

Minster Care Management Limited

Elm Lodge

Inspection report

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Date of inspection visit:
08 December 2021
09 December 2021

Date of publication:
19 January 2022

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 Lodge is a 'care home'. The service is registered to support up to 75 older people, some who may be living with dementia. At the time of the inspection 64 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.

In March 2020 the provider of the service changed to an organisation called Minster Care Management Limited. The management of the service, the people who lived there and staff remained the same.

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

People were generally happy with their care, but risks to their safety and well-being while being assessed were not always monitored or managed.

There were systems in place for monitoring the quality of the service and making improvements. These had not always been effective as they had not enabled the provider to take timely action to address some of the areas for improvement we found.

There were enough staff to meet their needs safely. The staff felt they were supported well. They received an induction, training and supervision in their roles. Recruitment processes made sure staff were suitable.

People were supported by staff who knew their care needs and preferences. Staff supported people with their food and drinks and to engage in a variety of activities on offer. The service worked in partnership with other agencies to support people's health needs. People received their medicines as prescribed.

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.

There were systems in place to safeguard people from the risk of abuse, investigate complaints and to address issues when things went wrong.

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

Rating at last inspection

This service was registered with us on 10 March 2020 and this is the first inspection. The last rating for the service under the previous provider was good, published on 9 October 2018.

Why we inspected

We inspected this service in line with our inspection methodology based on the date of registration.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment and good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 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 Care Act 2014.

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 two inspectors, a Special Advisor in Nursing 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. 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 the information we had received about the service since it was registered. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our

inspection.

During the inspection

We spoke with 11 people who used the service and two visiting professionals. We also spoke with eight staff, the deputy manager, the maintenance manager, catering manager, activities coordinator, housing-keeping manager and the head of care. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We viewed a range of records including medicines support records, eight people's care records and six staff files in relation to recruitment and supervision. We viewed a variety of records relating to the management of the service, including audits, meeting records and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at infection prevention and control, mental capacity, staffing and quality assurance records. We spoke with two healthcare professionals who regularly visited the service.

Is the service safe?

Our findings

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

This is the first inspection for this service since it was newly registered with this provider. This key question has been rated 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; Preventing and controlling infection

- Risks to people's safety and well-being were assessed but not always monitored or managed.
- We saw the kitchenette area in one unit was not clean. Two fridges were dirty inside as spills had not been cleaned away, as was the side of a fridge and the floor nearby. This meant good hygiene practices had not always been followed to keep people and staff safe from the risks of infection.
- We found a storage cupboard used by cleaners on one unit was open when it was meant to be kept locked to keep people safe. Inside were assorted cleaning products with one missing its tamper-proof cap. We discussed these issues with the house-keeping manager and management team so they could address them.

We found no evidence that people had been harmed however, the provider had failed to robustly assess the risks relating to the safety and welfare of people. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Otherwise, there were arrangements in place for preventing and controlling infection and we were assured the provider's infection prevention and control policy was up to date.
- We were also assured the registered manager had suitable arrangements in place for preventing visitors from catching and spreading infections while enabling people to visit safely. However, the service had not always clearly identified and recorded people's 'Essential Care Givers', in line with national guidance at the time of our visit. We raised this with the deputy manager so they could update people's care records promptly.
- People using the service and staff accessed regular COVID-19 testing and this helped the registered manager monitor people's and the staff team's safety.
- The provider supplied staff with personal protective equipment (PPE) to manage and prevent infections and maintained sufficient supplies of this. Staff had completed training on how to use and dispose of this safely. Managers regularly checked staff to make sure they wore this appropriately.
- Apart from the above kitchenette and storage cupboard issue, the home was clean, tidy and was free of offensive odours when we visited. The house-keeping team completed regular cleaning schedules, including enhanced cleaning of frequently used areas and surfaces.
- The main catering kitchen was clean and well-maintained when we visited. Food was labelled correctly and stored appropriately. Staff checked and recorded safe food and fridge/freezer temperatures.
- Staff completed risk management plans to assess and mitigate risks to people's safety and well-being. These considered risks such as skin integrity, nutrition, living with diabetes, moving and handling, and falls.

Staff reviewed the plans on a monthly basis. Staff worked with tissue viability nurses to support people to manage or avoid pressure sores and their involvement informed people's care plans.

