

Mr KC Lim

# Elm Park Lodge

## Inspection report

4 Elm Park Road  
Finchley  
London  
N3 1EB

Tel: 02083492388

Date of inspection visit:  
18 September 2019

Date of publication:  
24 October 2019

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Elm Park Lodge is a residential care home providing personal care and accommodation for up to 27 people with mental health needs. The home is on a residential street in a community setting and designed to promote people's inclusion and independence. There are two flats which are included in the registration for the care home, located next door.

At the time of the inspection there were 21 people living at the service.

People's experience of the service

People told us they were happy living at the service and staff were kind and caring to them.

We found there were breaches of the regulations as medicines were not always safely managed and staff recruitment was not always safe.

People were safeguarded against the risks of abuse and harm by the systems and by the staff. Risks to people were assessed and mitigated. There were enough staff to meet people's needs and provide responsive care.

We could see there was a friendly, warm atmosphere at the service and staff understood people's needs and routines. People were supported to access external health professionals to help promote good health and wellbeing. Health and social care professionals told us the service worked effectively with them. Family members praised the service provided and the ability of staff and the management team to work in partnership with them.

Activities took place at the service and people were encouraged to engage in activities within the community.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Quality audits took place to ensure health and safety, finance, medicines and care records were up to date.

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

Rating at last inspection:

The last rating for the service was requires improvement (published 31 August 2018).

At the last inspection there was a breach of the regulations in relation to medicines. The provider completed

an action plan after the last inspection to show what they would do and by when to improve. At this inspection not enough improvement had not been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last three consecutive inspections.

We will meet with the provider to discuss how they can make improvements to the service.

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was 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 not always well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# Elm Park Lodge

## 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:

The inspection was carried out by one inspector, an inspection manager 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:

Elm Park Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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:

This inspection was unannounced.

#### What we did before the inspection:

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection due to the timing of the 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 with eight people at the care home, four care staff, the registered manager and the deputy manager. We also spoke with two visiting health and social care professionals.

In addition to talking with people, we spent time observing the daily life in the home and we looked around the building to check the service was safe and clean. We also observed lunch being given at the home.

We reviewed recruitment records for three staff members, training and supervision records. We also checked whether medicines were safely managed and medicine administration records (MARs) were accurate. We checked seven medicine stocks against MARs. We reviewed five care records including care plans and risk assessments. We read minutes of team and resident meetings and checked logs were kept of accidents and incidents. We looked at how the service managed complaints.

We discussed quality assurance with the registered manager and deputy and the actions they had taken since the last inspection to improve quality, and planned changes.

After the inspection:

We spoke with the registered manager, a member of the administrative staff and requested additional training and quality assurance records. We received updates on the actions taken following the inspection.

We also received additional feedback from four family members.

# 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 requires improvement. At this inspection this key question remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines as the system was not effective in monitoring medicine stocks. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Of seven medicine stocks checked against MARs, we found two errors. This meant the service could not evidence staff were fully competent in recording and giving of medicines.
- Whilst care records noted people were on PRN, 'as required' medicines, we could not find specific guidance for staff as to when to use these. This meant the service could not evidence people would get their medicines as needed.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate medicines was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service was in the process of introducing a more efficient and effective medicines system which would help with monitoring stocks against MARs. The staff were being trained in the new system which would be implemented in October 2019.
- The registered manager responded immediately after the inspection. They confirmed all the PRN protocols were now in place to provide guidance to staff.
- Staff received training and had their competency in administering medicines regularly assessed.
- Medicines were safely stored and kept at a safe temperature.
- The service had a process to return unused medicines at the end of each four week cycle.

### Staffing and recruitment

- We found the service did not always follow safe recruitment procedures. One staff member was employed at the service without their full Disclosure and Barring Service (DBS) details being available to the service.

This is a document which details all criminal convictions. The provider had employed this staff member despite a recommendation from the initial DBS checking system, Adult First, to wait for the full details being made available before making a decision. This staff member was in post for six weeks before the full DBS was available to the service. This was of concern as it potentially placed people at risk of harm.

- At the time of the inspection the service had not risk assessed this staff member, although the registered manager, realising the need to risk assess this person, had drawn up a document to do so.

