

Mr KC Lim

Elm Park Lodge

Inspection report

4 Elm Park Road
Finchley
London
N3 1EB

Tel: 02083492388

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service caring?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Elm Park Lodge is a residential care home providing personal care and accommodation for up to 27 people with mental health needs. The home is on a residential street in a community setting and designed to promote people's inclusion and independence. There are two flats which are included in the registration for the care home, located next door.

At the time of the inspection there were 27 people living at the service.

People's experience of the service

People and their relatives praised the service provided, and told us staff were kind and caring to them.

At the last inspection we found there were breaches of the regulations as medicines were not always safely managed and staff recruitment was not always safe. Improvements had been made in both of these areas.

People told us they felt safe and we saw they were safeguarded against the risks of abuse and harm by the provider systems and by the staff. Risk assessments were in place and staff understood how to minimise harm to people.

There were enough staff to meet people's needs and provide responsive care. Staff recruitment was safe.

People told us they were happy living at the service, and we saw staff understood people's needs and routines. People and their family members told us they were supported to access external health professionals to help promote good health and wellbeing. Health and social care professionals told us the management team worked in partnership with them to achieve good outcomes for people.

We saw the service had managed an outbreak of COVID-19 effectively and had put in place measures to minimise the spread, and prevent future outbreaks. We saw increased measures were in place to keep the service clean and the majority of staff wore personal protective equipment (PPE) correctly. Health and social care professionals told us the service worked well with them to manage the virus.

Family members told us they had been kept fully informed about the outbreak and maintained communication with their relative through phone or other electronic means. During the summer face to face contact had been safely facilitated.

Activities took place at the service and people were encouraged to go out walking whilst complying with lockdown measures.

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.

Quality audits took place to ensure health and safety, finance, medicines and care records were up to date and staff told us they were well supported in their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection:

The last rating for the service was requires improvement (published 18 September 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Caring and Well-led which contain those requirements.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

The ratings from the previous comprehensive inspection for those Key Questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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 caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Elm Park Lodge

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by two inspectors.

Service and service type:

Elm Park Lodge 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 announced. We gave a short period notice of the inspection as we were mindful of the impact and added pressures of Covid-19 pandemic on the service. This meant we took account of the exceptional circumstances and requirements arising as a result of the COVID-19 pandemic.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection due to the timing of the inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection:

We spoke with four people at the care home, one of the registered managers and the deputy manager.

In addition to talking with people, we spent time observing the daily life in the home and we looked around the building to check the service was safe and clean. We also observed lunch being given at the home.

We reviewed recruitment records for three staff members. We also checked whether medicines were safely managed and medicine administration records (MARs) were accurate. We checked five medicine stocks against MARs. We reviewed four care records including care plans and risk assessments. We read minutes of team and resident meetings and checked logs were kept of accidents and incidents.

We discussed quality assurance with the registered manager and deputy and the actions they had taken since the last inspection to improve quality, and planned changes.

After the inspection:

We spoke with three members of staff and requested additional quality assurance records and audits, staff and resident meeting minutes, and information regarding infection control procedures.

We received updates on the actions taken following the inspection.

We also received additional feedback from six family members and three health and social care professionals who worked with 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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines as the system was not effective in monitoring medicine stocks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection we had no concerns regarding the management of medicines. We checked five medicine stocks checked against MARs, there were no errors. MAR were completed appropriately.
- Following the last inspection the service had improved medicines management by limiting the number of staff giving medicines, and regularly auditing medicines.
- Medicines were safely stored and kept at a safe temperature.
- The service had a process to safely store controlled drugs and ensured two staff signed to confirm the giving of them.
- PRN 'as required' medicine protocols were in place for people who needed them.
- Staff were checked for their competency in the giving of medicines on a regular basis.

Staffing and recruitment

At our last inspection the provider had failed to ensure recruitment processes were safe. This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- We had no concerns regarding staff recruitment. We found all appropriate checks and references had been taken up prior to staff starting work at the service.
- There were enough staff to safely provide care to people, and as there was a consistent staff team, they understood how best to support people.

Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. Risk assessments were detailed and covered a wide range of risks including mental health, behaviours that can challenge and personal care needs. They were up to date.

- COVID-19 had limited people's access to the community due to government lockdown guidance. However, people were supported to go out and staff spoke of people resuming activities once the restrictions lifted.
- Fire equipment was serviced regularly, and regular fire drills took place. People had personal evacuation risk assessments in place and people who may pose a fire risk had been accommodated near to the office to enable effective supervision.

Systems and processes to safeguard people from the risk of abuse

- We had no concerns regarding people's safety at the service. Staff were able to tell us how they protected people from the risk of harm, abuse and discrimination and had received safeguarding training.
- Team meeting minutes showed safeguarding was discussed, and people at risk of absconding had up to date profiles for police which included key information for their safety.
- People told us "I like living here and yes I feel safe" and "I have lived here for many years and it is like home."
- The registered manager was aware when to refer to CQC and the local authority if they had any safeguarding concerns.