- The registered manager ensured the maintenance team regularly completed a series of checks to maintain a safe building environment. These included water temperatures, gas and electrical safety, window restrictors, moving and handling equipment. The registered manager audited these checks to confirm that any improvement actions were completed. Equipment was serviced regularly.
- The provider made sure there were appropriate fire safety arrangements in place. These included regular fire systems checks and evacuation drills. The provider had acted on fire risk assessment recommendations and staff completed training so they knew what to do in the event of a fire.

Staffing and recruitment

- The registered manager arranged for enough staff to meet people's care needs safely. However, some people told us they felt more staff were needed so that staff could spend more time chatting with them.
- Care plans indicated people's preference for the gender of staff who provided their personal care. One person's plan stated they needed two staff to help them and they wanted only female staff to provide personal care. However, we saw of the two care workers working on that person's unit one was male and recent daily care records indicated male staff had been involved in providing personal care to the person. The deputy manager explained a male worker only provided support to help the person move and change bedding. We raised this so they could review the staffing arrangements to ensure these always recognised people's preferences.
- Staff told us they felt there were enough of them on shift. Some staff had worked at the home for a number of years, which meant they knew people's care needs well and people could develop relationships of trust with them. One care worker told us, "Residents see the same people, [they're] familiar with all of us."
- The provider had appropriate recruitment processes and records in place to ensure they only employed suitable staff. This included checking an applicant's work history, identity and previous employment references and obtaining criminal records checks from the Disclosure and Barring Service.

Using medicines safely

- People were supported to take the medicines as prescribed. There were suitable systems for ordering, handling, storing and disposing of medicines, including controlled drugs.
- Staff supported a person to take medicines mixed with food as they did not have the mental capacity to make decisions about taking their medicines. The provider had consulted with the prescribing doctor, pharmacist and relative to agree these arrangements were in the person's best interests. However, records of these arrangements had not been reviewed in over two years to make sure they remained suitable. We discussed this with the managers who promptly updated the records in consultation with healthcare professionals.
- Staff used a digital Medicines Administrations Records (MARs) system to record when they had supported people to take their prescribed medicines. This alerted staff to when people needed to take their medicines and provided suitable information for them to do this safely.
- Staff who administered people's medicines had completed training on how to do this and the provider assessed their competency to provide this support. Staff we spoke with showed a good understanding of people's medicines support needs and felt confident using the system safely.
- Managers and staff completed daily, weekly and monthly audits of medicines support systems to make sure they were being used effectively.

Learning lessons when things go wrong

- The registered manager maintained a system for recording and reviewing incidents and accidents and identifying learning for improvements in the service.

- Staff documented incidents and the actions they took to support people when these happened, such as calling for paramedic support if someone experienced a fall. This included informing people's relatives and the local commissioning authority.
- The registered manager regularly reviewed a database of incidents to identify lessons learnt from what took place and how they were investigated. They fed these back to staff in handovers, supervisions and team meetings. Senior managers also reviewed incidents to note improvement opportunities for services. For example, the area manager had initiated improvements to how staff recorded information to monitor people's weights.

Systems and processes to safeguard people from the risk of abuse

- There were processes in place to safeguard people from the risk of abuse.
- Staff had received training on safeguarding adults awareness. Staff we spoke with knew how to recognise and respond to abuse concerns. People told us they felt safe.
- The registered manager reviewed safeguarding concerns on a quarterly basis to identify and act on any improvement actions for the service.

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.

This is the first inspection for this service since it was newly registered with this provider. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's nutritional needs were met.
- Care plans stated when people required help to eat and drink, informed by assessments of people's nutritional needs. Staff recorded people's food and fluid intake and weight regularly so as to monitor these when required. A healthcare professional also confirmed this. The management team reviewed people's weight records to help identify potentially significant changes and take remedial action accordingly.
- Staff we spoke with demonstrated a good understanding of people's food and drink needs and preferences. They had completed training on diet, nutrition and hydration.
- People gave us average feedback about the food. One commented, "Meals are decent enough." We saw staff support and encourage people to eat their meals, although one person who was not eating their lunch was not attended to by staff while we were observing. We saw drinks were available and accessible to people in their rooms.

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

- The provider assessed people's care needs before they moved to the service. Assessments recorded information about people's care needs, health conditions, medicines, basic care preferences and some of their recent life history.
- People's care plans set out basic information on how staff should support them when they may show behaviours of distress. Staff made referrals to other services in order to meet people's needs, such as involving dietitians and speech and language therapists.

