

MMCG (2) Limited

Eltandia Hall Care Centre

Inspection report

Middle Way
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Date of inspection visit:
10 July 2023

Date of publication:
09 August 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Elolandia Hall Care Centre is a 'care home' that provides care and support for up to 83 people. There were 82 people living there at the time of the inspection. Most people living there were older people with nursing needs and people living with dementia. 2 people had a learning disability.

CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

The service provided was safe for people to use, and staff to work in. The quality of the service was regularly reviewed by the provider, registered manager, and changes were made to improve people's care and support, when required. This was in a manner that best suited people. Working partnerships were well-established within the home that promoted people's participation, independence, and reduced their danger of social isolation.

Right Care

The provider appropriately recruited staff, and they were in sufficient numbers to support people to live safely, whilst enjoying their lives. People using the service, and staff had risks to them assessed, monitored, and reviewed. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. Staff received training in how to administer people's medicines, safely.

Right culture

The provider's culture was open, positive, and honest with a leadership and management that was clearly identifiable and transparent. There was a clearly defined vision and values, and staff understood and followed them. Staff were aware of their responsibilities, accountability and prepared to take responsibility and report any concerns they may have.

Rating at last inspection

The last rating for this service was Good (published 7 September 2019).

Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good, rated service to people.

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.

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 remains Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eltandia Hall Care Centre on our website at www.cqc.org.uk.

Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eltandia Hall Care Centre

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 Care Act 2014.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Eltandia Hall Care Centre 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.

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. Inspection activity started on 7 July 2023 and ended on 27 July 2023. The inspection visit took place on 10 July 2023.

What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service

and made the judgements in this report.

During the inspection

We spoke in person with the registered manager, 15 people using the service, 2 relatives, 10 staff, and 6 healthcare professionals to get their experience and views about the care provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. These included 8 people's care plans, risk records and we looked at 8 staff files in relation to recruitment, training, and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, training, and service audits. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our site visit. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- Some people could not communicate verbally. Their body language during our visit was relaxed and very positive indicating that they felt safe. Other people told us that they felt safe living at Eltandia Hall Care Centre. 1 person said, "I do feel very safe here." A relative told us, "My [family member] is taken good care of by all the staff." Another relative said, "The staff are great and do a good job keeping my [Person using the service] safe." A staff member commented, "We know how to report if something is wrong."
- Staff received training in how to identify signs of possible abuse and the appropriate action to take, if required. They were aware of how to raise a safeguarding alert and said that the provider's safeguarding procedure was available to them, and they had read it. 1 member of staff told us, "We have a zero tolerance to abuse here. I've had my safeguarding training refreshed lately and I know I must tell the staff in-charge or managers straight away if I see anyone being abused at the home."
- People's areas of individual concern were recorded in their care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- Staff supported people, to take acceptable risks by following their individual risk assessments. Areas of importance to people were risk assessed and monitored, such as health, daily living, and social activities. People were kept safe by staff regularly reviewing, and updating their risk assessments, interests and pursuits.
- The staff and the management teams were well-established, and aware of people's routines, preferences, identified situations where people may be at risk and acted to minimise those risks. We observed staff take appropriate action and patiently intervene to help calm a person who had become anxious while eating their lunch. In addition, we observed a member of staff respond quickly to someone who was choking on their drink and appropriately managed this potentially harmful incident.
- General risk assessments were regularly reviewed, updated, and included equipment used to support people. The equipment was also regularly serviced and maintained. Fire resistant doors tested closed automatically when released by the fire alarm and we saw radiators were all safely covered to prevent burns and scalds.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and where required, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met. Staff had knowledge of the process and records demonstrated people's consent was sought.

Staffing and recruitment

- People said there were enough staff to meet their care and support needs flexibly, safely and the staff numbers matched the rota. A person said, "There's enough staff about. They [staff] do come fairly quickly when I call them." A relative told us, "There always seems to be plenty of staff on duty to cover a shift whenever I visit, which is pretty regularly." Staff also told us the care home was adequately staffed. A staff member commented, "On the whole we usually have enough staff."
- Staff were visibly present throughout this inspection providing people with the care and support they needed. We observed staff respond quickly to people's requests for assistance or to answer their questions.
- The provider's staff recruitment process was thorough, and records demonstrated it was followed. The process contained interview questions that were scenario-based to identify prospective staffs' skills and knowledge of learning disabilities. References were sought, work history checked, and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 3 month, probationary period with reviews.

Using medicines safely

- Medicines systems were well-organised, and people received their prescribed medicines safely.
- In the last 12 months the provider had introduced a new electronic medicines system. We found no recording errors or omissions on any medicines records we looked at. The deputy manager told us the new electronic medicines systems had significantly reduced the risk of medicines recording errors and omissions occurring in the care home.
- People's care plans included detailed information about their prescribed medicines and how they needed and preferred them to be administered.
- Staff were clear about their responsibilities in relation to the safe management of medicines. Nursing and senior care practitioners received safe management of medicines training and their competency to continue doing so safely was routinely assessed and refreshed.
- Medicines were routinely audited by the managers and nursing staff. The 1 issue identified during a recent medicines audit conducted by a senior manager representing the provider had been addressed and was positive overall about how safely medicines were managed in the care home.
- Medicines were safely stored.