This was a breach of regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the time of writing this report the registered manager had carried out a risk assessment of this staff member.

At our last inspection we recommended the provider review staffing levels on a regular basis. At this inspection we found there were enough staff and the provider had made improvements.

- There were three care staff on in the morning and either the registered manager or one of the deputy managers working in addition, to support people. In the afternoon there were two staff and there were two waking night staff at the service.
- Additional staff were on the rota depending on people's appointments and schedules. Staff levels were regularly reviewed.
- The majority of people told us there was enough staff to meet their needs. One out of nine people told us they thought there could be more staff available at the weekends. We found there to be enough staff and a health and social care professional told us that recently when one person was very unwell the service immediately increased staffing to provide one to one support without consideration to cost.

#### Assessing risk, safety monitoring and management

- Risks to people's health and safety were assessed and mitigated. Risk assessments were detailed and covered a wide range of risks including mental health, behaviours that can challenge and personal care needs. They were up to date.
- We found one new person's risk assessment had not been completed despite two clear risks on admission. However, staff understood these risks. The registered manager told us they were waiting for this person to settle before completing the risk assessments. Following the inspection, the registered manager completed the documents for high risk situations.
- People were supported to take risks and the service worked with other organisations to support people, to ensure they were able to access the community and live fulfilling lives safely.
- Fire equipment was serviced regularly.

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

- People were protected from the risk of harm, abuse and discrimination. People told us "Yes I feel safe here" and ""Yes, locks and codes [on the doors]" and "No concerns whatsoever".
- Staff were able to tell us how they would respond if they had any concerns regarding abuse and how to whistleblow.
- The registered manager was aware when to refer to CQC and the local authority if they had any safeguarding concerns.

#### Preventing and controlling infection

- The care home was clean and there was an effective infection control system in place. Staff had access to personal protective equipment (PPE) such as gloves and aprons. We observed staff using PPE appropriately



to prevent the risk of cross infection.

#### Learning lessons when things go wrong

- Accident and incident logs were kept. We could see that actions had been taken following incidents as the registered manager could show us updated risk assessments. Contact with a variety of mental health and social care professionals had taken place, however, the form did not capture this information.
- The registered manager told us they would revise the form to capture all of this information in one place to evidence learning across the service and minimise risk of re-occurrence.
- The provider reviewed incidents and accidents to see if there were any patterns to aid learning.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The registered manager assessed potential new referrals to ensure people's health and care needs could be met by the service. The registered manager included in this the views of the person, family and professionals who were familiar with the care needs of the person.
- The registered manager worked to deliver care in line with best practice standards and the law.

Supporting people to live healthier lives, access healthcare services and support; staff providing consistent, effective, timely care within and across organisations:

- The service was effective in supporting people to access healthcare services to maintain good physical and mental health. Care records showed the involvement of a range of professionals including GPs, psychiatrists and other mental health professionals.
- People told us they received the help they needed. "They try their best, they come with you" and "You can rely on them". Two relatives praised the service for their ability to support their family member with multiple physical and mental health conditions. Feedback included, "Appointments are promptly and professionally managed."

Staff support: induction, training, skills and experience

- Staff told us the registered manager and deputies were very supportive and there was always support available out of office hours. "[Registered manager and deputies] support everyone. Any problems? They have always got an answer and are approachable."
- Staff received an induction which involved shadowing experienced staff and training in key areas including moving and handling, safeguarding and infection control. New staff undertook the Care Certificate, an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff received regular supervision and training, with refresher courses taken each three years or earlier if required. The service had recently moved to another training provider who offered more face to face training as the registered manager felt this would be beneficial for learning.
- One staff member told us they benefitted from supervision as they were less likely to speak out in large groups, so it was a space to give their views and discuss issues.
- Staff told us they were encouraged to do nationally recognised care qualifications to improve their knowledge and job prospects.
- At the last inspection we noted not all staff had received training in mental health issues. Since then the service has provided training in this area and was setting up service led training across the care home and

other services run by the provider.

- Relatives praised staff skills and the knowledge of staff and the registered manager. Comments included "They manage complex [physical health condition] and his bi-polar very well" and "They are all highly skilled professionals." Mental health professionals told us they thought the staff were able to meet people's needs and one told us "We work really well with staff here. They are extremely flexible, and they work brilliantly with the crisis team and ourselves."