Staff support: induction, training, skills and experience

- Service records showed staff they received periodic supervision meetings with a senior member of staff. Staff said they felt supported by the managers who they could approach with issues.
- Staff had completed a range of training, such as dementia awareness, moving and handling, health and safety, first aid, mental health and person-centred care. Staff had accessed online training sessions regularly during the COVID-19 pandemic. New staff completed an induction process to make sure they were competent in their role.
- Staff told us the registered manager supported them to attain health and social care qualifications. The provider checked that qualified nursing staff maintained up to date registrations with the Nursing and Midwifery Council.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other

agencies to provide consistent, effective, timely care

- The service worked collaboratively with other agencies to understand and meet people's needs.
- People's care plans set out their healthcare needs and staff worked with other professionals to make sure people received suitable care. For example, the service worked with opticians, a chiropodist, a dietitian, psychiatrist, district nurses, and GPs. Healthcare professionals told us staff supported their involvement and followed their recommendations. People's plans and care records set out how to support people safely with particular health conditions, such as living with diabetes.
- Care plans noted support people needed to manage their oral care. Staff had completed training in promoting oral health and supported people to see a dentist. One member of staff stated staff took pride in ensuring people had good oral care and promoted people's personal preferences for this. For example, respecting how a person liked to look after their dentures.

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

- The building and home environment was suitably designed to meet people's needs.
- Each unit had its own accessible communal areas and wide corridors with handrails to aid people's mobility. The units were warm, lit well and suitably ventilated. The provider had a programme of works in place to address maintenance and repairs issues.
- There was a variety of equipment to support people, such as hoists, wheelchairs and walking aids. There were appropriate signs and posters to help people move around the home and their names were on bedroom doors. Most people's rooms appeared personalised with decorations and furniture. The home was decorated to celebrate the Christmas season.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People were supported in line with the principles of the MCA.
- The staff worked with the local authority when it assessed a person lacked the capacity to agree to their care arrangements which may have amounted to a deprivation of their liberty. The provider recorded when a person's deprivation of liberty had then been authorised in their best interests.
- Staff had completed assessments with people when they considered that a person may lack capacity to make a specific decision about their care. For example, when a person needed to use bedrails at night to keep them safe. We saw the service had then worked with people, their advocates or relatives and other professionals when considering what may be in a person's best interests.

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.

This is the first inspection for this service since it was newly registered with this provider. This key question has been rated good. 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

- One person also told us, "They treat me well." Professionals said they had experienced staff treating people politely and with respect. One commented, "That's one of the things that they are good about." We also observed staff treating people with respect and in a caring manner across all the units during our visit. However, on one occasion we found a member staff spoke positively about a person in front of them without addressing or involving them in the conversation. We raised this with the management team who took prompt and robust action to address this concern to avoid it being repeated.
- Care plans recorded information regarding people's marital status, cultural background and religious beliefs. This meant staff were provided with some information to help them understand people's individual needs. The service had passed information about people's cultural and religious meal preferences to the main kitchen team and they catered to these. Staff had completed awareness training on promoting equality and diversity and spoke about treating people as individuals.

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

- People and their relatives were involved in planning and reviewing their care. Most people we spoke with were unsure about their care planning, but one person told us, "I am involved in my decisions." This gave people and those important to them the opportunity to make decisions about their care and support arrangements.
- The registered manager held regular resident meetings which were also attended by the house-keeping and catering managers. These forums gave people occasions to comment on and influence the service. For example, people provided feedback about their meals and suggestions for activities over the Christmas period. Meeting records showed the registered manager asked if people found staff were polite and answering their call bells promptly, and people indicated they were. The registered manager also gave people information on service developments, such as staff recruitment and COVID-19 vaccinations.

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's dignity and privacy. Staff were able to explain how they did this when providing care. For example, always knocking on people's doors before entering and ensuring the doors and curtains were closed first. Staff had completed training on promoting dignity and respect. A healthcare professional told us staff supported people to their rooms for health assessments in private.
- People were encouraged to be independent where possible. For example, we saw people were supported to eat independently when they could and their food was cut up to help this. Some people were served 'finger food'. This is food designed so that people can feed themselves when they cannot manage cutlery.

Is the service responsive?

Our findings

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

This is the first inspection for this service since it newly registered with this provider. This key question has been rated 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; 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.

