

Minster Care Management Limited

Elm Lodge

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Elm Lodge is a 'care home' with nursing. The service is registered to support up to 75 older people, some who may be living with dementia. At the time of the inspection 69 people were living at the service. The London Borough of Ealing funded or partly funded all the people who lived at the service. This is because they have a contract for the places there.

The home is divided into 5 units. Each unit can accommodate up to 15 people. The units have their own communal lounges and dining rooms.

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

We identified some medicines practices where improvements were needed. We also identified a small number of health and safety hazards. We discussed these with the registered manager and staff. They assured us about the action they had taken to make the improvements and to help prevent a repeat of these incidents. There was no indication people were harmed and we were satisfied the provider's action had improved the quality and safety of the service.

People told us they were well cared for and supported. They liked the staff and felt their needs were met.

The staff had assessed the risks to people's safety and had created plans to describe how they should be cared for. People felt able to contribute their views and were listened to.

There were suitable systems for dealing with accidents, incidents, complaints and learning when things went wrong.

There were a range of suitable audits which helped to ensure the quality of the service was monitored and improved.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 19 January 2022).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 8 December 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led.

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 has changed from requires improvement to good. This is based on the findings at this inspection.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Elm 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. 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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was conducted by 2 inspectors, 2 members of the CQC medicines team, a nurse specialist advisor 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 Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Elm Lodge is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We looked at all the information we held about the service including notifications of significant events and the provider's action plan following the last inspection.

During the inspection

We spoke with 11 people who used the service and 5 visiting relatives. We spoke with staff on duty, who included nurses, care assistants and members of the management team. We observed how people were being cared for and supported. Our observations included 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 looked at the care records for 12 people using the service. We looked at how medicines were being managed. We looked at the recruitment, training and support records for 6 members of staff. We looked at other records used by the provider for managing the service, these included audits, meeting minutes and quality monitoring checks.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. 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.

Assessing risk, safety monitoring and management

At our last inspection, we found that risks were not always appropriately managed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- During our inspection, we identified some potential environmental hazards. We informed the staff and registered manager about these and they took action to rectify them. They also put in place systems to reduce the likelihood of these reoccurring.
- The staff had assessed risks to people's safety and wellbeing. These assessments included plans to keep people safe and to promote their independence, where possible. Risk assessments linked to care plans and were regularly reviewed and updated. There was evidence the staff had liaised with other professionals, when needed, to make sure risks were thoroughly assessed and planned for.
- Staff received training to understand how to safely care for people. This included how to use equipment and how to move people safely. We saw staff providing safe and appropriate care. Equipment was regularly checked and serviced to make sure it was safe to use.
- The provider made sure checks on fire, electricity, gas and water safety took place regularly. They responded when things went wrong and had clear procedures to be followed in the event of an emergency.

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 if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Preventing and controlling infection

At our last inspection, we found procedures for infection prevention and control were not always followed. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 12.

- There were systems for preventing and controlling infection and these were followed. Staff received training in this area. The environment was clean and there were regular checks and audits to make sure it stayed this way.
- Staff were provided with personal protective equipment (PPE) such as gloves and masks. They wore these in line with the company's procedures.
- The provider had updated and reviewed their procedures in line with government guidance around managing COVID-19 and other infectious diseases.

Using medicines safely

- People received their medicines as prescribed. However, we identified a number of practices where improvements were needed to make sure medicines were always managed safely.
- Whilst we saw that some records were in place, staff did not always record where topical medicines should be applied or complete records to prove that medicated patches were rotated appropriately.
- We saw one medicine that was not given in line with the manufacturer's instructions. We saw another medicine being stored incorrectly. Staff were not monitoring the fridge temperature in line with best practice; however, this was unlikely to have affected the medicines being stored.
- Staff had access to information on how to use 'when required' medicines which explained the reason for giving each medicine. However, staff did not record whether the dose they had given had been effective.
- We discussed these findings with the provider. Since the inspection, we have been informed of the immediate improvements made and how medicines processes will be monitored going forward.
- People were supported to take their medicines by staff who were trained and assessed as competent. Records of medicines administration were completed. The provider liaised with the prescribing doctor and pharmacists to make sure medicines were regularly reviewed. There were audits of medicines management.

Staffing and recruitment

- There were enough suitable staff to keep people safe and meet their needs. People using the service told us staff were attentive and came quickly when needed. The majority of staff were the provider's own permanent staff who were familiar with the service and people's needs.
- There were systems to help make sure only suitable staff were employed. These included checks during their recruitment, assessments of their competencies and regular training to help make sure they had the skills and knowledge needed for their roles.

Systems and processes to safeguard people from the risk of abuse

- There were systems to help safeguard people from the risk of abuse. Staff received training in these. Information about how to recognise and report abuse was displayed throughout the home. The staff demonstrated a good knowledge of this. People using the service and their relatives told us they felt safe.
- The provider had worked with the local safeguarding authority and other agencies to make sure any concerns and safeguarding alerts were investigated, and action taken to keep people safe.

