

ELMS in Waltham Forest

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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 

Overall summary

The inspection took place on 8 October 2015 and was announced. The service was last inspected in May 2014 and was found to be fully compliant with all the standards we looked at during that inspection.

ELMS in Waltham Forest is a three bedded care home. The home specialises in providing support for people with mental health conditions and working towards them developing their independence. There were three people using the service at the time of our inspection.

The service had two registered managers in place. 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.'

Comprehensive risk assessments were not always in place which meant guidance was not always available to staff about how to support people in a safe manner.

People told us they felt safe using the service. There were enough staff to meet people's needs and robust staff recruitment practices were in place. Staff had a good understanding of issues relating to safeguarding adults. Medicines were managed in a safe manner.

Summary of findings

Staff received regular training and one to one supervision. People were free to make choices about their daily lives and consented to the care and support they received. People were able to make choices about what they ate and the service supported people to eat healthily. The service supported people to access relevant healthcare professionals.

People told us they were treated with respect by staff and we saw staff interacted with people in a way that was caring and sensitive.

People told us the service supported them to meet their needs. Care plans were in place which were subject to review. The service had a complaints procedure in place and people knew how to make a complaint.

People that used the service and staff told us they found senior staff to be approachable and helpful. The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people that used the service.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe. Comprehensive risk assessments were not in place for all elements of risk people faced even when it was a known risk.

The service had procedures in place for dealing with safeguarding allegations and staff had a good understanding of their responsibility with regard to allegations of abuse.

Enough staff worked at the service to meet people's needs. Robust staff recruitment practices were in place which included carrying out various checks on prospective staff.

Medicines were managed in a safe manner.

Requires improvement



Is the service effective?

The service was effective. Staff had access to training and supervision to help support them to do their job.

People had control over their daily lives and were able to make choices and consent to the support provided.

People were able to choose what they ate and drank and were able to help themselves to food and drink.

The service supported people to access relevant healthcare professionals.

Good



Is the service caring?

The service was caring. People told us staff treated them with respect.

We saw staff interacted with people in a caring manner that promoted people's independence and privacy.

Good



Is the service responsive?

The service was responsive. Care plans were in place which set out how to meet people's individual needs in a personalised manner. Staff had a good understanding of the support needs of each person.

The service had a complaints procedure in place and people knew how to make a complaint.

Good



Is the service well-led?

The service was well-led. There was a registered manager in place. People that used the service and staff told us they found senior staff to be approachable and helpful.

The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people that used the service.

Good



ELMS in Waltham Forest

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 8 October 2015 and was announced. The provider was given 48 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection team consisted of two inspectors. Before the inspection we reviewed the information we already held about this service. This included details of its

registration, previous inspection reports and any safeguarding incidents and statutory notifications the provider had sent us. We contacted the relevant local authority with responsibility for commissioning care from the service to get their views.

During the inspection we spoke with all three people that used the service. We spoke with three members of the staff on the day of the inspection. This included the two registered managers and a care assistant. We spoke with another care assistant by telephone the day after our visit. We observed how staff interacted with people that used the service. We examined various documents including three sets of care plans and risk assessments, four sets of staff recruitment, training and supervision records, quality assurance and monitoring records, medication charts and various policies and procedures including the complaints and safeguarding adults procedures.

Is the service safe?

Our findings

Risk assessments were in place but these did not cover all significant risks people faced. For example, one person had a history of behaviours that placed themselves and others at serious risk and there were no risk assessments in place about how to manage and reduce these risks.

We found that there was sometimes an antagonistic relationship between two people that used the service. While we noted that the service had involved outside professionals in seeking to support the relationship there was no guidance or risk assessment in place available to staff about this matter. One person recently had a pressure ulcer. Although this had been successfully treated there was no risk assessment in place about how to reduce the risk of them developing pressure ulcers in the future.

