

South East London Baptist Homes

The Elms

Inspection report

147 Barry Road
London
SE22 0NJ

Tel: 02086934622

Date of inspection visit:
18 March 2016

Date of publication:
06 May 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The Elms is a care home for up to 26 people who require personal care. Some of the people live with dementia. On the day of the inspection, 25 people were using the service.

This unannounced inspection took place on 18 March 2016. We last inspected The Elms on 31 December 2014. The service met all the regulations we checked at that time.

The service has a registered manager. 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 that the provider had breached Regulation 18 (2) (a) of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. The breaches of the regulations relate to staffing. The registered manager had not always supported staff in their roles. Staff had not received one to one supervisions or annual appraisal to reflect on their practice. You can see what action we have told the provider to take at the back of the full version of this report.

People in the service received safe care and support. People received their medicines safely and as prescribed from staff assessed competent to do so. The registered manager assessed risks to people and ensured staff had guidance to keep them safe. Staff understood how to recognise and report any abuse to protect people from harm.

There were sufficient staff on duty to meet people's individual needs and to support them with their interests. The service recruited suitable staff by using a robust recruitment procedure. Staff received appropriate training to undertake their role. Although we found staff felt supported by management, there were insufficient formal supervisions. Staff understood people's communication needs and knew their choices and preferences.

People were happy with the care and support they received. People received support from skilled and competent staff. Staff spent time and were not hurried when they supported people. Staff knew people well and had developed positive relationships with them. The service supported people to maintain relationships with their friends and family. Staff respected people's dignity and privacy. Staff understood how to treat people with respect.

Meetings were held with people to get their feedback about the service. The staff team worked effectively to ensure people had a positive experience of the service. Staff upheld people's rights and supported them in line with the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). These legal safeguards ensure that people who lack mental capacity are not unlawfully deprived of their liberty. The

registered manager ensured staff protected and promoted people's human rights in line with current legislation.

The service was flexible and responded positively to people's requests. Staff regularly reviewed people's health and the support they required to reflect their current level of needs. The registered manager always sought people's views and opinions about the service and acted on their feedback.

People's cultural needs and personal preferences were met in relation to their diet. People enjoyed the freshly home cooked food provided at the service. Staff engaged people in activities of their choice and reduced the risk of isolation and boredom.

People accessed the healthcare services they required and staff monitored their wellbeing. Important decisions in relation to people's health was subject to thorough professional oversight which ensured people received appropriate and timely health interventions. Staff knew what to do in case of emergencies to keep people safe.

People understood how to make a complaint and felt confident the registered manager would act on their concern. There were processes in place to monitor quality and understand the experiences of people who used the service. The registered manager carried out checks on the quality of the service and made any necessary improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe. Staff knew how to recognise signs of abuse and report any concerns to keep people safe. People's medicines were administered safely as prescribed and stored securely.

Staff identified risks to people and put plans in place to minimise harm to them. There were sufficient staff on duty to keep people safe. The provider recruited staff through a robust recruitment process.

Is the service effective?

Requires Improvement ●

The service was not effective. Staff received training to undertake their role to meet people's needs. Staff did not always receive regular supervision and appraisal.

People received the support they required with their eating and drinking. People accessed the healthcare services they required to maintain their well-being.

Staff promoted people's rights and supported them in line with requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good ●

The service was caring. Staff treated people with dignity and respected their privacy. Staff knew people's preferences and understood their communication needs on how they wished to receive their support.

People and their relatives were involved in planning people's support. People received care and support which met their individual needs.

Is the service responsive?

Good ●

The service was responsive. Staff identified and regularly reviewed people's individual needs and updated their support plans. People received their care as planned. Staff supported people to be as independent as possible.

People took part in activities of their choice and pursued their hobbies and interests. The registered manager asked people and their relatives about their views of the service and acted on their feedback. People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led. People said the service was well-run. Staff told us the registered manager was open to their ideas and ensured staff worked as a team to support people effectively.

