

# Connifers Care Limited

## Elm House

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service effective?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Elm House is a residential care home providing personal care for up to 5 people. At the time of the inspection, 5 people were using the service.

### People's experience of using this service and what we found

#### Right Support:

People did not consistently receive safe care at the home. Environmental risks had not always been identified and resolved to limit unnecessary risk to people. People were placed at increased risk from the spread of infection.

People's medicines were being managed safely.

People had their own rooms which had been personalised. People were able to use communal areas as they wished.

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.

#### Right Care:

People were not always consulted on planning the food menu and had limited choice around what they wanted to eat. Staff did not ensure people using the service had a fulfilling and meaningful everyday life.

Staff were polite with people, but they did not always help them follow their interests.

The home was not clean, needed decorating and items replaced.

People were treated with kindness and staff respected their privacy. Staff were appropriately skilled to meet people's needs.

#### Right Culture:

The provider was not effectively assessing the quality of the care at the home or considering the quality of

people's experiences.

The service did not always ensure risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

Based on our review of safe, effective and well led, the service was not able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

The provider took immediate action to seek support to address leadership and governance concerns and implemented an urgent action plan to mitigate risks to people's safety and quality of life.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was good (published 03 May 2019).

Why we inspected

We received concerns in relation to poor care, staff training and lack of management oversight. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from good to requires improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elm House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement

We have identified breaches in relation to safe care and treatment, premises and equipment, staff deployment, nutrition and hydration and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Elm House

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection, we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection team consisted of 1 inspector and 1 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 care service.

#### Service and service type

Elm House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elm House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

During the inspection visit, we spoke with 3 people living at the service and 1 relative. We spent time in the communal areas observing the care and support people received. In addition, we spoke with the registered manager, 1 care staff and the compliance manager.

We reviewed 3 people's care records which included care plans, risk assessments and medicines records. We reviewed 2 staff recruitment records and other documents related to the running of the service which included staff rotas, audits, surveys, meetings and quality assurance records.

After the site visit, we spoke with 4 family members and sought feedback from health and social care professionals.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- Infection prevention and control was not managed safely. We were not confident the practice in the service was in line with their policy.
- Potential risks to people's safety were not always mitigated and people were placed at increased risk from the spread of infection.
- Several areas of the service were damaged. For example, we saw cracked tiles in one person's bedroom, the office area and worn-out flooring in the kitchen. The kitchen ceiling had water marks from a recent leak in the upstairs bathroom and needed repairing.
- Additionally, damage to the environment prevented effective cleaning. We observed heavily stained armchairs and the fabric covering on communal soft furnishings was ripped, exposing the foam beneath which could not be cleaned.
- Areas of the service were visibly unclean, including flooring, banisters, and bathrooms. This placed people at increased risk from the spread of infection.

The provider failed to ensure the environment was adequately maintained. There was a failure to implement effective infection prevention control measures. This was a breach of regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our feedback, the compliance manager arranged for a maintenance team to visit and carry out necessary repairs and a deep clean throughout the service.

### Assessing risk, safety monitoring and management

- Environmental risks to people had not been fully identified.
- The environment and systems in relation to fire safety had not been risk assessed by a qualified risk assessor.
- Each person had a personal emergency evacuation plan (PEEP) however, reviews of these were overdue. The registered manager told us they would review and update the PEEPs straight away.
- There were large amounts of rubbish that were kept outside in the side access, leading to a smoking area.
- The provider's audit process did not include a system to ensure all checks were completed therefore safety issues had been left unnoticed.

The provider failed to ensure people were provided with safe care and treatment and risks were assessed, monitored and mitigated. This was a breach of regulation 12 (Safe care and treatment) of the Health and

## Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider responded immediately during and after the inspection. They confirmed a fire risk assessment was completed by an external fire risk assessor and all actions identified would be completed as per the action plan.
- Risks relating to people's health and personal care needs were managed safely. Staff knew people well and understood people's individual needs and the risks associated with their care.

### Staffing and recruitment

- People were not supported by effectively deployed staff at all times.
- We saw there was not enough individual support available to people at all times. For example, there was only 1 staff on duty on the day of the inspection and people had limited activities on offer, apart from the regular day centre they attended.
- Staff on duty were expected to clean people's bedrooms, clean communal areas and bathrooms as well as support activities and support people with food preparations.

