

Mr KC Lim

# Elm Park Lodge

## Inspection report

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### 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



### Overall summary

This inspection took place on 7 December 2015 and was unannounced. At our previous inspection of 25 February 2015 we identified a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This is because the registered provider did not have an effective system in place to assess the risk and prevent the spread infections. For example, there were gaps in cleaning schedules, there were no paper towels in communal bathrooms, the kitchen had not been properly cleaned and the food in the fridges was out

of date. At this inspection we found that these areas had been addressed in the main part of the home but other areas were found to be unclean and unkempt in the adjoining flats which also formed part of the home.

Elm Park Lodge care home is registered to provide accommodation and personal care for up to 27 persons with mental health needs. At the time of our inspection there were 25 people using the service, including one person on respite.

The registered manager had previously been in post as the deputy manager but had become the registered

# Summary of findings

manager in October 2015. 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.

People told us they felt safe with the support they received from staff. There were arrangements in place to help safeguard people from the risk of abuse. Staff understood what constituted abuse and were aware of the steps to take to protect people.

People had risk assessments in place, however these did not always provide guidance to staff on how risk should be managed. The service was not following their recruitment policy. We found references were not verified and interview process could not be evidenced. Therefore this may have put people at risk of being cared for by staff who were not fully verified as safe to work with vulnerable people. The service was not following their recruitment policy in .

Staff told us and we saw from their records that they had received training in relevant areas of their work. This training enabled staff to support people effectively. Staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA). Although staff administering medicines to people had received medicines training, the provider had not carried out any medicines competency assessments. Therefore people were put at risk because medicine protocols were not followed.

People told us and we saw from their records they were involved in making decisions about their care and support and their consent was sought and documented.

People received nutritional balanced meals and were given choice. People told us they chose what they ate and staff supported them with meals.

People told us they were treated with dignity and respect. Staff understood the need to protect people's privacy and dignity. We saw that staff spoke to people in a respectful manner and people responded positively.

The service encouraged people to raise any concerns and people were involved in the running of the service. Staff gave positive feedback about the management of the service. Managers had an open door policy whereby people were able to enter the office to talk with staff. Staff described managers as supportive and helpful. Although some systems were in place to continually monitor the quality of the service and people were asked for their opinions, we found records of audits were not in place for key aspects of the service.

We found a breach relating to risk assessments, staff recruitment and medicine management.

You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

## 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 consistently safe. Staff understood how to protect people from abuse and harm. Risks to people's health and welfare were in place, however, actions to mitigate risks were not always documented.

Although we found improvements to the environment, other areas were not well maintained.

Medicines were not always managed safely.

We found gaps in recruitment practices, reference were not verified and interview process not documented. The service failed to follow their recruitment procedure

Requires improvement



### Is the service effective?

The service was effective. People received individualised support that met their needs.

People told us they were involved in planning and choosing their care and were able to make decisions for themselves.

Staff were supported to fulfil their roles and received supervision. Staff told us they were supported by the management.

People were able to make choices about food and drink. People told us that they were happy with the food.

Good



### Is the service caring?

The service was caring. Staff told us how they ensured people's rights to privacy and dignity were maintained while supporting them.

People were involved and their views were respected and acted on.

Good



### Is the service responsive?

The service was responsive. The service worked with the locality mental health team to ensure people's needs were met.

People participated in activities of their choice both within the service and out in the community.

The service had a complaints policy and procedure, so that people knew what to do if they had a complaint.

Good



### Is the service well-led?

The service was not consistently well-led. People and staff felt able to approach senior management with any concerns knowing this would be acted upon.

Requires improvement



# Summary of findings

Staff felt supported by their managers who they described as supportive and helpful.

Although there were some systems in place. Audits were not recorded, therefore we could not evidence that these had taken place.

# Elm Park Lodge

## 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 7 December 2015 and was unannounced.

The inspection team consisted of two inspectors. During this inspection we spoke with 14 people using the service,

interviewed 5 staff, including the registered manager, four support staff and a deputy. We reviewed four records relating to staff and care plans and risk assessments for five people using the service. We also reviewed six medicine administration records (MAR) and other records relating to the running of the service, such as servicing documentation. We spoke with two health care professionals and commissioners.

Before the inspection we reviewed information we held about the service in our records. This included information about safeguarding alerts and notifications of important events at the service.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. Comments included, “yes, I feel safe,” and “I feel very safe.” Healthcare professionals told us they felt people were safe.

