

Dia Tilakasiri

Elora House

Inspection report

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15 December 2015

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We inspected Elora House on 8 and 15 December 2015. This was an announced inspection. The service met the regulations we inspected at the last inspection in April 2014. Elora House is a care home providing personal care and accommodation for three people with a learning disability. The service is registered for three people. The service is a large property arranged over two floors. All bedrooms are single occupancy. At the time of the inspection they were providing personal care and support to three people.

There was a registered manager at the service at the time of our inspection. 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.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were not always kept safe at the service. Records relating to criminal records checks showed that some staff who had been working at the service for a number of years had not had checks within the last three years. The checks help providers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups. This meant people may be at risk of receiving care and support from unsuitable staff. Risk assessments were not up to date and did not address the risk associated with certain medical conditions for some people using the service which put people at risk of harm.

Staff did not receive regular training to enable them to carry out their role effectively. The systems in place to monitor the safety and quality of the service provided were not always robust.

You can see what action we told the provider to take at the back of the full version of the report. Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

The staff were knowledgeable in recognising signs of abuse and knew how to report concerns. Incidents were reported and managed in an appropriate way. We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff.

People were provided with a choice of food and drinks ensuring their nutritional needs were met.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained information setting out how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well.

Staff had good relationships with people living at the service. We observed interactions between staff and people living in the service and staff were caring and respectful to people when supporting them.

Staff knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the service.

People who lived at the service and staff felt comfortable about sharing their views and talking to the manager if they had any concerns. Staff told us the manager was always supportive. Staff demonstrated they had an awareness of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe. Records relating to criminal records checks showed that recent checks had not been done for some staff who had worked at the service for a number of years. Risk assessments were not up to date and did not address the risk associated with certain medical conditions for some people using the service which put people at risk of harm.

There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Staff were recruited appropriately and adequate numbers were on duty to meet people's needs.

Requires Improvement 

Is the service effective?

The service was not always effective. Staff did not receive regular training to enable them to carry out their roles.

People had access to enough food and drinks.

The provider ensured staff received supervision and appraisals to support them in their role.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People's health and support needs were assessed and reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Requires Improvement 

Is the service caring?

The service was caring. People were happy at the service and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

Good 

People using the service were involved in planning and making decisions about the care and support provided at the service.

Is the service responsive?

Good ●

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

People's plans had been updated regularly and when there were any changes in their care and/ or support needs.

People had an individual programme of activity in accordance with their needs and preferences.

People were encouraged and supported to provide feedback about the service. We saw meetings were held with people who used the service.

There was a complaints process. People using the service said they knew how to complain if they needed to.

Is the service well-led?

Requires Improvement ●

The service was not always well led because quality assurance systems at the service were not always robust.

Various quality assurance and monitoring systems were in place. Some of these included seeking the views of people that used the service.

There was a registered manager in place and staff told us they found the manager to be approachable and accessible.

Elora House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 8 and 15 December 2015. The provider was given 24 hours' notice because the location was a small care home for adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was undertaken by two inspectors. Before we visited the service we checked the information that we held about the service and the service provider. No concerns had been raised and the service met the regulations we inspected at their last inspection which took place in April 2014. We reviewed the information we held about the service which included any notifications and safeguarding alerts. We also contacted two local authority contracts and commissioning teams that have placements at the service and the local authority safeguarding team.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection. We spoke with three people who lived in the service. On the day of the inspection we spoke the deputy manager. The registered manager was unavailable due to personal circumstances. Following the inspection we spoke with two support workers. We looked at three care plans, staff duty rosters, six staff files, a range of audits, complaints folder, minutes for various meetings, medicines records, staff training records, accidents & incidents, health and safety folder, and policies and procedures for the service.

Is the service safe?

Our findings

The service was not always safe. Individual risk assessments were completed to identify the risks presented to people who used the service and others. However, we noted that some risk assessments were not up to date and did not address the risk associated with certain medical conditions for some people using the service which put people at risk of harm. We were told two people were diabetic and this was controlled by diet. One person's risk assessment looked at travel, community and home life however diabetes was not assessed as a risk. The same person had a care plan for 'eating and drinking'. The care plan stated 'uses sweeteners', makes own drinks, diabetic controlled diet. Staff will ensure that [person using the service] has sugar free diet and encourage healthy diet'. Records did not show how and if this was being achieved. All risk assessments covered three areas of risk, travel, community and home. The risk assessments were not signed by people using the service. These findings were a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The recruitment of staff was not always safe. Although criminal record checks were carried out to confirm that newly recruited staff were suitable to work with people, we found that some staff who had been working at the service for a number of years had not had checks within the last three years. The manager told us they would address this by ensuring staff submitted new checks. This meant that the provider was not operating robust procedures to monitor and ensure fit and proper persons were employed at the service. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a Recruitment and Selection Policy. We looked at staff files and saw there was a process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity in order to ensure that people received care and support from suitable staff.

