Mr KC Lim

Elm Park Lodge

Inspection report

4 Elm Park Road
Finchley
London
N3 1EB

Tel: 02083492388

Date of inspection visit:
11 June 2018

Date of publication:
31 August 2018

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 11 June 2018 and was unannounced. At our previous inspection on 13 November 2017 we identified six breaches of the regulations in relation to safe care and treatment of people, recruitment of staff, safeguarding people from abuse, person centred care, notifying CQC of important events and the governance of the service. We issued a Warning Notice in relation to the breach of Regulation 17, the governance of the service.

This comprehensive inspection was to follow up on the actions taken following the last inspection and to check the requirements of the Warning Notice had been met.

Elm Park Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Elm Park Lodge accommodates up to 27 people with mental health needs in two buildings next door to each other. At the time of our inspection there were 22 people living in the main building with four people living in two flats next door.

At this inspection there was a registered manager at the service but they were on extended leave. The deputy manager was acting up into the role of manager, and providing day to day management of the service. 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.

At this inspection we found the requirements set out in the Warning Notice had been met as the service had made improvements in key areas such as safeguarding, recruitment, person centred care and risk assessments. Recruitment was safe, people were safeguarded from abuse and the service could show us they were offering person centred care.

There were also improvements in areas such as hygiene, complaints and reviewing of accident and incident logs, with minor concerns remaining. The service had been notifying the Care Quality Commission of important incidents since the last inspection.

At this inspection we found that medicine stocks did not tally with medicine administration records which meant the service could not prove medicines were being safely managed.

Systems and processes were in place to check quality at the service and quality audits showed us the acting manager had an oversight of the majority of key areas including care plans, risk assessments, training and recruitment.

The service had appropriate documentation in place in relation to consent and compliance with the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us they enjoyed living at the service and staff were kind and caring.

Staff told us they were supported in their role through supervision, training and team meetings. People were positive about the skills and knowledge of staff. Health and social care professionals highlighted that some staff had limited experience of mental health conditions.

People and their relatives told us the acting manager was approachable and responsive to issues raised.

We found a breach of the regulation relating to safe care and treatment due to mismanagement of medicines.

We have made recommendations in relation to supporting people to move onto independent living and regarding staffing levels.

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 always safe. We found stocks of medicines did not always tally with medicine administration records so the service could not show medicines were safely managed.

There were significant improvements in infection control, but the service did not have cleaning staff available at the weekend and this impacted on the cleanliness of the service at the weekend.

Background checks of staff were in place prior to staff starting work, so they were considered safe to work with vulnerable people.

Risk assessments were in place to guide staff in managing risks to people.

Is the service effective?

Requires Improvement

The service was effective. Staff understood issues of consent and there was appropriate documentation in place where people's freedoms were limited.

Staff told us they were supported in their role and we saw supervision and training took place.

People told us they liked the food at the service.

People were supported to access healthcare as necessary.

Is the service caring?

Good

The service was caring. People told us staff were kind and we observed this to be the case.

People's involvement in care planning was evidenced by their signatures on care records.

Care records outlined people's preferences and staff were able to tell us people's like and dislikes.

Is the service responsive?

Good

The service was responsive. Care records were up to date and covered a wide range of care needs.

The complaints process had been updated and we saw that complaints were dealt with, although not all complaints dealt with had adequate record keeping. .

There were activities taking place at the service.

Is the service well-led?

Requires Improvement

The service was not always well led. Although we found improvements in a number of areas the management of medicines was not safe.

CQC were notified of important events as required.

Quality audits were taking place and recorded.

The acting manager and the management team were well regarded by people living at the service and relatives.

The service now ensured that any safeguarding issues were notified to the local authority and CQC.

Elm Park Lodge

Detailed findings

Background to this inspection

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

This inspection took place on 11 June 2018 and was unannounced. It included visiting the care home and meeting with people living at the service. We also reviewed records held at the service related to the care of people and the safe management of the building.

The inspection was undertaken by two inspectors for adult social care and an expert-by-experience with mental health knowledge. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. They supported the inspection by speaking to people and relatives to obtain feedback.

Before the inspection we reviewed information we held about the service. This included previous inspection reports and notifications we had received. A notification is information about important events which the service is required to send us by law. Due to this inspection taking place at short notice the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually 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.