People who used the service were protected from the risk of harm and abuse. The provider had a safeguarding policy and procedure together with contact details of the local safeguarding team. Staff had received training in safeguarding adults. We spoke with five staff and they knew and were able to tell us about signs of abuse, including relevant reporting procedures, such as reporting concerns to their manager, care coordinator or where appropriate, the Police, local authority or Care Quality Commission (CQC).

Medicines were not always managed safely. Most medicines were administered by staff although some people looked after some of their medicines. We saw people came to the office to collect and take their medicines at set times during the day and staff carried out checks to ensure people had come to take their medicines at the times required throughout the day. We observed people receiving medicines in the morning. People said they understood their medicines and knew what they were for. One person said “yes I understand what most of it is for.” Another person told us about the medicine they were taking which they said was to help with pain. We saw that the support worker was able to explain any medicines to people if they didn't understand and they helped people take medicines where necessary. There was a separate book kept to record controlled drugs and we saw that this was filled in correctly and that the amounts indicated in the records tallied with the amount of medicines in stock. Two staff members had signed to confirm administration of this medicine. We saw that medicines used by people using the service were stored safely.

We looked at Medicine Administration Records (MAR) charts for six people. There were no errors or omissions in the MAR charts we examined. Each person had a photo on the record although it was not dated. We saw that medicines were given to people in line with the instructions on the MAR charts. Where people had refused medicines this was recorded on the MAR chart. Notes were kept on the back of MAR charts on incidents. For example we saw a

note recorded that one person had a coughing episode and had spat out medicines. MAR records showed when medicines had been given to people who were going to be away for a weekend.

However, there were a number of areas where the service was not following current national medicines guidance, NICE Managing Medicines in Care Homes (March 2014). Although there was a medicines policy in place this did not contain any information on how controlled drugs should be managed. The manager told us that they were carrying out medicines audits, and we were shown a table detailing dates when these had taken place and planned future dates. However we were unable to evidence details about what was checked, whether any issues were identified, and whether any action had been taken. The registered manager told us that audit would include checking MAR charts were up to date and signed, any discrepancies would be addressed immediately with the staff member concerned. Although there was some evidence that people were receiving regular medicines reviews, the frequency of medicines reviews was not set out in people's care plans. No records were kept of the quantities of medicines ordered and received into the service. As a result we were unable to carry out stock checks to audit whether these had been used correctly. For people who were self-administering medicines, there was no information on how this should be monitored to provide assurance that people were doing this safely. There were no records of medicines administered by the community mental health teams. Staff told us that people spending the weekend with relatives or friends were supplied with their medicines. The registered manager told us that a copy of the MAR would be given to the person. Although staff administering medicines to people had received medicines competency assessments. Therefore people were put at risk because medicine protocols were not followed.

At our inspection in February 2014 we found a number of issues concerning the way the service managed infection control, such as gaps in cleaning schedules, no paper towels in communal bathrooms, out of date food in fridges and the kitchen had not been properly cleaned.

During this inspection we found the service had made improvements. We spoke with the maintenance worker who told us that he inspected five rooms every day and carried out any work as required. We saw that records were

## Is the service safe?

kept of the rooms checked each day and the work carried out was recorded. We saw that some improvements had been made to the physical environment, however we observed that communal carpets were stained and people's rooms were not always kept clean. The registered manager told us that they try to encourage people to keep their rooms clean each day. Service contracts were in place and covered areas such as gas safety checks and electrical appliances. We asked about testing for legionella and we were told that this was no longer required as tanks had been removed in the buildings.

We found most of the bathrooms and toilets in the main house were clean and there were records in some of these rooms which showed they were inspected three times a day. An electric hand dryer had been installed in all communal bathrooms, food was stored safely and the kitchen in the main house was clean and tidy. We saw records showing that the fire alarms were tested weekly including emergency lighting, and the safe operation of fire doors. Planned fire drills requiring the evacuation of the house were carried out regularly. The last one was carried out on 27 September 2015. Unannounced fire drills were also carried out three times a year, the last one being in August 2015. Emergency systems were in place in the event of a fire. The fire alarms were serviced every three years and the last service had taken place in September 2014. Emergency lighting was checked annually, the most recent test being done in November this year. Fire extinguishers had been serviced in February 2015. Records showed that staff completed fire training in October 2015 and this was repeated annually. However, we found that improvements were required to ensure that infection control practices were followed at all times and other parts of the service were clean and tidy. Following our inspection, the registered manager told us that they had worked with people to maintain cleanliness and this had sometimes been an issue where people required more encouragement to maintain the cleanliness of the environment. Records and staff confirmed that weekly cleaning audits were in place and these had been signed off by the registered manager.