After our inspection the service sent us updated risk assessment that addressed some of the issues we found but not all of them. This meant there were still risks to people that had not been adequately assessed. The lack of comprehensive risk assessments potentially put people at risk. This was a breach of Regulation 12 of Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they felt safe at the service. One person said, "Yeah, I feel safe here." People told us there were enough staff to meet their needs and the on-call duty system worked well. One person said, "There is someone on-call, they always answer when you call." People said they were supported with medicines and that staff were helping them to become more independent with taking their medicines. One person said, "I can go to bed when I like but staff wake me up at 10:30am so that I can take my medicines."

The provider had a safeguarding adults procedure in place. This made clear their responsibility for reporting any allegation of abuse to the relevant local authority and the Care Quality Commission. The service also had a copy of the host local authority safeguarding adults procedure to refer to if required. The provider had a whistleblowing procedure in place which made clear staff had the right to whistle blow to outside agencies if appropriate. Staff we spoke with had a good understanding of issues related to safeguarding adults and whistleblowing. One member of

staff said, "If I didn't feel I was getting any help with dealing with a problem I could go to the council or the Care Quality Commission." The registered manager told us there had not been any allegations of abuse since the last inspection.

The home held money on behalf of two people. This was stored safely in a locked cupboard. People told us they were happy with this arrangement and they were given their money to manage on a weekly basis. People signed when they took money and records were maintained of monies held by the service which helped to reduce the risk of financial abuse. We checked the money held at the service on behalf of people and found it tallied with the amounts recorded as being held.

One person sometimes exhibited behaviours that challenged the service. We saw guidelines in place about how to support the person with this behaviour which included building the person's self-esteem and re-enforcing positive behaviours exhibited. Staff were able to describe how they supported people when they were becoming agitated, for example by trying to talk to them about a subject of interest to them. Staff said and records confirmed that they had undertaken training about working with people who exhibited behaviours that challenged the service. The registered manager told us the service did not use any form of physical restraint.

The service supported people with high levels of independence and staff were not present throughout the whole day. Staff were present at the service during the same set hours each day unless there was a particular need for staff support outside of these hours. At other times people were able to contact a duty officer by telephone if extra support was needed. Staff told us they had enough time to carry out all their required duties. During the course of our inspection we noted staff had time to interact with people as required and carry out other duties such as cooking and providing support with medicines.

The service had robust staff recruitment procedures in place. This included carrying out various checks on prospective employees including obtaining employment references, proof of identification and criminal records checks. The registered manager told us the service had a low staff turnover which helped staff to build relationships with people and to provide a continuity of care.

Is the service safe?

Staff told us and records confirmed that they had undertaken training about the safe administration of medicines. Staff were knowledgeable about what action was required by them in the event of making an error with a person's medicines.

We found medicines were stored securely in a locked cabinet that was located in a locked cupboard. Most medicines were stored in blister packs which reduced the

risks of errors occurring with people's medicines. We saw that medicine administration record (MAR) charts were in place which included details of the name, strength time and dose of medicines to be administered. Staff signed the MAR chart each time they administered medicines. We checked the MAR charts for a one month period leading up to the date of our inspection and found them to be accurate and up to date.

Is the service effective?

Our findings

People told us they service supported them to access health care professionals. One person said, "They help me with my appointments. If I tell them [staff] I need to see a doctor they sort it all out." Another person said, "I've got a consultant [psychiatrist] I see once every three months." The same person said, "I have been to the dentist and [member of staff] took me to the opticians last week." Another person said, "I had my eyes tested last week and I'm waiting for my glasses."

People said they were able to make choices about their daily lives. One person said, "I can go out when I like." Another person told us, "I buy my own things, my clothes and toiletries." People said they chose what they ate, telling us the menu was planned at a weekly 'residents' meeting. One person said, "You can help yourself to tea and coffee" and we observed this to be the case during our inspection.

Staff told us and records confirmed they had regular training. One member of staff said, "I think I had about four things [training courses] in the last year." They said this included training about fire safety, food hygiene, mental health and health and safety. Training records showed staff had training about various topics including safeguarding adults, working with challenging behaviour, professional boundaries, mental health awareness and health and safety.