Following the last inspection we asked the provider to complete an action plan to show what they would do and by when to improve the key questions related to 'Safe' 'Responsive' 'Effective' and 'Well Led' to at least good. We reviewed the action plan submitted prior to this inspection.

During the inspection we met and spoke with 10 people who lived at the service. We also spoke with the acting manager, and other members of the management team who undertook quality audits and managed financial matters. We also spoke with two care staff.

We looked at three care records related to people's individual care needs and three staff recruitment files. We also looked at supervision and training records for the whole team. We look at the records associated with the management of medicines, and checked seven stocks against records. We looked at quality assurance audits covering cleaning, care plans, risk assessments and the procedures for prompting management actions such as supervision and training.

We reviewed health and safety documentation, incident and accident logs, safeguarding documentation, and checked essential services were of a good standard including electrical, gas and fire safety equipment.

We reviewed staff meeting and residents' minutes and other documentation related to the safe running of the service.

As part of the inspection we observed the interactions between people and staff and discussed people's care needs with staff. We also looked around the premises.

Following the inspection we spoke with four family carers of people using the service. Three health and social care professionals responded to our request for feedback.

Requires Improvement

Is the service safe?

Our findings

At the last inspection we found staff were working with vulnerable people without all the necessary checks in place. References and Disclosure and Barring Service (DBS) were not always in place prior to staff being employed. This meant recruitment was not always safe at the service.

At this inspection we found the service had established systems for safe recruitment of staff. The provider now carried out relevant background checks before employing new staff to ensure they were suitable to work with vulnerable people. This included criminal records checks with the Disclosure and Barring Service (DBS) and proof of right to work in the UK where required.

At the last inspection we found there were not always risk assessments in place to provide guidance to staff in how to manage people safely. This included information related to fire risks.

At this inspection we found there were risk assessments in place to cover all identified risks including fire risks. Risk assessments included mobility, personal care, support with medicines and mental health needs. The acting manager told us the service was in the process of working with the local authority quality in care homes team to review their risk assessment process.

At the last inspection we found the service was not supporting people effectively with the prevention and control of infection as we found not all soap dispensers worked; a fridge in the flats was dirty and there were floor areas which were dirty.

At this inspection we found all bathrooms had soap in the dispensers, there were hand towels for use, and all the fridges were clean apart from the fridge in the smoking room. This fridge had not been cleaned for some time, but was only used to store milk for people's hot drinks. We also found the bathrooms were dirty from use over the weekend as there was no cleaning support at the weekends.

We saw the task list for the cleaner. The smoking-room fridge was not on the list for cleaning. Through discussion with a member of the management team it was clear this was an oversight and was immediately added, and the fridge cleaned.

We spoke with the provider who told us they planned to employ a cleaner to work at weekends. This started with immediate effect with existing staff covering the role until a permanent staff member was employed. At the time of writing this report recruitment was taking place for this permanent role.

People were happy with the cleanliness of the service. They told us "Yes clean, it is alright." And "It is cleaned by the staff, it is clean." They told us they were supported to keep their rooms cleaned if they needed help.

At the last inspection we found that staff were not having their competency assessed to provide medicines on a regular basis. At this inspection we found that these assessments had taken place and each staff member had recently completed a comprehensive medicine administration competency assessment

booklet.

The service was also in the process of moving to another pharmacist who would provide greater support to the service and would provide storage equipment that would make administration easier for staff.

At this inspection, whilst medicines were stored safely, there were differences between stocks and records for five out of seven medicines we checked. Although there were audits taking place the acting manager had not spot checked the effectiveness of these and it was clear that for medicines they had not picked up the errors in either recording or administration. This meant the service could not evidence that people were getting all their medicines as prescribed and this placed them at risk of harm.

These concerns constituted a repeated breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Subsequent to the inspection, the management team showed us they had audited all medicines the following day; senior care staff were supervising each administration of medicine and a more comprehensive system for auditing medicines was introduced which would capture medicines errors.

At the last inspection we found that the service was not able to show us that the service learnt from accidents and incidents. At this inspection we saw there was a log for accidents and incidents and actions had been taken following incidents. Also, the forms had been signed off by the provider who had recorded there was no overall theme to the incidents. We noted that incident forms were not completed for one person who had behaviours that challenge and broke crockery regularly. The acting manager told us they would be recording this behaviour so they could feedback to the commissioner and determine how best to support this person.