Individual risk assessments were in place. These covered areas such as risk of falling and self-neglect. We saw that relapse indicators for each person's mental health condition were set out clearly. There was a good description in all the files we looked at about how a person's behaviour may change when their mental health

was deteriorating. Healthcare professionals were happy with the care and felt that staff knew the risks posed by individual people and how to manage these. They also told us that they had no concerns and there was always enough staff around. Although staff were familiar with people's needs and were able to give us examples of some of the risks managed by the service, risks were not always documented. Risk assessments did not always provide staff with guidance on how to manage people's individual risks and triggers to potential relapse.

We saw that a fire risk assessment had been carried out in September 2015. However, this did not mention the risk caused by people smoking in their rooms although this was noted as major risk factor elsewhere in the fire safety file. There was no information about how this was being mitigated and we saw evidence that people smoked in their rooms. The registered manager told us that people are aware that they should not smoke in their rooms, people are encouraged by staff to use the designated smoking room outside the house.

We checked recruitment records to make sure staff had all the appropriate checks prior to starting work with the service. We saw this included a completed application form, references, proof of identity and Disclosure and Barring checks (DBS). However, we found a number of gaps in records reviewed. For example, references were not always validated by the previous employers. The service was not following their 'policy/procedure which guides selection of staff' which states that notes should be taken of what is said by the applicant and the panel, having seen all the applicants, should compare notes and rank the applicants in order of preference. We saw no documented evidence on staff files that a selection process had been followed. We were told by the deputy manager that additional checks were carried out for staff who require permission to work in the UK. However, evidence seen did not confirm that this information came from an official source. Therefore we could not be sure that appropriate checks were conducted prior to staff working for the service. The deputy manager told us that she was responsible for recruitment of staff and said she would review this process. The registered manager told us that she was in the process of developing their recruitment policy and they were in the process of arranging for all staff to renew their DBS records.

## Is the service safe?

These were breaches of Regulation 12 of the Health and Safety Act 2008 (Regulated Activities) Regulation 2014.



# Is the service effective?

## Our findings

People told us that they were happy and staff were helpful. One person commented, “The staff are very obliging. Really helpful.” Another person told us “Yes it’s ok living here. You can come and go and there are few rules. The staff are nice.”

Staff completed an induction to ensure they were aware of their roles and duties. This was comprehensive and included a competency test and observations of practice. The registered manager had introduced Care Certificate as a method of induction for new staff. The Care Certificate is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to ensure workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. Staff confirmed that they had completed an induction and training when they started with the service.

Staff told us they felt well supported by the management. Staff comments included, “The management are very supportive. I feel I can always go and raise any issues I’m concerned about with them,” and “I had a difficult time just after I started and management were really supportive and helpful.”

The service had a system in place for individual staff supervision. Staff told us and records confirmed they were supported through supervision. The registered manager told us that appraisals were not undertaken by the service as staff personal development needs were discussed during supervision. This ensured that people were supported by staff who were also supported to carry out their duties.

Staff regularly attended training to ensure they had the knowledge and skills to undertake their roles. Training information showed that staff had completed mandatory training in areas such as, infection control, health and safety and specialist training such as mental health awareness and challenging behaviour awareness where required to meet people’s specific needs. Staff confirmed there was good access to training opportunities and personal development was encouraged. Although staff completed medicine training competency assessments

were not undertaken to ensure staff provided safe care to people in regards to medicine management. Staff confirmed there was good access to training opportunities and personal development was encouraged.

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 decisions 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.

We observed that most people were able to come and go as they wished, this was evident throughout the day of our visit. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found applications under DoLS had been submitted and authorised and relevant documentation maintained on people’s files along with a mental capacity assessment completed as part of the DoLS authorisation. Staff had been trained in MCA and DoLS and understood about consent in relation to the MCA and best interest decisions and how this may impact on the people they cared for. The registered manager told us that most people had capacity and were able to make decisions about their care and treatment. We saw that people had signed care documentation including care plans indicating that they had given consent and were involved in their care.