The lack of adequate staff to ensure people's care and support needs were met meant that the service was in breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed this with the registered manager and compliance manager who said they will look at the staffing ratio and ensure people are supported appropriately.
- Staff were recruited safely. Recruitment files showed pre-employment checks had been made to ensure only staff who were suitable to work with people were employed, this included a Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Visiting in care homes

Visitors were able to visit people without restrictions and in line with current government guidelines.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People told us they felt safe. Comments included, "I am happy living here, I feel safe." And "Yes, I feel safe here."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood the different types of abuse, and the signs to look for. Staff were aware of the action to take if they suspected someone had been abused including reporting their concerns to the registered manager and the local authority safeguarding team.
- Staff completed safeguarding training. They knew the procedure for whistleblowing and said they would use it if they needed to.

### Using medicines safely

- People received medicines safely by suitably trained staff.
- People told us they received their medicines on time. One person said, "Staff give me my tablets, I take it with water."
- Medicines were administered in line with people's prescriptions and recorded appropriately on a Medication Administration Record (MAR). This matched the correct quantities of medicines. Medicines were stored safely in line with manufacturer guidance.
- Medicines audits were routinely carried out to ensure people received their prescribed medicines



correctly.

#### Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff completed accident and incidents records. These included details of the action staff took when responding and when minimising future risks, as well as details of who they notified, such as the registered manager.
- The registered manager monitored these events to identify possible learning and discussed these with staff.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Although people were supported to eat and drink, we found concerns around the provision and choice of food.
- People had choice of food, but this was from a limited menu. For example, breakfast consisted of only either cereal or toast. Likewise with desserts, there was ice cream, yoghurt and apple pie on the menu, however, we did not see these in the fridge or freezer. There was limited fresh fruit and vegetables available.
- Tea, coffee, sugar and milk were kept in the office. When we asked the reason for this, the staff on duty told us people would finish these too quickly if these were kept in the kitchen.
- We checked the fridge and freezer in the main kitchen, and both were empty, with the exception of butter, half a jar of pasta sauce and some carrots.
- The registered manager showed us a fridge and freezer which was located in an external laundry room. Both fridge and freezer contained adequate food, salad and fresh fruit. However, these were outside the main house and were not accessible to people.
- We also received poor feedback from relatives. Comments included, "I've caught them using a lot of frozen food, so it's not high-quality home-cooked food [person] has, just [frozen] nuggets with frozen peas." And "[Person] can't get food and drink [themselves] as [they have] to ask staff. Fruit is on the table but [they'd] have to ask for anything else."

The lack of involving people in choosing what they wanted to eat and meet people's nutrition or hydration needs means that the service was in breach of regulation 14 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We discussed our concerns with both the registered manager and compliance manager on the day of the inspection and in the feedback meeting.
- We shared our concerns with the local authority and the quality assurance team was visiting the service to ensure people's nutrition and hydration needs were met. We received positive feedback from the team about improvements being made.
- The provider responded immediately during and after the inspection. They developed an action plan to address the concerns raised.

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

- People's care was not provided in a well-furnished or well-maintained environment which met their needs. For example, one of the bathrooms was out of service and needed repairs. The kitchen ceiling was

damaged from a recent leak and needed repairing and redecorating.

- One person's bedroom ceiling had been repaired due to water leakage but not redecorated.
- The furniture and furnishings in the lounge did not support people's needs. For example, the armchairs were heavily stained and needed replacing.
- The provider responded after the inspection and shared an action plan with us detailing the immediate actions they were taking to address the concerns raised.

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

- People's needs were assessed to ensure these could be met. There had been no new admissions and people had been living at the home for several years.
- The assessments looked at people's medical conditions, physical and mental health, mobility, nutrition, choices, and the home environment.
- Where appropriate, people and relatives were involved in this assessment. This information was used as a basis for developing personalised care plans, to meet each person's needs.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support needs.
- People had health actions plans and passports which were used by health and social care professionals to support them in the way they needed and were supported to access healthcare services.

Staff support: induction, training, skills and experience

- There were systems in place to support staff through induction, supervision and training.
- Staff received an induction when they started working at the home. Staff also shadowed more experienced staff for a period of time before being allowed to work alone.
- Training records confirmed that staff had completed training that was relevant to people's needs. This training included safeguarding adults, medicines administration, health and safety, fire safety, learning disability, and equality and diversity.
- Staff told us they could approach their line manager for support.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had input from health professionals and staff worked with other professionals in line with their recommendations.
- Multi- disciplinary team professionals were involved in and were made aware of support plans to improve people's care.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions

relating to those authorisations were being met.

