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Elmglade Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Elmglade Residential Home is a residential care home that was providing personal care to 23 older people at the time of this inspection, some of whom were living with dementia.

People's experience of using this service:

People were satisfied with the quality of care and support they received. They told us staff were kind and caring, meeting meet their needs and respecting their choices about how they wished to be supported. Staff were patient and supported people in a dignified, respectful way which maintained their privacy and independence.

People were supported to give their views and to make decisions about the care and support they required. This helped the provider make sure care was tailored to people's needs. People's records were up to date and had relevant information for staff about how to provide care and support that met their needs and kept them safe. Records were kept securely to keep information about people, private and confidential. People said they felt safe with staff. Staff knew how to safeguard people from abuse and how to report any concerns to the appropriate individual and/or authority.

The home was comfortable with different spaces for people to spend time in. People's rooms and communal areas were clean and tidy. Staff followed good practice to minimise hygiene risks when providing personal care and when preparing and handling food. The provider undertook regular health and safety checks of the premises and equipment to make sure they were safe.

Staff asked for people's consent before providing any support. 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.

Staff helped people stay healthy and well. They supported people to eat and drink enough to meet their needs and to take their prescribed medicines. Extra help was sought for people if they needed this, for example when they became unwell. Staff worked well with other healthcare professionals to ensure a joined-up approach to the care people received.

There were enough staff to support people. The provider made sure staff were suitable to support people through their recruitment and selection practices. Staff were provided relevant training to help them meet people's needs. The provider supported staff to continuously improve their working practices.

People knew how to make a complaint and the provider had arrangements in place to deal with this. The registered manager recorded and investigated any accidents and incidents that occurred, and kept people involved and informed of the outcome. Learning from complaints and investigations was shared with staff to help them improve the quality and safety of the support they provided.

The registered manager was well liked and respected by people and staff. They were open and honest and encouraged people, their representatives and staff to have their say about how the service could improve. They made sure all staff were clear about their duty to provide safe, high quality care and support to people.

The provider had improved those areas of the service where we had previously found concerns and breaches in legal requirements. At this inspection we saw the provider had improved systems for reporting notifications, their quality monitoring systems, their responsiveness to suggestions for improvements, activities provision and the safety, cleanliness, décor and layout of the premises.

The provider also worked proactively with other agencies to make improvements at the service. They acted on recommendations made from us and other agencies to improve the quality and safety of the service for people.

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

Rating at last inspection:

At the last inspection the service was rated 'Requires Improvement' (26 April 2018). At this inspection we found the service meet the characteristics of a good service. The service rating has improved to 'Good'.

Why we inspected:

This inspection was planned based on the previous rating of 'Requires Improvement'. In these instances, we return to a service within 12 months of the publication of the last report to check that the service had taken the action needed to improve.

Follow up:

We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned in line with our inspection schedule or in response to concerns.

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 safe.
Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.
Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.
Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.
Details are in our Well-Led findings below.

Good ●

Elmglade Residential Home

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:

This inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Elmglade Residential Home 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.

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:

The inspection visit took place on 24 April 2019 and was unannounced.

What we did:

Before the inspection we reviewed the information we held about this service including notifications the provider is required by law to send us about events and incidents involving people. We also reviewed the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we spoke to 13 people using the service, one visiting relative and a visiting healthcare professional. We also spoke to the registered manager, the provider, the deputy manager, the activity coordinator, four care support workers and two staff responsible for cooking meals. We looked at records

which included three people's care records, medicines administration records (MARs) for four people, three staff files and other records relating to the management of the service.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe at the service. One person said, "I feel safe here. Very safe."
- Staff had received training in how to safeguard people from abuse, so that they would know how to do to this in an appropriate way. Staff understood how to recognise signs that might indicate a person was at risk of abuse and who to report their concerns to about this.
- When safeguarding concerns about people were raised, the provider assisted the local authority with their investigations. This helped the local authority identify any actions needed to ensure people's ongoing safety. At the time of this inspection, there were no current safeguarding concerns raised about or by the provider.

Assessing risk, safety monitoring and management

- At our last inspection we found the provider had not done enough to reduce risks to people's safety in the home. The provider was not meeting legal requirements because of this.
- Since that inspection the provider had acted to make the premises safer for people. Restrictors had been fitted to upper floor windows to minimise the risk of people falling from them. Hot water temperatures were now maintained within a safe range reducing the risk of people being scalded. New flooring had been fitted, replacing torn carpet which made it safer for people to move around.
- The provider had improved their systems for assessing and monitoring risks to people. These assessments now looked at risks posed by the premises as well as by people's specific healthcare conditions. Where risks had been identified there were plans in place instructing staff on how to minimise these to reduce the risk of people being harmed or injured.
- The provider undertook regular health and safety checks of the premises. Maintenance issues were dealt with promptly. Safety systems and equipment were regularly serviced to make sure these remained in good order and safe for use.
- The provider had acted on recent recommendations made by London Fire Brigade and the local authority to make the premises safer for people. We saw a good example of this where grip mats and grab rails had been put in communal bathrooms to help people move more safely.
- Staff were observant and acted to keep people safe. They followed good practice and did not hurry or rush people when helping them to get up out of chairs, their bed or when moving around the home. This reduced the risk of people falling or sustaining an injury from poor handling.