The registered manager checked and regularly reviewed the quality of the service and addressed any issues identified.

The Elms

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 unannounced inspection took place on 18 March 2016. A single inspector undertook the inspection. Before the inspection, we reviewed the information we held about the service, including statutory notifications. A statutory notification is information about important events which the provider is required to send us by law. We used this information to help us plan the inspection.

During the inspection, we spoke with three people who use the service, three relatives and seven members of staff. We met with two deputy managers, maintenance staff, a board of trustee member, and a volunteer. We looked at four care records and medicine administration record (MAR) charts for three people. We reviewed information in relation to staff training, supervision records, audit findings and incident records.

During the inspection visit, we used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

After the inspection, we spoke with the registered manager, a local authority commissioner and a social worker.

Is the service safe?

Our findings

People told us they felt safe living at the service. One person told us, "There is always someone around, which makes me feel safe". Another person said, "Staff are there when I need them. I know I am not alone". A relative told us, "I feel certain this is a safe place for [person's name]. I don't have any worries about their stay here".

People received their medicines safely as prescribed. One person told us, "I have no concerns about my medicines. Staff bring my tablets the same time every day and help me take them". Another person told us, "My health is good because of the medicines I take". The registered manager had assessed people's needs in relation to the support they required to receive their medicines. We observed a member of staff support a person by explaining what the medicines they were taking and why they needed them. Medicines were stored safely and locked away to minimise the risk of misuse. Medicines administration record (MAR) charts were fully and accurately completed which showed people had received their medicines at the right time and correct dose. Staff regularly checked the medicines stocks to ensure they were correct and that people could receive their medicines as prescribed.

The registered manager assessed risks to people and ensured staff had sufficient guidance to support them as safe as possible whilst promoting their independence. For example, a person's risk assessment showed they needed support in relation to their moving. Records showed plans put in place which explained how staff supported the person to keep safe. A member of staff told us, "We follow what's stated in people's plans. This is important in keeping them safe and reduces the risk of avoidable accidents". A relative told us, "[Person's name] is free to move around in their wheelchair and they do not feel restricted on their freedom in any way".

The service recorded and monitored all incidents and accidents. This enabled the registered manager to ensure staff took appropriate action to protect people and prevent the risk of the incident recurring. The registered manager carried out regular reviews on people's risks and ensured staff had up to date information on how to support them safely. Staff shared information at shift handovers and team meetings which ensured they knew people's risks and minimised the likelihood of accidents.

Staff knew how to recognise the different types of abuse and to report any concerns to keep people safe. A member of staff told us, "We have a safeguarding policy which tells us how to protect people from harm". Staff we spoke told us they were confident the registered manager would act on their concerns. Another member of staff told us, "We can 'whistle-blow' on poor practice or any concern of abuse that is not fully resolved at the service".

People told us there was always sufficient staff on duty to meet their needs. One person told us, "Staff don't take time to come when I ring my bell". A relative told us, "There is usually someone around to help or ask". We observed staff responded promptly to call bells or when people asked for support. The registered manager ensured annual leave or sickness absence was covered and took into account people's needs when making decisions of staffing levels. For example, we saw rotas, which confirmed the service was

always adequately staffed.

Staff knew how to protect people from the risk of fire or an emergency at the service. Maintenance staff told us they carried out routine checks to ensure the equipment was safe for people to use in the event of an emergency. Records showed regular testing of equipment such as smoke and fire alarms, fire extinguishers and emergency lighting to ensure their safety. The service carried out regular fire drills. Staff told us they knew people's needs well and the support each person would need to evacuate the building safely. However, there was insufficient information on the records about any issues arising from the staff and people's responses to the fire drills and any action taken. We could not be confident staff had ensured people knew how to evacuate the building in the event of a fire or an emergency.

