments. The service encouraged relatives to go to appointments with people but staff escorted people if relatives were unable to. Relatives said staff contacted the GP quickly when needed.

The home was wheelchair accessible. There were adaptations in place including a ramp to the front door, assisted baths, wet rooms and a lift. The garden was not accessible to people as the provider had blocked it off for building purposes but there was a decking area where people could sit outside.

Good

Is the service caring?

Our findings

People said that staff were kind and caring towards them. People told us; "'The staff are very good. I would like to go home but I like the staff. They listen to me", "I feel well cared for and the staff treat me with respect. This manager is much better, everything is 100% better" and, "Yes, the staff treat me with dignity and respect. If I was upset, the staff would listen and try to help me. I can make decisions about my care."

People and their relatives thought they were treated with respect and had their rights respected. They also said staff listened to people. Relatives commented that; ". I feel that my relative is well cared for and staff listen to them", "My relative chooses their own clothes and wants to do things their own way" and, "The staff always knock on the door."

There was a dignity champion in the staff team whose job was to promote dignity and the registered manager assessed staff competence in providing care with dignity. They gave us examples of where they had advised staff on how to improve their practice to ensure they always explained things to people and treated them with dignity.

People said they were encouraged to be independent. Two people told us they could go out and come back as they pleased. People mentioned bring able to choose their own food and clothes each day. The registered manger told us they had introduced sugar bowls, milk jugs and individual portions of butter and jam so that people could be more independent with their breakfast and retain their independence skills.

We saw staff all interacting positively with people and showing respect. People said they really liked the staff. They said they attended residents' meetings and were consulted on a day to day basis about their lives. Individual preferences were respected. Examples of this were on person eating alone at their own table in the lounge, one person eating separately, with different food at a different time to everyone else and people being able to get up whenever they liked and to get ready for the day with staff support at their own pace.

Staff were discreet when they assisted people to go to the toilet or to change their clothes. Staff showed a good understanding of respecting dignity in their interactions with people. Staff offered emotional support to people who were upset. One person who wanted to leave the home was feeling very distressed and we saw staff trying to comfort him and sitting with him at a mealtime to encourage him to eat and feel better.

Staff supported people to be independent as much as possible. Where people could care for themselves, for example take a shower without help, they were encouraged to do so. and given safety advice. Relatives told us that the staff team kept them informed of their relative's health and wellbeing and called them to ask their opinion on some matters. Relatives said they could visit any time and felt welcome. We saw staff welcoming visitors. There was a friendly caring atmosphere in the home with people laughing together with staff.

Good

Is the service responsive?

Our findings

Although the quality of the written care plans was not consistently person centred, the registered manager was new and they had plans for improving the care plans and discussed with us the options they were considering. We were assured that this would be carried out soon and the registered manager was waiting for approval from the provider before implementing planned improvements. The home had good support from the local authority with care planning and in carrying out regular reviews of people's care.

Care plans set out people's needs and preferences in all aspects of care. People's individual likes and dislikes were known and acted on. Staff showed a person-centred approach when carrying out their duties showing an interest in each person as an individual. Staff knew which people liked an afternoon nap and helped them to their room. They talked to people about their interests and their families which we saw people enjoyed. People were happy that staff knew their needs and preferences.

At the previous two inspections we raised concerns, including a breach of regulation, about the quality of the activities programme. At this inspection we saw there had been some improvement. Three people did say they would like more to do. We observed activities taking place and had a discussion with the manager who told us they had plans for the improvement of the activity programme.

There was an activities co-ordinator who had a friendly approach and people said they liked this member of staff. The activity programme included an exercise group, Bingo and outings.Two people went out for lunch during the inspection and the following day ten people were going out for lunch.

Some people were supported to carry on their own preferred activities such as crosswords, colouring and reading the paper. People enjoyed time with a staff member sitting and chatting with them. Some people said the exercise were beneficial. Everyone said they enjoyed Bingo and one person was very happy that they had been supported to play Bingo (they would be unable to play on their own due to disability) and had won a prize. Some people told us that dogs had been brought to the home as part of a pet therapy experience which they had enjoyed.