Staffing and recruitment

- At our last inspection we found staffing levels were not reviewed as people's needs changed. This meant the provider could not always be sure there were enough staff to meet people's needs at all times.
- The registered manager now undertook monthly reviews of dependency levels at the service to check there were enough staff to support people. They told us staffing arrangements had also been strengthened with

the appointment of additional staff to undertake activities and domestic duties. This meant care support workers were given more time to support people with their care needs.

- People told us staff were available when they needed their help. One person said, "Staff are always nearby to help with things." Another person told us, "Staff answer my call when I need help."
- We observed staff answered call bells promptly and responded quickly to people's requests for help.
- The provider used their recruitment and selection procedures to undertake checks on staff that applied to work at the service. These checks helped them to make sure only suitable staff were employed to support people.

Using medicines safely

- People were supported by staff to take their prescribed medicines when they needed these. We checked stocks and balances of medicines and people's medicines administration records (MARs) which showed people consistently received the medicines prescribed to them.
- Medicines were stored safely. Controlled drugs were kept in a secure place.
- People's records contained current information about their prescribed medicines and how and when they should be supported with these. This helped staff make sure people received the right medicine, at the right dose and at the right time.
- Staff had been trained to manage and administer medicines. Senior staff undertook audits to review staff's working practices in relation to medicines administration. This helped the provider check that all staff were working in a consistent and safe way when administering medicines.

Preventing and controlling infection

- People were protected from risks that could arise from poor cleanliness and hygiene practices at the service. This was because staff had been trained in how to reduce infection risks and used personal protective equipment (PPE) when needed.
- Staff made sure communal areas and people's rooms were kept clean and tidy. Cleaning materials and equipment was used appropriately. All toilets and bathrooms had soap and hand towels and information was available about how to promote good practice in hand washing.
- The provider made sure there were regular checks of the premises to make sure it stayed clean and hygienic.
- Staff were also trained in basic food hygiene to reduce risks to people of acquiring foodborne illnesses. The service was recently awarded the highest food hygiene rating of '5'.

Learning lessons when things go wrong

- Since our last inspection the registered manager had improved accident and incident reporting at the service.
- All accidents and incidents involving people were now properly recorded by staff when these occurred. The registered manager investigated accidents and incidents and shared any learning with staff to help them improve the quality and safety of the support they provided.
- The registered manager also analysed accidents and incidents to check for any emerging trends or themes to help them reduce the risk of these happening again.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us they had been involved in planning their care. One person told us, "I was asked when I came here, and I get asked a lot."
- People's records showed their care and support needs had been assessed prior to them using the service. Assessments were carried out with people and their representatives so that the provider had the information they needed about their current healthcare conditions, their care needs, and the outcomes people wished to achieve from the support provided.
- The provider had used the information from these assessments to develop care plans for people which set out the support they needed. This included information about people's choices about how, when and from whom they received their support so that staff would know what support they needed to provide.

Staff support: induction, training, skills and experience

- People told us staff were able to provide them with the care and support they needed. One person said, "I think staff are trained, and I feel confident."
- All new staff completed a programme of induction before the provider was happy that they could work with people unsupervised. Training was provided to staff in areas that covered the range of people's needs.
- Once trained, staff were provided refresher training and updates to keep up to date with current best practice in relation to the support they provided to people.
- Staff had regular supervision meetings with the registered manager at which they could review their working practice to check this was meeting people's needs and discuss any further training they needed to help them in their role. A staff member said, "I feel very well supported by [registered manager]. Any issues, he's always ready to help us."

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

- People told us they could choose what they ate and enjoyed the meals that were provided. One person said, "The food is very good and there is enough choice." Another person told us, "[At breakfast] I can have anything, like bacon, egg and tomato or porridge." And another person said, "If I don't like the food the cook will always try to make something I like."
- People had a say in planning menus and staff regularly checked that these were meeting people's preferences. We saw after the lunchtime service was over, the cook spoke with people about the meal and listened to people's feedback about this. The cook told us this helped them check that they were preparing meals that people liked, to encourage them to eat well.
- The cook understood people's dietary needs and how they wished to be helped with these. They knew about people's specialist needs due to their healthcare conditions and took this into account when planning and preparing meals.