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

- People prepared their own breakfast or were supported to do so if required. Lunch and dinner were prepared by staff. A recent meeting of people who lived there showed the menu had been discussed and was about to be changed.
- We saw that the service provided options for meals and they were freshly prepared. In general, people told us they enjoyed the food - "Very good the food is fantastic", "Yes, there are things I like, e.g. roast chicken." One person told us "Dinners could be tastier," and another person told us they would like more food appropriate to their culture. We discussed this with the registered manager who told us they did prepare dishes from this person's country of origin but would increase the number available. This person was also supported to get take away meals as they chose.
- People's care plans contained information on their likes and dislikes. In the flats people could cook for themselves if they chose.
- People were encouraged to have a healthy diet, but staff understood people had the right to choose what they ate. People's weight was monitored to ensure they were not at risk of malnutrition; where people were overweight the service worked with them to minimise unhealthy foods.

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 when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA.

- People's rights were protected. Where required, DoLS authorisations were in place with a system to prompt renewals.
- Care plans indicated where people lacked capacity and were covered by DoLS, but there was not always detailed information regarding capacity on care records for people with variable mental health needs. By the time of writing this report, the registered manager had updated care records to expand on this area of need.
- People were able to speak openly about what they would accept help with, and when. Staff understood the importance of seeking consent before supporting people with tasks. They would return to people several times to prompt with personal care if people refused support initially. A family member told us "The service worked well with [relative] including respecting her right to say no."
- Where the service held people's cigarettes, this was with their consent. People had signed to confirm the

service could share information and take their photograph for care documentation.

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

- The home was suitable for the people who lived in it. It was on three floors, accessible by stairs.
- There was a well-kept garden which people could access. A large activities room had been built in the garden. This provided space for a range of art and craft activities.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff had developed strong and supportive relationships with people. We saw staff consistently treated people in a very kind and compassionate manner. We saw warm interactions between people and staff.
- People and family members told us staff were kind and caring to the people at the service. People told us "Yes, staff are very kind" and "Yes, they are a great laugh."
- Relatives comments included, "The staff are all kind and caring" and "It is a warm and caring home for our [family member]."
- Family members told us they were made to feel welcome. Comments included, "Staff are always very polite, friendly and conversational."
- Care documentation outlined people's religious and spiritual needs and referred to their cultural needs. People were supported to attend places of worship if they wished.
- We noted that care records would benefit from more detail regarding people's sexuality and relationships if people were willing to share this information. The registered manager said they would ask keyworkers to discuss this with people during their meetings and this would be addressed more fully on admission to the service.

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

- Care records were signed by people. They told us, "Signed yes" and "Yes, seen it [care plan]".
- Staff were able to tell us how they involved people in decisions about their care. For example, by checking with them how they liked their daily routines and what activities they wanted to get involved in.
- The service cared about and valued the views of people who used the service. Meetings for people who lived at the service took place, so they could give their views.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they supported people with dignity and respect. They told us, "I make sure the toilet door is shut and stand outside to treat people with dignity." Staff had a sensitive and caring approach when talking about the people they supported. One staff member told us, "Everyone is friendly and it's supposed to be that way as it's their home" and "This is their home, so it's us here for them.; I give them space to be in their home to let them choose."
- People told us, "It is my home at the moment" and " Yes, it is my home now". People's rooms were personalised how they wanted them.
- People's care records highlighted what they could do for themselves and people told us their

independence was encouraged. To promote independence, one staff member told us, "Yes it works well. [Person] helps a lot. I ask [another person] to help with the cooking as she enjoys this. People wash their own plates, do their own laundry, or with support, and go up the shops alone." Another staff member said "[Person] will ask me to make her tea, but I encourage her gently to do it for herself."