People’s nutritional needs were met by the service. Staff told us that people made their own breakfast as they got up and we saw that a selection of cereals was available. Some people preferred a cooked breakfast. One person said ‘I do my own scrambled eggs most mornings’.

We looked at the menu for the week and saw that a choice of food was offered for lunch and the evening meal. We saw that fruit was available at lunchtime and choices of puddings were served in the evening. The weekly food delivery arrived during the morning of our visit and we saw this contained plenty of fresh fruit and vegetables. People living at the service told us they were very happy with the food. ‘One person said ‘food is fantastic here.’ Most people said they were ‘happy with the food’ or ‘its fine’.

## Is the service effective?

We observed the serving of lunch and evening meal. We saw that about half of people living in the home chose to sit together in the dining room for the meal which was served by staff. There was a pleasant atmosphere in the dining room during meals. We asked staff about the provision of food for people who did not wish to eat in the dining room. They told us 'some people ate in their room; others go out during the day. On the day of our visit we saw people coming and going out into the community. We asked about the availability of snacks outside of set meal time. People living at the home told us that they could have snacks which were made available at set times such as 7.30pm in the evening.

We saw from the notes kept of meetings with people in the house that menus and food options were regularly discussed.

We saw that people had access to GP's and other health professionals as required. For example the files we looked at showed that people visited their GP as needed. One person had been supported with hospital appointments and was awaiting for an operation. People were also supported to see dentists and opticians.

# Is the service caring?

## Our findings

People told us that staff were caring and supportive. People told us they were treated with dignity and respect by staff. One person told us, “I am very happy here. I keep busy in my room working on my computer. The staff are helpful here.” Another person told us, “I’ve been here for 11 or so years. I’m very content. I like the staff, they are very helpful...” Healthcare professionals told us that they were very pleased with the care people received at the service and they had no concerns. They told us that people were happy and staff were very attentive.

People were encouraged to be involved in decisions about their care. They were asked about the support they required and how they wanted that support to be delivered. The registered manager told us it was important for people to engage in the service and to be involved in their care. She described the care provided by the service and said that there was a very strong community at the service. Staff knew the people living at the service and gave examples of how they supported people to maintain their independence.

We saw that staff treated people with dignity and respect. One person told us, “Staff are always kind and helpful.” People’s care plans gave guidance on how people should be treated to ensure their dignity was upheld. People told us they were given a choice and staff respected their decision.

During our inspection we noted that staff interacted positively with people using the service and people said

that staff looked after them. People’s care records outlined people’s religion and their cultural needs. Staff were aware of people’s backgrounds, and observed people’s religious and cultural needs. This included ensuring their preferences in regards to their nutritional needs. For example staff supported one person who had set times to pray in their room.

Each person had a personalised care plan which had been reviewed monthly. This covered areas such as communication, mental health, personal care and behaviour. Care plans included a ‘map of life’ providing an overview of each person, including childhood memories, family and previous employment. There was sufficient information in each person’s file to enable staff to know how to communicate with people and to support people with their personal care. For example we saw that one person needed support with personal care and had been supported with this on the day of our visit. Others required prompting or reminding to carry out day to day tasks, such as attending appointments. This was confirmed by people using the service who told us that staff supported them to attend various appointments. We also saw that people had meetings with their key worker each month and aspects of their stay at the service were discussed.

Progress notes recorded particular events such as the occurrence of a placement review. The registered manager told us that progress notes were recorded as and when it was necessary to record an event. We saw that people’s care was reviewed annually with their local authority commissioners and the relevant mental health professionals.

# Is the service responsive?

## Our findings

People received individualised support that met their needs. People told us they were involved in their care and support and that staff supported them to participate in activities of their choice.

Prior to joining the service people were able to visit and spend time at the service before making a decision to stay. The registered manager told us that an initial assessment of a person's support needs was carried out by the locality mental health team. This was then used by the service to develop a plan of care. The service worked closely with the locality team to ensure people's individual needs were met. This was confirmed by a healthcare professional who told us that the service adapted care plans to suit people and that the communication with staff was very good.