Preventing and controlling infection

- We were assured that staff were using PPE effectively and safely.
- The provider followed current best practice guidelines regarding the prevention and control of infection including, those associated with COVID-19.
- The providers policy in relation to all visitors to the care home testing for COVID-19 has recently changed to reflect the governments risk-based approach. The provider continued to access COVID-19 testing for people living, visiting, or working at the care home if they showed signs or symptoms of COVID-19.

- Similarly, the providers personal protective equipment (PPE) policy had also been amended to reflect the governments risk-based approach to the wearing of PPE in care homes. This meant it was no longer mandatory for all visitors and staff working at the care home to have to wear personal protective equipment PPE.

Visiting in care homes

- The care home's approach to visiting followed current government guidance and the impact on people in relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

- Staff told us they were happy to use the provider whistle-blowing procedure.
- Any safeguarding concerns, complaints, accidents, incidents, and whistleblowing were reviewed and analysed to ensure emerging themes were identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.
- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.

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 the last inspection, this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home's culture achieved good outcomes for people and was positive, open, inclusive, empowering, and person-centred.
- People living, visiting, and working at the care home all spoke positively about how the service was managed. People's relaxed, positive body language towards the management team and staff also demonstrated that people's social as well as health needs were met. We saw many instances of positive interaction between people using the service and staff with much smiling and laughter.
- 1 person told us, "The manager is lovely. I feel able to talk to her about anything I'm worried about." A relative added, "The managers often come to speak to me to find out how my [family member] is doing and if there's anything she can do for us." A member of staff also said, "The manager is always firm, but fair. I think she's got the balance right."
- Relatives also said the registered manager was approachable and the home well-run. Staff made an effort to make people's lives enjoyable by meeting their needs in a positive, supportive, and encouraging way. This reflected the organisation's vision and values.

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

- The provider was aware of their responsibilities regarding duty of candour and was open and honest with people. People and their relatives were told if things went wrong with their care and support and were provided with an apology.

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

- The registered manager and staff understood their roles, its importance, and the quality assurance (QA) systems. There were also clear lines of communication and boundaries in place.
- Staff were aware that they had specific responsibilities such as record keeping, and medicines management, and carried them out. To ensure staff remained clear about their roles and continued to provide good quality and safe care the service had appointed several suitably competent and experienced members of staff to be champions. The role of these champions was to help support and guide their fellow co-workers in various aspects of their work, specifically in relation to safeguarding, fire safety, moving and handling and infection prevention and control.
- The provider conspicuously displayed their previous CQC inspection rating on large banners hung on

several walls on the exterior of the building and their previous report was available in a communal area and on the providers website. This ensured this information was accessible to everyone living or visiting the home. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

- The quality assurance (QA) systems had indicators which identified how the service was performing, areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators (KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.
- Audits were electronically carried out by the provider, that were regularly reviewed and kept up to date with red flags identifying when they had not been completed on time. The internal audits checked specific records and tasks were completed. They included person centred care, nutrition, including a monthly meal experience, staff training, staff observations and health and safety. There were service development plans and care review matrix. This meant that people received an efficient service that was focussed on them.
- Records demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including any hospital admissions. Notifications were made to the Care Quality Commission in a timely manner.

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

- People, their relatives, staff, and the public were engaged by partnership working, listened to and people's wishes acted upon. Throughout our visit the registered manager and staff checked with people that they were happy and received the care and support they needed.
- The provider promoted and encouraged an open and inclusive culture that sought the views of people using the service, their relatives, and staff. This enabled people to voice their opinions about the service. The provider used a range of methods to gather people's views including regular group meetings for people and their relatives, care plan reviews, and annual satisfaction surveys. The provider also circulated a regular newsletter. A person using the service said, "The staff do listen to us and are so friendly and kind." A relative added, "Staff often ask me to have my say about how I think the care my [family member] receives is going and will change things if I ask them too."
- The provider also valued and listened to the views of staff. Staff were encouraged to contribute their ideas about what the service did well, and what they could do better during regular individual and group supervisions, team meetings, and work performance appraisals with their line managers. This ensured staff had ongoing opportunities to reflect on their working practices and professional development.
- Staff told us they received all the support they needed from the service management and their fellow co-workers. A member of staff said, "They [managers] do listen to our problems and concerns." Another remarked, "We have plenty of supervision meetings with our line managers. I do feel supported by them. We have a nice team spirit here for sure, which the managers have helped shape."
- Relatives said they had frequent contact with the home and made regular visits. They also said that they were kept informed, and updated with anything about people, good or detrimental and adjustments were made from the feedback they gave.

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider had policies and procedures that facilitated how to achieve continuous improvement and work in co-operation with other service providers.
- The complaints system enabled the provider, management team, and staff to learn from and improve the service.
- People and their relatives provided the home with regular feedback that identified if the care and support

given was focussed on their needs and wishes.

- Performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- People, their relatives, and staff said they were provided with the opportunity to give their opinions about the service. A relative said, "I can always give my opinion." A staff member said, "We all work as a team."
- The home had close links with services, such as local authority service commissioners, quality teams, social workers, and advocates which was underpinned by a policy of relevant information shared with appropriate services within the community or elsewhere. There was also a GP attached to the home.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received annual reviews, 3 monthly supervisions and staff meetings took place so staff could have their say and contribute to service improvements. A staff member said, "We are able to speak up and are listened to."
- There was a directory of organisations and useful contacts that was regularly added to and updated.
- Feedback from healthcare professionals was that the service was well-led, providing clear leadership and staff support that promoted a nurturing and caring environment.