Staff told us and records confirmed that they had regular one to one supervision meetings. One staff member said they were able to discuss anything they wanted during supervision and regularly discussed the needs of people that used the service. Another member of staff said, "I can ask for supervision anytime I want and I get six a year anyway. It's helpful, if you have a problem with a resident we can talk it through." Supervision records showed issues discussed included training and performance issues as well as matters relating to people that used the service.

The registered manager and staff told us that all the people living at the service had the capacity to make decisions for themselves and that no one required a Deprivation of Liberty Safeguard authorisation. People confirmed that they were free to make decisions for themselves. We observed one person visited the shops unsupported during our inspection and they were able to let themselves back in with their own key.

Some care plans had been signed by people which indicated their agreement with the content. Others had not been signed but it was noted that people had been offered the opportunity to sign them and had declined.

Care plans stated that people were able to choose their own meals and people confirmed this was the case. We saw that on the day of our inspection a staff member was preparing lunch using a recipe a person that used the service had provided. The same staff member told us, "They [people that used the service] choose what they want to eat in the house meetings."

One person had diabetes and their care plan included information about supporting the person to eat healthily. We saw the service had worked with the nutritional service that had provided information about supporting the person to eat healthily. People told us they were encouraged to eat healthy foods. One person said, "They give us salad and try and get healthy foods for us."

We saw records of appointments which included details of who they were with and of the reason for the appointment. These showed people had access to a range of healthcare professionals including GP's, chiropodists, opticians, psychiatrists and psychologists. One person recently had some short term issues with their mobility after a stay in hospital and we found that the service had supported them to work with the occupational therapy team to help them with this.

Is the service caring?

Our findings

People told us they were treated in a caring and dignified manner. One person said, “The staff are pleasant. They do treat you with respect.” They said their privacy was respected. One person told us, “Staff can only go into my room with my permission.” Another person said, “They tap on my door and wait till I come to the door. I lock myself in my room if I want privacy.”

Staff were aware of the importance of respecting people’s privacy and we saw throughout the inspection that staff always knocked on bedroom doors and waited for a reply before entering. At times people made it clear they wished to be left alone and we saw that staff respected this.

People told us they were happy living at the service. One person said, “It’s not too bad here.” Another person said, “I like it here. I like all the care workers.” The same person added, “Of course I am happy here. There is nothing I don’t like about living here.” Another person said, “I am quite happy with the staff.”

People had keys to their own bedroom which promoted their privacy. They also had keys to the front door which meant they were able to come and go independently as they chose. One person showed us their bedroom which reflected their personal tastes. For example, it contained family photographs and they had their own possessions such as a television and DVD player.

Part of the aim of the service was to support people to develop their independence. One person told us they wanted to move in to their own flat and the service was supporting them with developing their independent living skills. The person said the service had supported them to obtain a place on a cooking course and records showed they had done similar courses in the past. The same person told us they were also being supported to become more independent with taking their medicines and domestic living skills.

We saw staff interacting with people in a caring and sensitive manner during the course of our inspection. For example, one person showed some signs of becoming upset and staff worked with them to help them calm down. Another staff member worked patiently with a person to encourage them to attend to their personal care.

Staff had a good understanding of how to support people in a way that promoted their dignity. Staff said it was important to recognise and treat people as individuals. Staff said they had worked at the service for a number of years and had got to know people well and built up good relations with them. People confirmed that they trusted staff.

Is the service responsive?

Our findings

People told us the staff supported them to meet their needs. One person said, “They are quite good staff, I’ve no complaints. They are helpful.” The same person said, “I have a keyworker, he has a chat with me once a week” about their goals and objectives. Another person said, “They [staff] all help me, they have done things for me.” Another person said, “They’re [staff] helpful. They help me with cooking and cleaning.”

The registered manager told us that care plans were reviewed every six months or more frequently if there was a change to a person’s needs. One of these reviews was in-house, involving the person and staff at the service. The other was an annual review of their needs which involved family and health and social care professionals in addition to the person and staff from the service. Reviewing care plans meant that the service was able to reflect people’s needs as they changed over time.