- The service ensured people's care records were kept securely. Information was protected in line with General Data Protection Regulations.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant 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

- People's care plans were detailed, comprehensive in scope and up to date. They covered a range of needs including support with people's mental health, personal care, financial management, safety outside of the service and interests and hobbies.
- People told us the care was provided to them when they wanted it and in the way they wanted it. People told us, "Yes, I can get up and go to bed when I want."
- Feedback from family members included, "They have worked with us for years fulfilling all of [Person's] needs."
- People and their relatives had contributed to their care plans as had health and social care professionals. Care plans were supplemented by detailed risk assessments in place.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider ran several activities at the service including art classes, exercise classes, movie nights and cooking classes. Some people had their own friends and family they visited, other people enjoyed visiting local cafes, the park and going to the cinema.
- The provider also ran periodic day trips, held BBQ's and invited a music group to the service.
- One person who had previously worked as a carpenter had been encouraged to make a garden table for the service and busied themselves doing a variety of minor jobs at the service. They told us, "I make my own activities."
- Family members were positive about the range of activities. One family appreciated that staff accompanied a person by train over a long distance to visit them as they found it difficult to get to the service.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place. Complaints had been dealt with in line with the policy. Family members told us they found the registered manager and deputies very responsive and if they raised any concerns these were dealt with quickly.
- We asked people if they knew how to make a complaint. Comments included, "Yes they would listen to me" and "I would go to see staff."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances to their carers.

- The service ensured people had access to the information they needed in a way they could understand it and complied with the Accessible Information Standard.
- People were able to communicate verbally so were able to make their needs known.
- One person spoke French as well as English and a staff member could speak French to them which was positive.

#### End of life care and support

- The service had not obtained detailed information regarding people's end of life care needs. This was partially as people were reluctant to discuss this but the registered manager identified this as a training need for staff so they felt confident to broach this subject. The registered manager told us this was something they were planning to discuss with people in the coming months and at reviews.



# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection we made a recommendation in relation to reviewing people's ability to move onto more independent accommodation.

At this inspection the registered manager told us they met with the commissioners every six months to review people's accommodation and care needs to facilitate people moving onto independent accommodation, and this was confirmed by the manager of the local commissioning team.

- At this inspection there remained some areas in which the service was not well-led. Breaches of the regulations for medicines and recruitment highlighted lack of robust systems to ensure stocks were accounted for and safe recruitment practices took place.
- In other areas the registered manager and deputies were clear about their roles and met the requirements of the service. Families told us, and we found, the registered manager and deputies were open and transparent and willing to make changes to improve the service.
- The management team met weekly to share out tasks and ensure all appointments and commitments were covered.
- The registered manager carried out regular quality audits and took remedial action when they identified gaps in good quality care. These included medicines, care planning and health and safety.

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

- The registered manager and staff team demonstrated a commitment to providing person-centred care to people. People's wishes were respected, staff understood people's needs well and care was arranged around people's preferences and requirements.
- Health and social care professionals told us the service worked proactively with them. Together this promoted good outcomes for people.
- Family members were very positive about the care provided. Feedback included, "We have nothing but the highest praise for Elm Park Lodge" and "I believe the service is well led and managed."

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service worked proactively in partnership with other health and social care organisations to provide a quality service and to ensure people they supported were safe.
- The service gained the views of the people they supported, families and health and social care professionals they worked with in a number of ways. For example, through residents' meetings, at annual care reviews and via a feedback box at the front door of the care home.
- People told us they could talk with staff regarding their views. Staff were very positive about working at the service. They told us, "Staff meetings are helpful as they are mainly about work, we can raise issues and the manager will listen to us" and "It's a team effort. Yes, they encourage us and we think about how to solve problems."
- The registered manager told us they would make further improvements to the care plans to address all equality characteristics.

Continuous learning and improving care

- The registered manager had plans in place to make improvements. New oral health care plans were being set up for people; people were getting an individual safe in their room to hold their valuables and a new medicines management system was being introduced.
- The service worked with staff from the local authority care home improvement team.
- It was clear that the service learnt from accidents and incidents and the management team were continually reviewing their processes and ways of working to improve the quality of the care provided.
- Following the inspection, the management team addressed a number of issues raised and was developing a service improvement plan to ensure they were focused in continually making progress.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider could not evidence the proper and safe management of medicines. Regulation 12 (1)(2)(g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider could not always show that they had completed checks to ensure fit and proper persons were employed. Reg 19 (1)(a)