At the last inspection the service did not always identify incidents as safeguarding concerns which potentially placed people at risk of harm. At this inspection we saw that the service had systems in place to ensure people were safeguarded, and the relevant authorities were notified of any concerns.

Most people told us they felt safe living at the service. "Yeah I feel safe." And "Very safe, very safe, lots of support, I have problems and they support me." Most people told us they felt their possessions were also safe "Yeah I have my own room." And "yes, they are safe." One person told us that although "People have locks on door, other people have the combinations." This referred to combination locks to access the room. The acting manager told us that staff had to have the combination to ensure access to rooms was available to staff, but staff always asked permission to enter first. This person told us they thought their possessions were "I would say 'middling' safe." Another said, "I have been here a long time, I've seen people come and go, staff come and go, cigarettes here that is what is the problem."

Staff understood about safeguarding people from abuse. "We take safeguarding seriously, we don't just put it down to mental health." Staff had been trained in safeguarding people.

We asked people if there were enough staff available to support them. Only two people answered this question. They told us "Yes" and "Sometimes." One health professional told us there were occasions when the staffing levels were reduced and this affected people's ability to attend appointments. We spoke to the acting manager about this and they told us occasionally staff phoned in at short notice and could not attend work. The acting manager then tried to cover each shift with bank staff. Going forward the acting manager agreed to keep accurate records of any shifts with reduced staffing and ensure people did not miss out on appointments or activities because of this.

We recommend that the service review staffing and dependency levels on a regular basis.

Staff told us there were enough care workers on duty to support people. "We have enough staff, three during the day and two waking at night" and "Sometimes we have busy days but it is manageable."

Requires Improvement

Is the service effective?

Our findings

People told us they thought the staff could care for them effectively. They told us "Yes, mostly." Relatives told us they thought the staff had the skills to care for their family members. One health and social care professional told us they thought the majority of staff had the relevant skills, another told us there had been a significant change in staff and they were not confident all the staff team had the skills and knowledge to care for people with complex mental health needs.

We found that staff were supported in their roles through supervision and training, but there were some gaps in knowledge as some staff had limited experience in working in care and there was no specific training in mental health conditions or behaviours that challenge taking place. This was also highlighted as an area of learning by a health and social care professional. It is important for staff to understand mental health conditions and how to manage behaviours that challenge as the service is supporting people with these needs.
We discussed this with the acting manager who could show us that at the time of writing this report, training in mental health conditions and behaviours that challenge was set up for staff. They also told us key senior staff would attend the local authority forum which support staff who work in services to meet this type of need.

New staff told us the induction was "very thorough" with two weeks shadowing, and training. The Care certificate, a national qualification which sets out best practice in care, was being introduced for new recruits. We saw that the training matrix showed all staff were up to date with mandatory training. This included moving and handling, infection control, fire safety, food safety and medicines administration. Staff told us "We have good training here and it's all face to face."

The acting manager told us the provider was supporting staff to improve their skills and knowledge. For example, they were being supported to obtain a Level 5 national diploma in leadership in health and social care.

We also had feedback from stakeholders that a minority of staff did not always understand best practice in person centred care. By the time of writing the report the acting manager had set up and implemented training for staff so they could discuss and share best practice.

Supervision policy stipulated four monthly supervision and this was taking place. Staff confirmed supervision took place and found it useful. Supervision topics included an opportunity to discuss concerns and personal development, standard of work, feedback and timekeeping.

There were also regular 'internal lectures' by the provider and these included CQC notifications, complaints, assessing risks including choking, writing care plans and completing accident and incident forms.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that the service had DoLS in place appropriately and these were within date. Staff had a good understanding of MCA. They told us "some people are deemed not to have capacity to look after essential parts of their wellbeing" and "sometimes x refuses to have a shower even though he needs one but we must respect that." Another staff member told us "sometimes they don't want to do something. We just accept this and re schedule."

We noted that care plans did not have mental capacity assessments on records even though there were some areas where people mental capacity was unclear. For example, there was no documentation or written agreement to explain why the service was holding some people's cigarettes to help them manage their intake over a whole day. After the inspection the service gained written permission to hold people's cigarettes. They also told us they will write up mental capacity assessments for people by mid July 2018.