People participated in activities outside the service. During our visit we saw that people were accessing the community for various reasons. For example, one person told us that they regularly visited their relative at the weekends. They told us they had lots of friends and they, "get to do what they want." Another person told us that they had planned a trip to a horseshow in December 2015. We saw that there had been outings to Southend during the summer. A third person told us, "We have a baking session and I have a go and there's the art and the art therapist here...." There was an attractive well maintained garden which included space for a basketball post. One person told us 'I often do a little gardening' and showed us what they had planted and garden furniture they had made when they joined the service. People wanting to smoke were provided with a smoking room. We saw that some people had pets. Therefore people's individual preferences were taken into account by the service.

An art therapist attended the service twice a week to support people who took part in pottery, paintings and a range of other crafts. We were told that there had been an exhibition of the artwork produced by people living at the service at the arts depot in April 2015 with another exhibition being planned next year. The art therapist told us about half of the people living at the service attended art therapy sessions. We saw that the room used for art therapy was bright, light and well-equipped. People's work was displayed in the art room and throughout the house. One person told us, "We have a baking session and I have a go and there's the art and the art therapist here...."

People were involved in making decisions about their care. We saw the residents meetings were held every two months. The notes showed the topics included discussion about activities, the Halloween party and the Christmas outing. One note recorded requests for a new radio for the smoking room and we saw that this had been provided. The registered manager told us that a karaoke machine requested by people had been obtained.

Systems were in place to record and respond to complaints. People told us they knew how to make a complaint and that staff responded positively to any complaints or concerns raised. They told us they were encouraged to raise any concerns they had so that staff could address them. The registered manager told us they had a new complaints policy which had been shared with people using the service and their relatives. She told us they had an open door policy whereby people were able to enter the office and talk to staff, which we observed on the day of our inspection.

# Is the service well-led?

## Our findings

The registered manager told us that they had an open door policy whereby people were able to come and talk to staff or ask staff for support. We saw this on the day of our inspection. This was also confirmed by a healthcare professional who told us that they visited the service and saw that people were able to enter the office to speak with staff. Healthcare professionals spoke highly of the service and felt that the service communicated well with them.

Staff told us that senior staff were supportive and they felt able to approach the registered manager with any concerns knowing this would be acted upon. Staff comments included, 'Its great place to work. I've been here a long time. I love it here. It's very rewarding. The registered manager told us that they welcomed criticism and wanted the best for people using the service. She told us staff working for the service genuinely cares and most staff have worked at the service for a long time, some for more than 20 years. We saw the staff meetings were held quarterly and covered a range of topics relevant to the running of the service, for example a recent meeting discussed the need for medicine Dosset boxes for people who were away for the weekend. Menu planning meetings were held and discussions about the need for a new summer menu earlier in the year were noted.

People and their families were asked for their views about the service. A satisfaction survey had been carried out in May 2015 and the provider had received in the main positive feedback. This showed us that the provider valued the views of people using the service.

We spoke with the registered manager about the checks they made to ensure the service was delivering high quality care. The registered manager talked to people to check that the service was meeting their needs. Some systems were in place to assess and monitor the quality of the service. These included areas such as, health and safety checks, infection control, care records and medicines. However, infection control audits had not been effective at ensuring that the infection control practices were followed at all times. The registered manager told us that medicine audits were carried out on a monthly basis and this was used to check for example, that MAR were up to date and signed. She showed us a timetable with dates when these had occurred and future dates. However, these audits had not been documented, therefore we could not evidence what was involved and how issues had been addressed. We also found that improvements were needed to ensure that care records were updated following a review of care and various out of date information which at times made it difficult to know what was current. The registered manager told us that this would be addressed.

We saw records were kept of safeguarding concerns, complaints and accidents and incidents. Staff told us they discussed any incident and accidents during staff meetings and handover meetings. However there was no overall audit of accidents and incidents to inform learning. Therefore learning from accidents and incidents could not be evidenced. The registered manager told us that the complaints policy would be updated to include timeframes for dealing with formal complaints.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>The registered person failed to assess the risks to the health and safety of service users of receiving care or treatment and doing all that is reasonably practicable to mitigate any such risks. Medicines were not always managed safely and risk assessments failed to indicate risk management plan.</p> <p>Regulation 12 (1)(2)(a)(b)(g)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person failed to ensure that systems or processes were effective to assess, monitor and improve the quality and service and maintain up to date records of care and treatment provided to service users and decisions taken in relation to the care and treatment provided.</p> <p>Regulation 17 (1)(2)(b)(c)</p>