Learning lessons when things go wrong

- There were systems to learn when things went wrong. All accidents, incidents and concerns were recorded and investigated. Records of these showed that action had been taken to address the problem and also that the registered manager had analysed whether improvements were needed for the service following these.
- There was a regular analysis of the adverse events so the registered manager could identify any trends or areas where improvements were needed.
- Staff regularly discussed the service, any concerns and people's needs during daily handover and head of department meetings. The clinical staff also discussed people's needs with healthcare professionals so they could learn from and address any ongoing concerns or risks, such as infections, weight loss or skin damage.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care which met their needs and reflected their preferences. The staff knew them well and were able to anticipate and meet their needs. The staff worked closely with other professionals to make sure needs were monitored and met. People using the service and their relatives confirmed this.
- The staff had created care plans which outlined people's needs. We found some care records did not always clearly reflect people's needs. We discussed these examples with the nurses and management team, and they rectified this during the inspection. Most care plans were detailed and included personalised information. Care plans were regularly reviewed and updated.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed, monitored and met. Staff spoke a range of languages and, at the time of our inspection, some staff were able to communicate with everyone living at the service in their first language. Information about the service was available in different formats or languages when requested.
- The staff created communication care plans for each person. These included information about any barriers to communication or understanding and how these should be overcome.

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

- People were supported to take part in a range of different social activities. There were planned events which people could take part in. Some people told us about activities which they had enjoyed. Staff on each unit also supported people with leisure pursuits of their choice on their own and in small groups. For example, we observed people colouring, others talking with staff and staff reading newspapers to people. The staff knew people well and were attentive when people wanted to pursue a certain activity.
- Visitors were made welcome at the service. They told us they were kept well informed and were able to see their loved ones whenever they wanted. There was accommodation available for visitors to stay when a person was at the end of their lives or very unwell. Visitors told us the staff treated them respectfully and

they felt listened to and valued.

End of life care and support

- People were supported with end of life care when they needed. The staff worked closely with the palliative care team, following their guidance and implementing plans which they developed together.
- The registered manager had created end of life plans for each person with them and their representatives. These set out how people would want to be cared for in the future should their needs deteriorate and any special arrangements or needs they had for dying and after death.

Improving care quality in response to complaints or concerns

- There was a suitable complaints procedure. This was shared with stakeholders. People using the service and their relatives told us they knew how to make a complaint or raise a concern.
- Records of complaints showed these had been appropriately investigated and lessons had been learnt from these to improve the service.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection, we found systems and processes for monitoring and improving quality, as well as monitoring and mitigating risk, were not always operated effectively. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found enough improvement had been made and the provider was no longer breaching Regulation 17.

- There were effective systems for monitoring and improving quality at the service. The management team undertook regular audits and we saw action was taken when they identified concerns during these. The managers met with the heads of department and other staff to discuss the service and identify any concerns.
- The provider was responsive to feedback from others as well as when they had identified issues through their own checks and audits. They took action to address these and to put in place systems to help prevent reoccurrence.
- Records were well organised, clear and up to date. The provider used an electronic care planning and medicines management system which allowed for monitoring in real time. This meant managers were alerted and could quickly respond to any problems, such as people not receiving care as planned or missed medicines doses.

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

- There was a positive culture, and people received personalised care. People confirmed this. Their comments included, "The staff can't do enough for you – it is a wonderful establishment", "They are very kind, the food is good and the nurses are marvellous" and "they are lovely here, very welcoming."
- The registered manager had an open-door policy, and we saw people using the service, staff and visitors going to speak with her throughout the day.
- Staff told us they felt well supported and enjoyed working at the service.

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 understood their responsibilities under the duty of candour. They had responded to complaints and adverse events, investigating these and keeping people informed. They had apologised

when things went wrong.

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

- The registered manager was appropriately experienced and qualified. They had worked at the service for a long time and knew people living there and staff well. Staff spoke positively about the registered manager and told us they were supportive and helpful.
- There were regular meetings with all the staff to help make sure they had the information they needed about their roles and responsibilities.
- The provider had a range of suitable policies and procedures which reflected legislation and good practice guidance. These were regularly reviewed and updated. Staff had access to these through online portals.

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

- The provider engaged with people using the service and others. They held regular meetings where people could feedback about their experiences. They also asked stakeholders to complete satisfaction surveys. They collated and analysed the responses to these to help them identify where improvements were needed.
- People's diversity needs were assessed and planned for within care plans. Different religious groups visited the service to support people with worship and their faith. The menu included meals from different cultures including daily Caribbean and Asian menus.

Working in partnership with others

- The staff worked in partnership with other health and social care professionals. They made referrals in a timely manner and followed these up to make sure people received the care and support they needed. Staff acted on guidance from others and this was included in their care plans.
- The registered manager worked with other managers and the provider's senior management team to reflect on and share good practice and learn from things that had gone wrong.