- Staff monitored what people were eating and drinking. They used this information along with other checks, such as people's weights, to look for any issues that people might be having with food and drink. We saw a recent example of this where staff had identified that a person was not eating enough and losing weight. Specialist advice and support was sought from a health care professional about how this could be managed.

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

- Information about people's current health and wellbeing was shared by staff during handover meetings after each shift. This helped keep all staff informed about any specific health concerns about a person and how the person should be supported with this.
- Staff reported any concerns they had about a person's health and wellbeing promptly so that people received appropriate support in these instances. One person said, 'If I don't feel well, the doctor comes quickly.'
- When people needed to go to hospital, staff made sure information was sent with them about their current health, existing medical conditions and their medicines. This helped to inform ambulance and hospital staff about the person and their needs when they had to make decisions about the person's treatment.
- People had access to healthcare services when they needed this. Staff worked well with other healthcare professionals such as the GP, occupational therapists and district nurses and shared information with them when needed to make sure people experienced a consistent, joined up approach to their care needs.

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

- At our last inspection we found some aspects of the environment were not tailored to support people living with dementia. Since that inspection the provider had acted to improve this. There was better signage to help people locate toilets and bathrooms, communal areas and their bedrooms. The décor had been improved and this was brighter to help people move around more easily. Aids were used to help people keep track of the day of the week and what part of the day they were in, for example the daytime or night time. Menus were still written up on a board, but staff now used pictures to help them explain to people the meals they were eating.
- The premises offered people a range of spaces that they could spend time in. In addition to their own room, people could spend time in the communal lounge/diner and when the weather was good, in the large garden.

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 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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- The provider assessed people's capacity to make and consent to decisions about specific aspects of their care and support.
- Applications made to deprive people of their liberty had been properly made and authorised by the appropriate body. The provider was complying with the conditions applied to the DoLS authorisations. The registered manager reviewed authorisations regularly to check that they were still appropriate.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People said staff were kind and caring. One person said, "The staff are everything I could wish for." Another person told us, "The staff work hard and are smashing." And another person said, "They are very kind and will try and help me."
- We observed staff were kind, patient and respectful when supporting people. Staff greeted people in a friendly way, regularly checking how they were and if they could do anything for them. People looked happy to see staff and conversations between them were warm and full of laughter. Staff clearly knew people very well and used that knowledge about them to start conversations about things that interested people or mattered to them.
- People were given the time they needed to make decisions about what they wanted to do, and staff respected their choices. Staff made sure people were encouraged to take part in conversations or activities that took place, so they were not excluded. If people chose not to take part, this was respected. One person said, "I do join in activities, but not every time. I like staying in my room, but I do come out."
- When people became anxious, staff were quick to notice this and sat with them to reassure them.
- Staff had received training in equality and diversity. This helped to make sure they understood their duty to protect people against discrimination and treated them fairly when supporting them with their specific needs.
- People's specific wishes in relation to meeting their social, cultural and spiritual needs were recorded in their care plans so that staff had access to relevant information about how people should be supported with these. We saw good examples of this where people had expressed a wish to practice their faith and the provider supported them to do this by arranging for religious leaders to visit and deliver services.

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

- The provider made sure people and their representatives were involved in making decisions about their care. People were asked for their views and choices prior to them using the service and then on a regular basis in review meetings with senior staff. This meant the support provided to people was tailored at all times to meet their specific preferences and choices.
- Where people needed this, they were able to access advocacy services to support them in having their views considered when making decisions and their rights safeguarded.

Respecting and promoting people's privacy, dignity and independence

- Staff provided support which respected people's privacy and dignity. They knocked before entering people's rooms and asked for permission before they provided any support. Personal care was provided in the privacy of people's rooms or in the bathroom. Staff made sure people were clean and dressed appropriately for the time of the year.