On the first day of our inspection we found the service did not have suitable arrangements in place for the storage and disposal of out of date medicines. We found out of date medicines in an unlocked cupboard in one person's room. This was removed and given to the deputy manager. We found other expired medicines stored alongside medicines which were in date. The provider explained that these had expired in July 2015 but had not yet been returned to the pharmacy. The provider did not have clear procedures for disposal of out of date medicines. On the second day of our inspection the provider had returned the out of date medicines to the pharmacy and had put a new system in place for storing and recording out of date medicines safely.

We looked at the Medicines Administration Record (MAR) sheets for all of the people living in the service. We saw they had all been appropriately completed, with clear records of what medicines people had been given and at what time. We checked the stocks of medicines and homely remedies and saw that all of them corresponded with the MAR sheets with no errors. The manager carried out monthly medicines audits. Staff told us they were trained in medicines management and we saw records of this.

We asked people living at the service if they felt safe. One person said, "I am safe. No one disturbs me." Another person said, "Yes it's safe for me."

The service had safeguarding policies and procedures in place to guide practice. Staff told us they received training in safeguarding adults. Staff were knowledgeable in recognising signs of potential abuse and the procedure for reporting abuse. They told us they would report any concerns to the manager of the service, social services or the local authority. We looked at the training log and noted that staff working at Elora House had received safeguarding training.

Staff said they felt safe working in the service and that their colleagues were supportive. The service had a whistleblowing policy in place. Staff were able to explain whistleblowing and knew how they could report concerns. Staff told us they would feel comfortable and confident to whistle blow and would contact the local authority or CQC to report any concerns. One staff member said, "I would absolutely feel comfortable to whistle blow. No qualms at all."

There were enough staff to meet the needs of people. We saw staff were available to provide personal care and support to people when they needed it. People using the service told us they always had a member of staff with them in the home. Staff told us there was always at least one staff member on each shift. If a person has an appointment the service brought in an extra staff member to support them. We saw the staff rota for the last four weeks. The day shift is 9.00am to 3.00pm and the night shift is 3.00pm to 8.00am which includes a sleeping night shift. We saw additional shorter shifts on the rota to cover people going to appointments or activities outside the home. Staff we spoke with said they felt there were enough staff available which gave them enough time to spend with each person using the service. There were sufficient staff employed to cover annual leave and sickness. The service had regular staff to cover staff sickness, holidays and study leave. This was reflected in the staffing rota.

The service had an infection control procedure. These included cleanliness of the service and food hygiene. Personal protective equipment was available for staff use when cleaning or preparing food.

We looked at records of maintenance carried out at the service. The manager had completed all of the necessary safety checks and audits. We saw that fire safety checks were done regularly and fire drills completed. People using the service told us they took part in fire drills. One person said, "If fire we go out the front door or back door. We do fire drills and go outside." The service kept a log for accidents and incidents however none had occurred since the last inspection. Records showed that fridge and freezer temperature were recorded daily. Staff showed us electrical testing for lighting and power circuit completed 2013 and due 2018. The portable appliance testing certificate was dated 12 February 2008 and due to be done again 2013. Staff were unsure if this had recently been completed, but would check with the registered manager. This meant some appliances may not be safe for use.

Staff told us that all the people living in the home had their own bank account. When asked about finances one person told us, "I've got £25 in my purse. Probably buy a CD. Another person said, "I go out shopping." People withdrew money fortnightly and this was held securely at the service. Staff told us the service recorded people's spending for activities and buying clothes. We looked at the financial records and found these to be in order.

Is the service effective?

Our findings

Staff did not always receive regular and up to date mandatory training. We looked at six staff files and found refresher training had not taken place for some staff and other training was out of date. Training records showed two staff had not updated emergency first aid training which expired in February 2015. Medicines training, manual handling, personal safety, food hygiene and risk assessment training had not been completed since 2012 for some staff and others had not completed mandatory training since 2010. This meant staff were not appropriately trained to enable them to carry out the duties they were employed to perform. We spoke with the deputy manager about this. They told us this would be addressed. These findings were a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us they received training as required. One staff member told us, "The manager is very supportive. He wants people to progress; my training is being paid for." Another staff member said, "There are always opportunities for training. If I see a course that's relevant or is something I'm interested in, the manager will let me do it."