Preventing and controlling infection

- The care home was clean and there was an effective infection control system in place. Staff had access to personal protective equipment (PPE) such as masks, gloves and aprons. We observed the majority of staff using PPE appropriately to prevent the risk of cross infection. Following the inspection, the registered manager showed us they had sent a memo reminding the need to always wear PPE correctly.
- Staff had received training in the management of COVID-19 and there was additional cleaning taking place to prevent the spread of the infection. Hand sanitisers were in place on the lower floors of the service and during the inspection, additional dispensers were installed on the upper floors.
- There had been a recent outbreak of COVID-19 at the service, and this had been managed effectively through a mixture of isolating people, zoning and use of specific staff to support positive people. The service only accepted new residents who had a negative COVID-19 test. Staff and people living at the service were regularly tested for COVID-19, in line with current government guidance.
- The service was linked up with local health professionals, who told us the registered manager "Took the necessary measures to contain the outbreak fairly quickly." The service had two infection control 'champions' who took a specific interest in this area, along with the management team, to ensure best practice was embedded across the service.

Learning lessons when things go wrong

- Accident and incident logs were kept. We could see from meeting minutes that actions had been taken following incidents and information shared with staff members to minimise reoccurrence.
- The provider reviewed incidents and accidents to see if there were any patterns to aid learning.

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 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 and their relatives told us staff were very kind and caring. We were told "Staff are fantastic. They treat him like family," "Staff are very tender with people", "They go out of their way to help" and "Staff are great to us."
- Staff had developed strong and supportive relationships with people. We saw warm interactions between people and staff. A health professional told us "Yes staff are extremely caring and take a deep interest in the residents well-being."
- Care records noted people's religious or cultural needs and we saw that the service met people's cultural and religious dietary requirements in a number of ways. The service provided halal meat for some people, and one person communicated most effectively in French, and they had a keyworker who spoke French fluently. This staff member understood this person's needs well and told us "When he appears upset, I can reassure him."
 - Relatives told us family members had been facilitated to keep contact with them during the pandemic through a mixture of phone calls and face to face meetings in the garden when permitted, in line with government guidance.

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

- People had key workers who discussed with people how they wanted their care provided. They also updated care records which were signed by people who used the service.
- The service cared about and valued the views of people who used the service. Meetings for people who lived at the service took place most months, so they could give their views.
- Family members told us they were kept up to date with their relatives' changes in health and well-being and that relationships with the staff and management were very positive.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they supported people with dignity and respect and promoted independence. For example, one staff member told us, "X person likes to go out and meet her [relative]; she gets the bus and we just remind her to not talk with people she doesn't know."
- The COVID-19 pandemic had limited people's independence as people had been required to isolate due to the virus at the service. People were also getting all their meals prepared for them, to limit the number of people using the kitchen. This differed from usual. However, people we spoke with understood the reasons behind these limitations and several people told us "We know it's for our own good, to keep us safe."
- The service ensured people's care records were kept securely. Information was protected in line with

General Data Protection Regulations.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection we found concerns related to recruitment and the management of medicines.
- At this inspection, we had no concerns regarding the way this service was managed. The registered manager post was held by two staff members, but at the time of the inspection only one staff member was working, as the other was on extended leave.
- People and their families told us they had complete confidence in the new manager, and the staff team generally.
- Staff told us that they were entirely clear of what was expected from them, and the new registered manager was always available to offer support and advice to them.
- We could see that the management team was well organised. There was an annual plan for audits which covered a wide range of areas including medicines, infection control, care plans and recruitment.
- Audits were detailed and taking place regularly. We could see that actions were identified, and it was noted when these were completed.
- The service had recently had an outbreak of COVID-19 but people and their relatives told us the service had provided them with information about how they would manage it, and they felt that it had been well managed.
- Relatives told us they felt the management team were fully transparent and open regarding any issues raised. One family member told us "They are helpful, professional and transparent about everything."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff team demonstrated a commitment to providing person-centred care to people. People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements.
- The pandemic had limited people's opportunities in the community, but the registered manager and staff team were confident that people would be able to return to their usual hobbies and interests.
- Staff told us they felt fully involved in the running of the service. We could see meetings were held virtually on a monthly basis, and this had enabled night staff to also join in, which was positive. Team meeting notes confirmed that best practice was promoted as well as providing staff with an opportunity to air their views.

- Residents views were gathered via key worker meetings and residents' meetings. People were asked their views on the menus, activities and how they wanted the service provided to them personally. People spoke positively about living at the service.
- A survey in August 2020 had asked people and their relatives for their views and an action plan had been developed to further improve the service. Relatives told us "Yes we are very happy with it, it is well-run," and "Yes, I am confident in the way it is managed."
- A health and social care professional told us "I believe that the service is well led and managed from my experience."

Working in partnership with others; Continuous learning and improving care

- The service worked proactively in partnership with other health and social care organisations to provide a quality service and to ensure people they supported were safe. This was particularly vital in the last year as best practice related to the pandemic and management of COVID-19 in care homes frequently changed.
- A health professional told us "The staff work closely with us," and the registered manager spoke weekly with them and "[Registered manager] is always aware of any pertinent issues that need to be addressed." The management team had worked well with the local authority care improvement team, GP, Public Health England, and community matron to minimise the impact of the pandemic for people and staff at the service.
- Mental health professionals told us they were reviewing the way they worked with care homes locally to facilitate greater promotion of independence for people in mental health services. The registered manager told us they welcomed the change, and acknowledged this was an area they would concentrate on, in the coming 12 months, as the service worked to continually improve outcomes for people.
- We saw significant improvements in quality since the last inspection. We also noted that staff had specific areas of interest they were responsible for, to promote greater engagement and continuous improvement across the staff team.
- Any issues raised as part of the inspection were quickly addressed.