- When people wanted privacy, staff respected this so that people could spend time alone if they wished.
- People's records were kept securely to keep information about them private and confidential.
- Staff prompted people to do as much as they could and wanted to do for themselves. Staff only took over when people could not manage and complete tasks safely and without their support.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At our last inspection we found there were not enough activities at the service for people to take part in. We had previously made a recommendation to the provider about this, but they had been slow in improving this aspect of the service.
- Since that inspection the provider had acted to improve the range and quality of activities on offer to meet people's social and physical needs. A full time activity coordinator had been appointed. They had developed a programme of activities and events, tailored to people's preferences and choices. These included arts and crafts, chair based exercises, musical entertainment, quizzes and games, social outings and trips in the community.
- In addition to group based activities staff also did one to one activities with people. We saw staff sitting with people looking through individualised 'memory boxes' that contained items relevant to the person to encourage conversation and reminiscence.
- Special occasions and significant events were celebrated at the service and people were encouraged to fully participate in these.
- The activity coordinator trained staff to deliver activities to people in their absence so that people would continue to have things to do when the activity coordinator was not at work.
- People were helped to maintain relationships with the people that mattered to them. Relatives told us they were able to visit at any time and were always welcomed by staff.
- People told us the care and support they received from staff took account of their preferences and choices. People's records contained information for staff about their preferences and choices for how their care and support should be provided. This included information about their likes and dislikes, their preferred routine for how they liked to start the day, how they wished to spend their time and when they preferred to go to bed.
- People's communication needs had been identified, recorded and highlighted so that staff had access to relevant information about how people should be supported with these.
- Senior staff reviewed the care and support provided to people to check this was continuing to meet their needs. Staff were promptly informed of any changes to the support people needed when these were identified.

Improving care quality in response to complaints or concerns

- People's feedback during this inspection indicated they had no issues or concerns about the quality of care and support provided by staff. One person said if they had a concern, "I would ask the manager. He's a good sort." Another person told us, "The manager's great, he's always around to talk to."
- The registered manager was quick to respond to any concerns raised by people. We saw recent concerns raised about the laundry service and the general décor had been dealt with in an appropriate way.
- The provider had arrangements in place to deal with people's complaints if they were unhappy with any

aspect of the support provided. People were provided information about what to do if they wished to make a complaint and how this would be dealt with by the provider. The complaints procedure was displayed prominently in the main entrance hallway.

- When a complaint had been received, the registered manager had investigated this and then provided appropriate feedback to the person making the complaint and offered an apology where this was appropriate.

End of life care and support

- The provider asked people for their wishes and choices about what they would like to happen to them at the end of their life. Where people had stated their wishes, this was recorded in their care records so that these would be noted and respected by staff at the appropriate time.

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

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

- Since our last inspection a new registered manager had been appointed at the service. People spoke positively about them. One person said, "[Registered manager] is very good. Looks after me well."
- Staff felt well supported and motivated by the registered manager. A staff member told us, "[Registered manager] is doing a great job and he is the one that has been driving all the improvements. We feel very well supported by him... he's always ready to help us. He's very open and honest with all of us...all the staff are much happier now and we can enjoy working with people."
- The registered manager was clear about their responsibility for meeting regulatory requirements. They told us their priority after being appointed was to improve those areas of the service where we had found concerns and breaches of legal requirements at our last inspection.
- At this inspection we found improvements had been made. The provider was now notifying us promptly when events or incidents happened. This meant we could check that the provider took appropriate action to ensure people's safety and welfare.
- The provider had improved their quality monitoring systems so that audits and checks of the service were more thorough and detailed. We saw where shortfalls were found through these checks the registered manager addressed these promptly.
- The provider was responding more quickly to people and staff's suggestions for service improvements. We saw the provider had redecorated one person's room following their feedback and upgraded an en-suite bathroom for another person after they told the provider they were having difficulty accessing this due to a change in their needs.
- The provider had also made positive improvements to the safety, cleanliness, décor and layout of the premises and to activity provision.
- The provider told us after our last inspection they understood they needed to have better oversight of the service and now worked closely with the registered manager to make any improvements that were needed.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager encouraged a culture within the service that was focussed on people receiving high quality care and support. They made staff aware of their responsibility for providing this through regular supervision and team meetings. They used audits and people's feedback through quality surveys to check that staff were providing this at all times.
- The registered manager was open about when things went wrong. They investigated all accidents and incidents that happened and made sure people were kept involved and informed of the outcome.

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

- People and staff were provided regular opportunities to have their say about the service and how it could improve. The provider sought people's views through monthly 'residents meetings', quality surveys and reviews of their care and support needs. Staff's views about the service were sought through supervision and team meetings.
- Where people could not easily give their views due to their communication needs, the provider asked their representatives for feedback. This meant people's experiences in these instances would be taken into account when the provider made changes to improve the service.

Continuous learning and improving care; Working in partnership with others

- The provider worked proactively with other agencies to make improvements to the quality and safety of the service. The local authority had undertaken a number of quality monitoring visits in the last 12 months and made recommendations to the provider about how the service could improve, which the provider had acted on.
- The London Fire Brigade had also inspected the service in the last year and made recommendations for improvements which the provider had also acted on.
- The registered manager told us, although challenging, they had welcomed the recommendations made from these and our inspections as they saw these as an opportunity to improve the quality and safety of the service for people.