The service provided a secure environment for people. Staff told us they were confident to use equipment safely when supporting people to move. A member of staff told us the person's care plan contained information on how they should use the equipment to protect people from the risk of falls and accidents. We observed staff hoist the person safely and supported them to transfer from a wheelchair into chair.

The provider used a robust and safe recruitment procedure to recruit suitable staff to support people at the service. One new member of staff told us, "I discussed my work experience and qualifications at interview. I only started to work here when the manager was satisfied with all the checks". The provider had requested and received criminal record checks and references to confirm staff's suitability to work at the service to support people safely.

Is the service effective?

Our findings

People received support from staff who had not received regular supervision to reflect on their working practice and discuss training needs. Staff did not have the regular one to one supervision in line with the provider's policy of at least six times a year. A deputy manager told us they met with staff informally and supported them with their work. However, these informal meetings were not recorded on staff records or any follow up actions taken on issues discussed. The service had a supervision schedule which they did not always follow. The deputy manager explained the service allocated sufficient resources to enable staff to attend supervisions. However, some staff did not turn up for their supervision despite being reminded. The registered manager had not taken any action on the staff who did not turn up for supervisions.

A deputy manager told us they observed staff's practice on an ongoing basis and had discussed with a member of staff if they had any concerns about how they were supporting a person. The service had not maintained records of these observations on staff's records and any recommendations made to them about their practice. The service had not undertaken annual appraisal review of staff's performance, personal development and training needs in the last twelve months. The lack of regular supervision meant staff did not receive full support for their role. This meant that the registered manager could not fully assess staff's competence for their role or identify any training or development needs.

This was in breach of the Health and Social Care 2008 (Regulated Activities) Regulations 2014. Regulation 18 (2) (a).

People told us they felt the staff who supported them were skilled in their role. One person told us, "The staff understand how to provide my care. They do it well". Another person said, "Staff know how to look after us well. They make it look easy". A visiting relative told us, "Staff here are good. They know what they do".

The provider ensured new staff undertook an induction to support them to understand their role. One new staff told us, "The manager explained the service's expectation of me in how I work from the onset. This help set the standard for me". Another person told us, "I was eased slowly into my role to make sure I got to know people and understand their needs". Records showed new staff 'shadowed' experienced colleagues as part of their induction. The registered manager monitored new staff's performance during the probationary period and confirmed them in post on successful completion of their induction.

The registered manager ensured staff attended training which equipped them with appropriate skills and knowledge to support people effectively. Records showed staff had attended training on medicines management, safeguarding adults and infection control. Staff undertook specific training in line with individual needs for person such as dementia awareness to enhance staff knowledge in supporting people effectively. Staff also attended 'refresher' training to ensure they remained up to date with current practice and guidelines.

Staff asked people for their consent before they supported them. Staff involved people in making decisions about their day to day care and support. One person told us, "Staff will help me with a wash if I agree to have

one". A member of staff told us they asked what assistance people would like from them before supporting them. Care records showed how staff supported people to understand the nature of the decision and the options available to them.

Staff supported people in line with the requirements of the Mental Capacity Act (MCA). However, some staff did not have a full awareness of the MCA and how it empowered and protected people who may not be able to make some decisions for themselves. For example, some staff we spoke with did not understand the circumstances in which 'best interest' decisions should be made. Staff could not confirm if they had received training on the MCA. We discussed this with the deputy manager who said staff had received the training. However, staff demonstrated they applied the principles of MCA when they supported people. Although the management team knew their responsibilities under the MCA, further training was required for the rest of the staff team to ensure they understood fully the principles.

Staff had a good understanding of the procedures that protected people's human rights and described the strategies they used to support people who potentially had their liberty restricted. Records showed staff had received training on the Deprivation of Liberty Safeguards (DoLS). Care records included assessments of people's mental capacity in relation to making specific decisions. Records showed relatives and health professionals had been involved in making 'best interests' decisions where people lacked mental capacity. The registered manager had made DoLS applications to the local authority to ensure staff protected people's rights.