Staff received regular formal supervision and we saw records to confirm this. This gave them the opportunity to raise any concerns about the service, identify what had gone well, new things they had learnt and any areas of development. We looked at records of staff supervision confirming that supervisions were carried out every two to three months. Staff told us they had an annual appraisal and we saw records of this. One staff member said, "I get supervision every two to three months. Staff told us they had good support from the manager and each other. One staff member said, "We all work together really well and it's a very good team of staff." We looked at the training log which covered training completed. The core training included safeguarding of vulnerable adults, Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DoLS), food hygiene, medicines, manual handling, health and safety, infection control and first aid.

We looked at the induction process to support newly recruited staff. The service had not recruited any new staff since 2008 and we saw records of this. This included reviewing the services policies and procedures.

People living at Elora House told us they had enough to eat and drink and enjoyed the meals. One person told us, "Food is lovely. I enjoy the food." Another person said, "They do the best meals I've had. They [staff] cook lunch and dinner." The same person told us, "We have bananas, apples and oranges." People told us they enjoyed the food provided by the home and were able to choose meals they liked. People also said they were able to do some of their own cooking and shopping, which helped them to develop their skills to live independently.

The fridge had fresh vegetables, eggs, milk, yogurt, bread, butter and bacon. The service had two freezers which were full of meat, fish, and vegetables. All food was in date however the service did not record when food had been opened. The deputy manager told us the staff ask people what they would like to eat for the following week. However this discussion is not recorded. They told us this was not recorded as the service is small and discussions about food take place daily. People are asked each what they would like to eat the

following day. Staff told us and we saw records of people's food intake. Food choices looked healthy and nutritious. Food menus included chicken casserole and vegetables, sausages and mash, spaghetti bolognese and roast chicken and vegetables. Dessert options included ice cream, fruit and yogurt.

Records confirmed that people were weighed regularly. All people living at the service had remained the same weight over a period of time and no issues were highlighted. One person when asked if they were weighed regularly replied, "Yes."

We discussed the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) with the staff. MCA and DoLS is law protecting people who are unable to make decisions for themselves or whom the state has decided their liberty needs to be deprived in their own best interests. At the time of our inspection no one using the service had DoLS authorisation in place.

People's health needs were identified through needs assessments and care planning. We saw records in people's care records and the daily service diary of attendance to various appointments including GP, dental and hospital appointments.

We observed that most people were able to make choices about their daily lives, such as if they wished to go out and where they would like to go. We saw in the care records we reviewed that consent for care was sought. Staff told us about how they would always ask permission before carrying out any tasks and ensured that people who used the service were supported to do as much for themselves as possible. One staff member said, "We always ask them [people using the service] before we do anything for each person."

Is the service caring?

Our findings

The service was caring. One person, when asked if the staff are caring said, "Yes, they are." Another person said, "They [staff] are good." We observed care and support being provided and saw that people were treated with kindness and compassion. People living in the service were settled and relaxed. They confirmed that they were happy living at Elora House. One person said, "I like living here. I've got all my stuff, my tele and all my things." Another person said, "I like this place, it's nice." People were able to approach the staff whenever they wanted. Staff spoke with people in a kind manner and with respect. There was a lot of laughter and conversation. During our inspection we heard staff telling a person that a special program was about to start on the television. The person told us, "We were talking about this in the morning and now it's on TV." We saw staff and people using the service watching the program together and discussing the events that were taking place.

The requests of people using the service was listened to and acted on. People's choices were recorded and in their personal care plans. During our visit one person told us they wanted a quiet day at home and didn't want to go out with everyone else. We heard them discussing this with the staff and deciding what they wanted to do for the day instead.

Staff knew the people using the service well and built positive, caring relationships with the people they supported. Staff had a good understanding of people's personal preferences and backgrounds. For example, one staff member described what a person liked to do each day. Another staff member told us, "You have to develop a relationship and get to know them all. What makes them feel good about themselves, their home and their well-being. It's so important." Staff told us how they promoted equality and diversity. People were supported to attend church services and were kept informed of different religious festivals. Meals were available reflecting different cultures for people to try. We saw records of outings to events and culturally specific restaurants.

People using the service told us their privacy was respected. One person said, "They always knock on my door first." Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One staff member said, "We knock before going into people's bedroom. We respect people time when they are having personal care and never rush anyone" They also told us people living in the home respected each other's privacy. Another member of staff told us, "It's important to give people privacy and respect."