We could see from records that people had access to health care as required. Staff confirmed they accompanied people to health appointments, including mental health treatment appointments and contacted health professionals when required. People told us they were accompanied to appointments, "I go to see the dentist." And that they had local GP's. People worked with mental health professionals to meet people's needs and liaised with them appropriately. We were told they were mostly effective in working in partnership by a health and social care professional.

At the last inspection we found that the service did not buy coffee for people as they thought it was detrimental to good mental health, although there was no evidence to support this. At this inspection we could see there was tea, coffee and juice available for people all day, and people confirmed this was routinely the case. "Yeah, tea bags in smoking room and coffee. I have tea."

People told us they got their own breakfast and the staff cooked lunch and dinner for them. We saw at breakfast time there was bread, cereals and spreads, but no eggs available. One person told us they bought their own eggs and stored them in their room. The acting manager told us there were eggs available if people asked and would ensure staff continually checked kitchen stocks of food.

Most people were positive about the food. People told us "Yes" they liked the food; - "It is alright." Relatives confirmed their family members enjoyed the food and the menu was varied. People who lived in the flats could cook for themselves if they chose, but the acting manager told us they rarely did. We could see the menu was discussed at the residents' meeting in May 2018.

The service was on several floors with access by stairs. The design was suitable for people living there at the time of the inspection.

Good

Is the service caring?

Our findings

We asked people if the staff were usually kind, caring and patient. They told us "yes" and "always." One person told us "Can be, [staff name] is more caring than the rest of them, the rest are alright."

People told us their friends could visit but not stay over at the service. People were encouraged to be independent and this was reflected in their care plans. People had been encouraged to personalise their rooms and keep them tidy if they were able. We saw that people routinely went out on their own to local shops, cafes and to visit family members.

We asked if people were supported with cultural and religious needs. People said "Yes." "I attend [place of worship] myself." And "I do it myself." If people had religious dietary requirements these were met by the service: they bought regular takeaways for one person to meet her cultural requirements. People's cultural and religious needs were noted on their care records. A staff member told us "we have lots of different sexualities here, there is no prejudice."

We asked people if the service felt like their home. Most people said it did. "Yes." And "Yes definitely." When asked how was it like home, one person told us "I have got lots of friends" another said, "In the daytime it is nice and quiet, although sometimes planes going over make noise." Only one person said it did not feel like home but did not tell us more.

People told us, "yes" and "yes definitely" when asked if staff treated them with dignity and respect. Most people told us staff knocked on their door and provided them with privacy.

We saw that people signed their care records. Most people told us they were involved in their care. One person told us "I have written my own care plan and staff have also told me about the care plan."

Staff spoke fondly of people they worked with and it was clear they knew them well. We saw one staff member complimenting one person on their new dress and they were clearly delighted it had been noticed.

People were encouraged to undertake some tasks independently and this was reflected on their care plans. People had been encouraged to personalise their rooms and keep them tidy if they were able. We saw that people routinely went out on their own to local shops, service and to visit family members.

There was a small section of the garden set aside to commemorate people who had lived at the service who had died. This was a thoughtful gesture to acknowledge people's passing.

Good

Is the service responsive?

Our findings

There was some evidence of the service providing person centred care. Care plans were personalised, detailed and up to date and covered a broad range of needs including mobility, personal care, mental health and cognition and nutritional needs. We could see they outlined what people could do and what they needed support with. A summary form indicated the areas of need which gave a useful overview if a staff member was not familiar with someone.

There was a keyworker system in place and staff knew people's preferences and routines. There was life history information on people's care records and staff knew about people's family and backgrounds.

There were some instances when people were not supported in a person-centred way daily. People told us "Yes" they could get up, or have a bath or shower when they wanted. But when we asked people if care was provided to suit them or did they have to fit in with staff schedules. Of the two people who answered this question, one told us they fitted in with "staff schedules", another said "sometimes" they had to fit in with staff schedules.

We discussed this with the acting manager who told us how people were supported was determined through a mixture of people's choices and allocating staff time across the service. The acting manager told us assisting with personal care was a busy time where staff worked more to a schedule. There was a second 'wet' shower room being upgraded, due for completion by the middle of July 2018. This would help with managing people's personal care needs more effectively and enable the service to be more person centred in the provision of personal care.