People told us they enjoyed the food provided at the service. One person said, "The meals are delicious. The cook prepares fresh food every day and offers us plenty of choice of what we can have". Another person said, "I like the food and the portion sizes are good". A relative told us, "The meals are nutritious and of good quality". The chef told us they prepared fresh food at the service and baked all their bread and cakes. The service involved people in menu planning and took into account their preferences. People had access to a choice of drinks, snacks and fresh fruit at any time. We saw staff supported people who required assistance with their eating. People received support to maintain a healthy weight. Staff maintained records of people's weights as appropriate and knew when to make a referral to the GP if they had any concerns about their dietary needs.

People received the support they required with their day to day health needs. Staff ensured people had referrals to and received visits from healthcare professionals as appropriate to have their needs met. One person told us, "The GP comes here when I am unwell. Another person told us, "Staff will call out the doctor for any illness no matter how slight. They don't take a chance with my health". A relative told us, "Staff are quick to contact the GP if they are concerned about [person's name] health. They keep us informed of the visits and their progress". A member of staff told us they monitored people's health and took notice of changes in their interaction with other people and eating patterns which could indicate that they were unwell. People's care records showed staff had engaged various health care professionals such as chiropodists, opticians and dentists to support people with their health needs. Records showed staff had up to date information with the treatment and support people had received and any follow up appointments. Staff used daily staff handover meetings to talk about the outcome of people's health appointments and ensured follow up visits occurred.

Is the service caring?

Our findings

People told us the staff were kind, caring and polite. People had built positive relationships with staff. One person told us, "Staff sit around and listen to my stories. We enjoy the time we spend together". Another person told us, "The staff are very friendly and polite". One relative told us, "The staff are wonderful. My [person's name] is well settled here. I never have to worry about their care here".

Staff understood people's communication needs which ensured they supported them as required. People's records had details on how they communicated. We observed staff support a person to communicate their needs while taking into account their abilities as indicated in their communication support plan. We saw staff write on a hand held writing board and asked a person what they would like to do, offering them choices about what they could do. They waited for the person to write back and continued to have a conversation like that. A member of staff told us, "We talk to people and offer them choices as this promotes them to be more independent and less dependent on us".

We saw staff engage a person with limited communication on a one to one. Their care plan showed they had time allocated for this to reduce social isolation and to support them with activities of their individual preference. The person told us they did not feel discriminated against and said staff supported them as they wished to develop their skills and interests. Staff supported people to access resources to do what they wanted to achieve their potential.

People told us staff knew them well and respected their preferences. A member of staff told us they understood people's needs and how they wished to receive their support in line with their preferences. One person told us, "Staff know my history and background. I have a passion of sharing the history of this town and talk about the books I have read. They do come and sit around and listen". Records showed staff supported the person to access library books which ensured they read books that interested them. People told us the hairdresser visited the service regularly.

Staff supported people to maintain relationships with relatives and friends. One person told us, "Staff help me organise and celebrate important events such birthdays with my family". Another person said, "There is a telephone that I can use if I want to make calls to my friends. Staff make sure the telephone works all the time". A relative told us, "The staff make us feel welcome. They all seem to go an extra mile to make us comfortable when we visit [person's name]". Records showed staff supported people to visit their relatives and attend functions in the community where they met with their friends.

People told us staff treated them with respect and promoted their privacy and dignity. One person told us, "Staff support me to wash and dress up without treating me like a child". Another person said, "I can stay in my room if I want to, I sometimes like to be left alone and I am able to do that without being disturbed". Staff had a good understanding of how to protect people's privacy. For example, we observed that staff closed doors and curtains when they offered people support with day to day tasks such as personal care. Another person said, "The staff knock before they enter. They do not come in unless told to do so". We saw staff spoke discreetly to people about their personal care and ensured other people in the lounge could not

hear them.