We saw staff speaking with people respectfully during our visit to the home. For example we observed a member of staff discretely offering support to ensure a person mobilised safely without drawing attention to their need for support.

We saw plans in people's care records regarding their wishes for end of life care. All end of life planning was up to date.

Is the service responsive?

Our findings

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People living at the service had their own detailed plan of care. The care records were written in an individual way and included people's likes and dislikes, personal care, mobility, eating and drinking, religion and cultural needs, social activities, wishes regarding serious illness and death, managing finances, health and medical needs. Care plans were not signed by people using the service. This meant it was unclear if people had been fully involved in the care planning process. People told us they knew about their care plan. One person said, "Staff told me about the care plan."

The staff knew the people using the service well and told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. Staff were able to explain person centred care and support. One staff member told us, "Not everyone is the same, their needs are not the same. You tailor the care to the person's needs." The care records enabled staff to have a good understanding of each person's needs and how they wanted to receive their care. The care plans were reviewed every six months and we saw records of audits to ensure this took place.

Staff told us people living in the service were offered a range of social activities. Some people took part in courses, activity groups in the borough, and complimentary therapy sessions. Each person had an activity file. People using the service showed us their file and talked about the activities they had been doing. One person told us, "I go out to the pictures and to see shows. Two weeks I am seeing a pantomime." They also said, "I used to go to college. I did cooking and writing. It was great." Another person said, "I go to the shops and college and I do art. I'm very good at art." They then showed us art work they had done and awards they had won. Another person told us, "It's good, we go out places, like films, panto, we go to restaurants. Sometimes have barbeques in the summer"

Residents meetings were held at the service and we saw records of this. The minutes of the meetings included topics on health and safety, personal hygiene, fire safety, resident views and activities. When asked about what is discussed in resident's meetings people living in Elora House told us, "We talk about washing up, activities, food. How to keep yourself clean." Staff we spoke with told us "Residents meetings were an opportunity for everyone to get together and discuss things in the home."

People told us they could talk to staff at any time and did not have to wait for a meeting to talk about the service or any concerns they may have. There was a complaints process available. People said they knew how to complain. When asked about complaints person said, "I tell them." when asked if staff listen, they said, "Yes." Staff we spoke with knew how to respond to complaints and understood the complaints procedure which was also available in an easy read format. We looked at the complaints log and saw complaints that had been received and had been dealt with in line with the provider's policy and procedure.

Is the service well-led?

Our findings

The service did not always identify shortcomings in risk assessments and criminal records checks for staff. The service files and training records were not always up to date and information and records were not always easy to locate. This meant quality assurance systems were not always robust. These findings were a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had a registered manager. We observed that people living at Elora House spoke fondly of the manager. One person said, "He's [manager] is really nice. He's usually here all day."

Staff we spoke with were aware of the lines of accountability within the service and who they reported to. Staff told us the manager was approachable and supportive. They said there were opportunities to speak with the manager formally as well as informally. One staff member said, "The manager is really supportive and easy to talk to." Another staff member told us, "Approaching the manager is very easy we all work really well together." All staff we spoke with said they thought the service was well-led.

Internal audits were carried out weekly, fortnightly and monthly at the service and included, medicines, maintenance and repairs, health and safety audits, and financial record checks. We saw records of these checks.

Staff told us that various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service and their relatives. For example, the service issued a survey annually and also wrote to relatives inviting them to give feedback about the service. We looked at records of the most recent survey which took place in January 2015. People responded positively to questions about living at Elora house, access to local services, the level of support and quality of staff. People using the service were able to give their views during house meetings held at the service. We looked at the house meeting notes and noted that people discussed activities, meals and any concerns they had about living at Elora House.

Discussions recorded at staff meetings included recording and staffing, progress reports and updates regarding people using the service, activities, holidays and training. We saw records that confirmed these audits and meetings took place. The service had policies and procedures in place to guide practice.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risk assessments relating to health, safety and welfare of people using the service did not include arrangements to respond appropriately and in good time to peoples changing needs. Regution12(2)(a)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have systems in place to assess, monitor and mitigate risks relating to the health, safety and welfare of people using the service and others who may be at risk which arise from carrying on the regulated activity. Records relating to persons employed in carrying out the regulated activity were not maintained. Regulation 17 (2)(b)(d)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person did not regularly review the fitness of employees. Regulation19(5)
Regulated activity	Regulation
Accommodation for persons who require nursing or	Regulation 18 HSCA RA Regulations 2014 Staffing

personal care

The provider did not ensure staff were supported to undertake training, learning and development to enable them to fulfil the requirements of their role.
Regulation 18(2)(a)