The acting manager also told us they were introducing a new quality assurance process to focus on providing person centred care in which they met with each service user once a year to gain feedback and get suggestions from people, and note issues or concerns they may have. This would enable the deputy manager to personally obtain feedback from people using the service; to check if person centred care was being provided and service users' individual needs were being met. These meetings were in addition to key worker sessions.

We could see there were some activities available at the service; baking, gardening, exercise classes and art activities in the art room. The garden was maintained by the gardening group and individuals had an area they were growing their own plants. We asked people if they had enough activities at the service they told us "Yes." and "Painting, exercise. We do them with staff, people help." Another person said "Basketball in garden, chess, no bingo, snakes and ladders. Lots of board games. We play with staff"

People were also involved in activities outside of the service. Some people were fully independent and went to visit friends and family locally. Other people needed support to attend activities. One person told us they went swimming. A health and social care professional told us it was positive that these activities took place but they were cancelled at times by staff. We spoke with the acting manager who told us sometimes people decided not to take part in activities. They would remind people when these were on offer and keep track of

any reasons why people did not attend, to ensure it was not due to staff absence.

As part of the Warning Notice that we served following the last inspection, we highlighted the complaints process was not robust as it did not specify when the provider should respond to complaints. The policy had been updated since the last inspection. We could see that complaints were being dealt with. One for example related to laundry being left unwashed. Whilst we could see from other sources this had been dealt with at a relatives meeting we reminded the staff the requirement to formally respond to complaints through letter or e mail to confirm the outcome of the complaint. This was undertaken following the inspection.

Relatives told us they could raise issues and found the management team responsive when issues were raised. One relative told us that sometimes the paperwork for their family member was not completed in a timely way, but they had raised this with the service, and had been addressed.

We asked people if they knew how to make a complaint. One person told us they had made a complaint in the past and it was resolved. Two other people were less confident how to complain. The acting manager told us they had made sure a leaflet setting out how to make a complaint had recently been redistributed to people. They said they would make sure it was on each agenda for residents' meetings to make sure people felt confident in making a complaint.

People were not keen to discuss their end of life wishes, but the service had supported one person to remain at the service until their death in the past year, and the acting manager told us they were able to discuss it with people if they chose.

Requires Improvement

Is the service well-led?

Our findings

At the last inspection we issued a Warning Notice. The Warning Notice covered a range of areas including safeguarding, notifying CQC of important events, developing an effective complaints procedure; ensuring recruitment was safe and poor infection control processes.

At this inspection we found the Warning Notice had been largely met. For example, recruitment and safeguarding were now safely managed; accident and incident reporting processes had improved as had dealing with complaints. CQC were notified of significant events. There were also significant improvements in infection control.

Whilst improvements had been made to how the service was run there remained areas for improvement. We found the acting manager open and transparent and they told us they were willing to work with the team from the local authority to improve the service.

We found there were still some issues with cleanliness at the service, and at this inspection we found new issues with medicines management.

There were audits taking place in key areas including care records, maintenance, and food safety. Supervision was taking place and staff were undertaking mandatory and refresher training. The acting manager was working to ensure all administrative tasks were undertaken to record actions by management and staff. After the inspection the acting manager told us the provider was employing additional administrative staff to support the acting manager and senior care staff in their roles.

Relatives told us they were happy with how the service was managed. People who lived there gave us a range of views. Two people told us they thought the service was well run, whilst two other people were more guarded in their responses.

We had mixed views from health and social care professionals as one said they felt they had to raise issues a number of times before they were responded to and another told us they were unsure if the staff team as a whole had the correct balance of knowledge and experience in working with people with complex mental health needs. However, one health and social care professional told us the service was more open and willing to engage, and take on recommendations since the last inspection.

Some people told us the service felt like their home, others told us they would prefer to move on to more independent accommodation. We discussed this with the acting manager who told us they were considering how to routinely plan to move people on; they acknowledged that whilst this took place for a small number of people, the service was not routinely working to this goal.

We recommend the provider seeks advice on best practice in moving people to independent living services.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider could not evidence the proper and safe management of medicines. Regulation 12 (1)(2)(g)