Staff fully involved people in making decisions about their day to day care and how they spend their time at the service. One person told us, "The staff ask what I want to do and let me decide". We saw one person who liked a seat with a view of the garden. They told us they enjoyed doing this every day and staff knew that and kept their seat free for them. People decorated their rooms with family photographs and other ornaments that were important to them which made it homely. A person told us, "I furnish my room and decide where I put my things. Staff maintain that order as they know it's how I like my room to be". The registered manager ensured staff involved people in the care planning process to ensure they understood them better.

Staff told us they supported people to be as independent as possible in line with their needs. People's care plans had information on what they could do on their own and the support they required from staff. One person told us, "Staff support me to be as independent as I can. They will come to help if needed". For example, a person's record showed they needed support to take out their laundry. A member of staff told us they reminded people on tasks they needed to do like tidying their wardrobe. Care records showed staff supported people with their needs and promoted their independence. We observed staff encouraged people to do what they could do to promote their daily living skills.

People at the end of their life received their care as planned and the registered manager had ensured staff provided appropriate support to meet their needs. A relative told us, "Staff do listen and address promptly any health changes of [person's name] and ensure their condition is well managed and pain free as possible". A member of staff told us, "We respect people's choices. We make sure people are as comfortable as can be. We involve their family as they wish". The service had encouraged and supported people and their relatives to plan their end of life care and support. Records and staff confirmed people's end of life wishes. People were confident staff would respect their wishes at the end of their life.

Is the service responsive?

Our findings

Staff assessed people's needs and their care and support was delivered appropriately as planned. People's assessments records contained information about their health, history and preferences. Staff clarified people's support needs in relation to their physical and mental health, developing of new skills and following their interests. Records showed staff worked with health professionals such as the district nurses, GPs, and social workers to ensure they had accurate information about people's needs and received support that met their individual needs.

Staff had developed support plans which explained how each person received their support. There was sufficient guidance for staff on how to support people with their individual needs. For example, a person's care plan showed they had complex needs and how staff supported them with their personal care, going into the community and maintaining contact with family. Staff involved people and their relatives and asked them for their views which they took into account when their support was planned. For example, care records included information about how staff should support the person in relation to their hobbies and interests. Records showed people had received support which met their individual needs as they wished.

Staff regularly reviewed people's needs and the support they required to ensure they met their needs. People, their relatives and healthcare professionals were involved in the review meetings. One person told us, "I have meetings with staff and my family and discuss the support I need. Staff always take note of what I say". A relative told us, "Staff contact and discuss with me the care of my relative". Records showed staff had updated people's care plans to reflect any changes. For example, a person's care plan was updated as their health had declined and they required the support of two staff with their personal care. People told us staff provided support which was flexible and enabled them to follow their interests and considered their preferences. One person told us, "I can change my mind on what I want to do and staff will happily oblige".

People were aware of the complaints procedure and knew how to raise one if they needed to. One person told us, "I would speak to the manager if something was not right. I am certain the issue would be sorted out". Another person said, "Staff responded quickly when I had a concern about something". People told us staff always asked if everything was fine with them and if there had any concerns they needed them to be aware of. People said they felt reassured by this which ensured concerns were addressed at an early stage and any anxiety removed on their part. Staff understood how to manage any complaints that people raised with them. Records of complaints received and action taken were recorded and monitored to ensure issues were addressed fully. The manager had written a response to a person and resolved an issue in line with the service's complaints procedure.

People told us they enjoyed the wide range of activities and events that took place at the service and in the community. Staff knew and valued people's history, their interests and preferences. Staff supported people to attend a range of activities and pursue their interests at the service and in the community as they wished. One person told us, "There is so much going on here. I can choose to be involved in any activity I like".

Another said, "We are involved in the community. I attend tea afternoons at a local hall". An activities co-ordinator told the service received many visitors, friends and volunteers who got involved and joined in activities.