Two of the people that used the service were on the Care Programme Approach. The Care Programme Approach (CPA) is a way that services are assessed, planned, coordinated and reviewed for someone with mental health problems or a range of related complex needs. We saw evidence of CPA meetings which set out how to support people with their mental health needs.

People were aware of their care plans. One person said, “I’ve been told about my care plan.” Care plans included detailed information about people’s past life history. They also included information about how to support people in a personalised manner that met the needs of the individuals. For example, the care plan for one person contained information specific to them about maintaining a healthier lifestyle though what they ate. Another care plan stated, “Team to structure time in the shift to allow [person that used the service] to offload his thoughts and feelings on a daily basis.” This was to help meet the assessed individual needs of the person.

Staff we spoke with had a good understanding of people’s individual and assessed needs. They were able to tell us what support needs each person had and how they worked to provide that support. For example, one member of staff described how they used gentle but persistent encouragement to support a person to attend to their personal care needs.

Care plans included information about how to support people with personal care, social activities and relationships, domestic home life and physical and mental health needs. People told us they had a weekly meeting with their keyworker where they were able to review progress made with their objectives that were set out in their care plans. Records confirmed these meetings took place.

People choose their own social and leisure activities. One person told us they went bowling with staff every week and said that they enjoyed this. We saw people were supported to access various college courses including art and cooking classes. People had access to leisure activities at the service, one person told us how they enjoyed listening to music in their room.

People told us they had not made a complaint but knew how to do so. One person said, “There is a form to fill in and it goes to the head office.” The provider had a complaints procedure in place. This included timescales for responding to complaints received and details of whom people could complain to if they were not satisfied with the response from the service. The registered manager told us that all people were provided with a copy of the complaints procedure included in the Service User Guide.

The registered manager said the service had not received any complaints since the last inspection. Once a month the residents meeting included a discussion about complaints. Records showed that although people had not made any complaints they were encouraged to raise any issues they had.

Is the service well-led?

Our findings

People told us they were consulted about issues at the service through a weekly 'residents' meeting. One person said, "Every Monday we have a meeting. We discuss what's going on, any problems, any issues we have."

The service had two registered managers in place who shared responsibility for the running of the home. Staff we spoke with were positive about the support they received from senior staff. One staff member said of their line manager, "He is very good, he is very approachable. He puts the residents at the centre of everything he does." Another member of staff said of the senior staff, "I think they are very good. I have no problems with them." The same staff member told us that senior staff listened to what care staff had to say. The staff member said, "They [senior staff] take our advice. We see what their [people that used the service] needs are. The manager listens and acts on what we say." They gave an example of one person that used the service wanting to have more structured activities in the community and senior staff worked with them to arrange that.

Staff told us and records confirmed that they had weekly staff meetings. Staff said they found these meetings helpful and provided them with the opportunity to discuss best practice issues when working with individuals. Records showed that staff meetings were also used to address issues within the service. For example, staff were reminded that they needed to check the fridge and freezer temperatures on a daily basis to ensure food was safe to eat. We saw that these checks were being carried out.

The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people that used the service. We saw records of weekly residents meetings which included discussions about household matters, menus and social and leisure activities. We saw minutes of recent meetings where people had raised concerns about the state of the décor in the home, in particular in relation to the carpets and curtains. We saw a commitment made in the meeting minutes by a senior member of staff that this would be addressed before Christmas 2015. Staff told us people would be able to choose the décor in the home and we found that they had chosen the furniture in the communal areas of the service.

A senior member of staff carried out a monthly monitoring visit to the service. This involved speaking with people that used the service and staff, checking the premises and examining various records. We saw that areas of concern were highlighted, for example the poor state of décor within the service. The registered manager was able to show evidence that the service was actively pursuing re-decoration of the service with the landlord.

The service carried out an annual satisfaction survey of people that used the service. The most recent survey was carried out in May 2015. We saw this contained mostly positive feedback from people. Comments in surveys included, "We are happy with staff members" and "They had been nice to me."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Service users were put at risk because the provider had not carried out adequate assessments of the risks service users faced. Regulation 12 (1) (2) (a)</p>