- Staff supported people in a planned way that recognised and met their individual care needs.
- People's care plans described people's likes and dislikes and daily preferences. For example, their known meal preferences, night time routine and if they liked their front door to be open or closed during the day. Plans also set out some information about people's life histories or backgrounds.
- Records of daily care showed people received care and support to meet their needs as planned.
- Care staff and nurses demonstrated a good knowledge of the care needs of the people they supported. Healthcare professionals also told us this and one commented, "[Staff] are aware of people's needs, habits and likes."
- People's care plans stated how people communicated and how to best approach a person if they were experiencing some distress. Plans also noted if a person lived with sensory or communication issues, such as if they used glasses or a hearing aid and required help to wear these.

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 offered a range of activities, curated by a dedicated activities coordinator. The coordinator explained that group sessions were informed by people's likes and preferences. We observed staff supporting some people to engage in an arts and crafts session during our visit, which people appeared to enjoy. We also noted a religious representative from the local community attended the home to conduct a service with some people.
- The provider supported people to receive visitors safely in line with national guidance at the time of the inspection. Staff had also supported some people to have telephone or video calls with family and visits in the garden when the weather had been suitable.

Improving care quality in response to complaints or concerns

- The provider had systems in place for responding to people's complaints.
- The registered manager recorded complaints and the actions taken to investigate and address these. They reviewed these records regularly and used learning from them to improve the service. For example, improving communication with people's relatives when the home had been contacted by health or care professionals at short notice. The provider also monitored complaints handling to ensure issues were

responded to.

- Most people we spoke with were not always clear if they knew how to raise a complaint, but said they would raise issues with care staff if they needed to. We saw information about how to make a complaint posted around the home.

End of life care and support

- The service supported some people at the end of their life to have a comfortable and dignified passing.
- Care plans contained information about people's wishes at the end of their life, including their spiritual preferences and religious customs. We saw some people's relatives had contributed to these areas of a plan with a person or to reflect their family member's wishes.

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.

This is the first inspection for this service since it was newly registered with this provider. This key question has been rated requires improvement. This meant while the service management and leadership were consistent, some systems did not always ensure people received safe, high-quality care.

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

- The provider carried out a range of checks and audits to monitor the quality of the service and make improvements when needed. This system had not always been effective as it had not enabled the provider to take timely action to address some of the areas for improvement we had identified.
- The provider's assurance systems had not identified and addressed risks to people's safety by always maintaining a safe environment.
- One person's care and risk management plans indicated they needed support to reposition their body every two hours to help maintain their skin integrity. However, daily care records over the four weeks prior to our visit did not always note that this support was provided as required, or was refused by the person. This meant the provider did not ensure there were always accurate, complete and contemporaneous records of people's care to provide assurance people were always supported to avoid harm. We raised this with the management team so they could improve the recording of people's daily care.

We found no evidence that people had been harmed however, systems were not being operated effectively to monitor quality. This placed people at risk of harm. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and deputy manager conducted assorted checks of the service and took improvement action in response to the issues they found. For example, they reviewed people's dining experiences, incidents and accidents, falls support, pressure sore prevention, treating people with dignity and fire safety practice.
- The registered manager maintained a robust system for monitoring these audits and other aspects of the service. This helped them to track complaints and safeguarding concerns, or ensure care plan reviews and staff supervisions took place when required. The provider and senior management also monitored this information.
- The registered manager notified the CQC of significant incidents, as required law. The provider displayed the previous inspection ratings at the agency's office and on their website. This helped people to find out about the quality of the service.

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

- People mostly spoke about the service positively. Staff and the management team demonstrated a sound awareness of people's care and support needs. A professional told us, "I can see staff are kind to [people]."
- Managers, care staff and nurses appeared committed to providing good care to people.
- Service records indicated the provider understood their responsibilities regarding duty of candour. There were processes in place to respond to concerns about people's care when things may have gone wrong, including investigating the issue and apologising when required.

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

- The staff felt supported by their seniors and the managers who they found approachable. Staff said they were listened to if they did raise an issue. One member of staff said, "[The] seniors and nurses are very supportive in this place."
- The registered manager held regular meetings with staff which enabled them to be informed about and influence the running of the service. Meeting records indicated they included topics such as infection prevention and control, laundry, effective communication with people's families, and promoting support with activities.
- The provider had conducted a staff survey to ascertain if staff were comfortable with the COVID-19 working arrangements, such as the testing systems. We saw the provider had acted in response to the feedback received, such as changing PPE supplies and providing a suitable bicycle for staff to use to travel to work.

Working in partnership with others

- The service worked in partnership with other agencies, such as therapists, social workers, consultants and healthcare professionals, to help to provide coordinated care to people.

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 registered person did not ensure care and treatment was always provided in a safe way for service users.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The registered person was not always effectively operating systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activity.