One person who had no family had been supported by staff to have a volunteer visit them which we saw had really added to their quality of life.
There was a written life history for people so that staff could understand their history and background and use the information to talk to them.

People's religious needs were met. A priest visited one person weekly at their request for holy communion and one person went to church independently. Two others had visits from church friends. Two Jewish people said that they didn't currently need any support with their religious needs.

There had been some improvement in meeting people's cultural needs. More appropriate cultural foods had been offered and there were plans to make the menu more appropriate to the cultural backgrounds of all in the home. Staff were from a variety of cultures which was beneficial to the residents of the home as

most had staff from the same cultural background available to them if needed. The registered manager could talk to one person in their first language. Staff asked relatives for advice on how to address cultural needs. The registered manager said in the planned new care plan format there would be more detailed information on each person's cultural preferences as the current care plans contained insufficient information about cultural needs and wishes.

The service had a complaints procedure and clear policy on handling written and verbal complaints. There were no recorded complaints since the last inspection. People and their relatives told us they felt able to raise any concerns they might have. Relatives' comments included; "If I had concerns, I would speak to the manager," and "If there was a problem, I would speak to the staff, raise it with the manager and, if not settled, would escalate it." People living in the home said; "I know who to talk to if I have any concerns. I need help as I am blind and deaf. The staff are very good", "I am confident that I would make a complaint if I or someone else was treated badly. It would be looked in to" and, "If I had concerns, I would speak to the carers. there is enough staff to help."

There were end of life plans in place, which included people's preference with people's preferred funeral arrangements, family members to contact and where would they like to be during the final stages of their life. There was nobody needing end of life care at the time of this inspection but the home had very good support from the local healthcare professionals to advise and support when they were caring for a person at the end of life. A Do Not Attempt to Resuscitate order was in place in people's files where this was appropriate.

Good

Is the service well-led?

Our findings

There had been significant improvements in the leadership of the home since the last inspection. The home had developed a person-centred culture. The registered manager had taken time to get to know people well and listen to their views on how they would like their care to be provided. Relatives and staff said that the manager had an open-door policy and they could talk to them at any time.

The governance in the home had improved since the last inspection. The quality and frequency of audits had improved.

Some people living in the home did not know who the manager was but those who did gave positive feedback. People, with one exception where the person was unhappy at the home, gave very positive comments about he home. One person told us; "What is good about the home? Everything!'"

People's confidential records were stored securely. There were records kept of care provided to people and these were up to date. The registered manager had improved the templates for recording food and fluid intake so it was more user friendly for staff. Records were well organised and easy to find.

Relatives and some people living in the home told us they had been given satisfaction questionnaires to complete. This was evidence of seeking their views on the quality of the service. There had also been a relatives meeting and residents meeting in the last three months.

At the last inspection staff morale was very low. Staff felt unsupported. Some of the people living in the home had noticed this. At this inspection there was a different atmosphere. Staff said they were now happy in their work. They said the new registered manager had made positive changes and now their morale was good and they felt well supported in their work. Staff were chatting and laughing with people throughout the day.

The registered manager's management style had benefitted the home in a short period of time. Staff were clear about the expectations on them and told us they could approach the registered manager for advice and support. Two staff told us they "loved" the registered manager. One person living in the home who had been very unhappy at the previous two inspections told us they were now "very happy" at the home and said this was due to the new manager who listened, gave staff clear guidance and was supportive to people and staff alike. This person said, "everything is perfect now." The registered manager told us they had challenged poor practice in a firm but fair way and had given staff support as a team and in individual sessions. Staff agreed with this. The registered manager asked staff to complete a document outlining what made them happy and how they liked to be supported. This was an innovative approach and staff felt listened to. Staff comments about the registered manager included; "magnificent", "marvellous" and "She has raised the bar."

There were regular staff meetings for staff to contribute their ideas and where the registered manager was clear about expectations. The staff team worked in partnership with other professionals such as the quality

team in Enfield and the local healthcare professionals.