- We found the service was working within the principles of the MCA and appropriate legal authorisations were in place to deprive people of their liberty.
- The registered manager told us they continued following up with the local authority about people's DoLS standard authorisation renewals.
- Staff training records showed they had received MCA training. Staff knew about people's capacity to make decisions through verbal or non-speaking means and this was documented in people's care plans.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Checks and audits had not always been used effectively to identify the shortfalls we found during our inspection. For example, shortfalls in relation to poor infection prevention and control and failure to meet people's nutrition or hydration needs.
- Provider systems failed to identify when risk assessments were not in place. For example, the fire risk assessment. This meant people were at risk of harm should there have been a fire.
- People's personal emergency evacuation plan reviews were overdue.
- There was no infection control audit therefore the provider had not picked up all the concerns we found during our inspection. For example, overflowing rubbish in the side access. You can read more about this in the safe question of this report.
- There were shortfalls in relation to planning activities and social engagement recording. The provider could not understand people's experiences of activities provision because relevant information, such as activity duration and level of engagement, was not always recorded.
- One person told us, "I spend most of my time in my room, watching television." Another person said, "I go to the day centre a few times a week. There is nothing much to do indoors except watch television in my room."

Effective quality assurance systems were not in place to mitigate risk of harm to people. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- In response to our inspection and their own monitoring checks of the service, the local commissioning authority co-ordinated reviews of people care and health needs.
- There was a management structure in place at the service. Staff were aware of the roles of the management team.
- The service had an on-call system to make sure staff had support outside of office working hours and staff confirmed this was available to them.

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

- The culture of the service did not always reflect the principles of Right Support, Right Care, Right Culture.
- People did not always receive consistent person-centred care that was empowering, of a high-quality and achieved good outcomes.

- Staff did not always speak about people in a person-centred way. Improvements were needed. These have been reported under the effective question of this report.
- During our site visit however, we observed staff treating people in a kind manner. Staff and relatives were complimentary about the care provided by the staff. One person said, "Staff are friendly and helpful; they are always here to help with we need." A relative said, "Some staff are kind and make sure things are right ."

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

- People and their relatives were not always engaged and involved. Relatives told us, "The other manager used to tell me and let me know anything after [person] saw the doctor, but this manager doesn't" and "we get questionnaires about once a year, and they say they have meetings with the service users, but not with the parents. But not all the service users can always speak."
- There was a lack of systems in place to evidence people were supported to express and review how they wanted their care to be provided.
- All staff received training in relation to equality and diversity. This helped prevent discrimination linked to people's protected characteristics. For example, people were supported to develop and maintain their religious beliefs and personal relationships.
- Staff told us they felt listened to and were well supported by the registered manager.
- Staff had access to regular team meetings and supervisions.

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; working in partnership with others

- The registered manager was aware of their legal responsibilities to notify CQC of any concerns or incidents.
- The provider was working in partnership with the local authority to help improve the quality of care.
- The service worked with the local pharmacy to check and audit their medicines safety. The pharmacy visits helped to identify shortfalls and drive medicines safety.
- Records showed the service worked in collaboration with numerous health and social care professionals.

Continuous learning and improving care

- The registered manager had oversight of incidents and accidents to help identify potential themes and prevent a recurrence.
- The registered manager was working towards completing an action plan they had put in place following visits from the local authority quality team and was receptive to our feedback from the inspection.
- The registered manager took immediate actions where necessary to keep people safe.

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 registered persons did not ensure the care and treatment was provided in a safe way because risks were not always assessed, monitored and mitigated.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 14 HSCA RA Regulations 2014 Meeting nutritional and hydration needs  The registered persons did not consistently identify or meet people's nutrition or hydration needs.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment  The registered persons failed to ensure the environment was adequately maintained. There was an additional failure to implement effective infection prevention and control measures.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The registered persons did not effectively operate systems to assess, monitor and improve the quality and safety of the service.
Regulated activity	Regulation

Accommodation for persons who require nursing or personal care

Regulation 18 HSCA RA Regulations 2014 Staffing

The registered persons failed to ensure sufficient numbers of staff were deployed to meet people's needs.