Staff supported people to maintain contact with their friends and family as they wished and made it possible when necessary. One person told us, "I have always invited my family to come to my birthday parties. Staff will contact and remind them closer to the time". The service supported people to celebrate important events in their lives. During our inspection, people and staff were fully involved and excited about an upcoming 100 year's birthday celebration at the home. Friends and family and other people important to the person had been invited and confirmed their attendance for the celebration. Records showed people went out regularly and enjoyed the trips which showed staff supported them to live fulfilling lives.

The registered manager asked people and their relatives about their experience of the service through regular meetings and surveys. They told us the registered manager valued their views and opinions and used their feedback to understand people's day-to-day experience with their care. The registered manager had made changes to the menu and activities schedule as suggested by people during the feedback. One person told us, "Staff always listen and take action". A relative told us staff always listened to their views and considered what they had to say.

Is the service well-led?

Our findings

A registered manager was in post as part of the registration requirements by CQC. However, they had informed the provider they would be leaving the service at the end of June 2016. Records from a meeting the registered manager held with people showed she had informed them she would be leaving the service. A second deputy manager had been recruited to strengthen the leadership at the service during the transition period until a registered manager was recruited. The service was being managed this way at the time of this inspection.

People and their relatives told us the service was well-run. One person said, "The staff are cheerful and happy to support us at any time of the day. They make sure everything is ok".

People and their relatives told us the registered manager was approachable. Staff told us they could approach the registered manager and discuss their concerns. A member of staff said, "The manager cares about people and wants the best for them. She listens and takes note of what we say". Relatives told us the registered manager and staff made them feel welcome at the service. People said the manager spent time with them and understood their needs.

The registered manager organised team meetings which gave staff the opportunity to discuss how they could improve the way they supported people and plan how to develop the service. For example, they had discussed delays experienced in serving of food during meal times over weekends. Reports demonstrated there was appropriate follow up of this issue and the service made the required improvement.

Staff told us they enjoyed working at the service because of good teamwork. Staff appropriately shared information at handover meetings held at the start and end of each shift about people's needs. This ensured staff had sufficient and up to date information about people's needs and how to support them effectively.

The manager made regular checks on the quality of the service people received and made improvements if necessary. The manager had carried out checks on the safety and maintenance of the building. Maintenance staff told us they carried out checks and had made reports of their findings and highlighted areas for improvement to ensure the premises were safe for people to use. The service ensured the repairs were done as required. The registered manager carried out regular medicine audits and ensured staff administered these correctly and followed all procedures. Checks on care records showed staff had appropriately completed these and up to date. The manager had ensured staff recorded advice from healthcare professionals and had sufficient information to support people with their needs.

Staff understood their roles and responsibilities in relation to how they supported people to maintain their people's well-being. They explained how they should respect people's dignity and promote their independence. Staff told us the registered manager ensured they understood the service's vision and values and how they applied these to provide people's support. A member of staff told us, "We support people with the dignity they deserve as stated in the service's values".

The service engaged effectively with community groups, charities, volunteers, and local health organisations. This ensured people's health, recreational and spirituals needs were met.

A social worker told us the registered manager was responsive and ensured people received appropriate and timely care for their needs. They said people's conditions were managed appropriately due to the way staff at the service supported them.

The registered manager involved people and their relatives in the development of the service. For example, the registered manager arranged and held 'Residents and relatives' meetings where they made suggestions on how to improve the service. The service carried out surveys and sent out questionnaires about the quality of service and care provided to people. Feedback from these showed people and their relatives were happy with the service. People and relatives said there was a positive and open culture at the service. We spoke with a relative of a person who used the service who had become a volunteer because of the hospitality they received at the service.

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 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	Regulation 18 HSCA RA Regulations 2014 Staffing Staff had not always received appropriate support to enable them to carry out their duties.