

Mrs Bernadette Tisdall

# Elmhurst Residential Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Elmhurst Residential Home is a residential care home providing accommodation and personal care to 29 people aged 65 and over at the time of the inspection. The service can support up to 30 people.

The care home is two houses joined together and has been adapted to meet people's needs.

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

People told us that they felt safe living at Elmhurst Residential Home. Staff were able to describe the signs of possible abuse and the steps they would take to safeguard people from potential abuse or harm.

Risk assessments in place identified people's risks associated with their health and care needs and gave guidance to staff on how to reduce risk and keep people safe from harm.

People received their medicines on time and as prescribed. Systems and processes in place supported this.

We observed there to be enough staff available to support people safely. Recruitment practices followed ensured suitable staff were employed to work with vulnerable adults.

Staff received appropriate training and support to enable them to support people safely and effectively.

People's healthcare needs were monitored and appropriate support and access to a variety of health care professionals was made available where required.

People were seen to eat and drink well. People were offered choice and where people had assessed specialist dietary needs, staff knew these and supported people accordingly.

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.

People were supported by staff in a way which promoted kindness and respect. Staff knew people well and supported them in ways which were responsive to their needs.

Care plans were person centred and listed people's needs and preferences on how they wished to be supported. Care plans were reviewed and updated regularly with any noted changes in people's care and support needs.

People and their relatives were involved in the care planning process. The registered manager had systems in place to monitor the overall quality of care people received so that the required improvements could be

made. However, these systems were informal and not always recorded.

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

#### Rating at last inspection

The last rating for this service was Good (published 5 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

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

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

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### 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 well-led.

Details are in our well-led findings below.

Good ●

# Elmhurst Residential Home

## 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.

#### Inspection team

The inspection was carried out by one inspector and two Experts 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. One Expert by Experience visited the home to speak with people and visiting relatives. The second Expert by Experience made telephone calls to relatives to obtain their feedback.

#### Service and service type

Elmhurst Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Prior to the inspection, we reviewed information we had received about the service since the last inspection which included notifications affecting the safety and well-being of people who used the service.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the registered manager, the deputy manager, the head of care, senior care workers, care workers and night care workers. We also spoke with two visiting healthcare professionals.

We reviewed a range of records. This included six people's care records and multiple medicine records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We spoke with nine relatives following the inspection to obtain further feedback. We also continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

At the last inspection we had identified concerns relating to recruitment processes followed by the provider when assessing staff as safe to work with vulnerable adults. The provider had made the required improvements to address these concerns.

- The provider ensured that relevant checks and verifications had been undertaken when recruiting staff so that only those staff assessed as safe to work with vulnerable adults were recruited.
- Staff files contained evidence of conduct in previous employment, a criminal records check, proof of identity, right to work in the UK and employment history.
- Throughout the inspection we saw that there were enough staff available to meet people's needs safely. One person told us, "From my angle I get what I want. Looking around they do a jolly good job. I am impressed with the staff."

### Assessing risk, safety monitoring and management

At the last inspection we identified concerns with the completion and recording of fire drill checks. The provider had made the required improvements to address these concerns.

- Risks associated with people's health, care and support needs were assessed and detailed guidance was provided to all staff on how to support people to remain safe and manage their identified risk.
- However, we did find for some people, that some specific risks associated with people's medical and care needs had not been assessed. This included use of a catheter or behaviours that challenged. This was highlighted to the registered manager and the head of care who immediately rectified this and provided us with the relevant completed risk assessments.
- Staff we spoke with knew people well and described their care needs and associated risks which included information about what they would do to support people safely.
- Routine health and safety checks were completed to ensure people's safety within the home. These included checks and tests of equipment and systems such as fire alarms, fire evacuation plans, emergency lighting, gas and electrical safety, lifts and hoisting equipment.
- The service had recently been inspected by the fire brigade service, where issues had been identified for the provider to address. The registered manager showed us the actions taken so far and plans in place to be compliant in this area.

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

- The provider had policies and procedures in place to guide staff on how to safeguard people from the risk of abuse and whistleblowing.
- The registered manager and the senior management team understood their responsibilities around reporting any concerns or allegations to the appropriate authorities.
- Staff received training on safeguarding people from abuse and demonstrated good knowledge on the different types of abuse, the signs they would look for to recognise possible and actions they would take to report their concerns.
- People told us they felt safe living at Elmhurst Residential Home. One person told us, "I do though feel safe here though." One relative stated, "Yes, she is happy there and trusts the nurses there."

#### Using medicines safely

- People received their medicines on time and as prescribed. Systems and processes in place supported this.
- Medicine administration records were clear and complete. There were no gaps identified in recording.
- Staff received the required training to administer medicines. Staff had also been assessed by the provider to confirm their competency in undertaking this task.
- Medicines were stored securely.
- Where people were receiving their medicines covertly, multi-disciplinary agreements were in place to ensure decisions had been made in the person's best interest. Covert medicine administration is when medicines are hidden in food or drink without the knowledge of the person.
- We checked a sample of medicines stocks and found that they corresponded with medicines records kept.
- Where people had been prescribed medicines that were to be given 'as and when required' (PRN), a PRN protocol was available which gave direction and guidance on how and when to administer the medicine. PRN medicines can include painkillers.
- Regular checks of medicine records and stock had been completed to ensure that people were receiving their medicines safely and as prescribed.

#### Preventing and controlling infection

- People were protected by the safe use of infection control procedures and practises.
- Staff had received training in infection control. Staff had access to personal protective equipment to prevent and control the spread of infection.
- We observed the home to be clean and free from malodours.
- During the inspection the service was also inspected by the food standards agency and were awarded a five-star rating. This gave us assurance that the service was following appropriate food hygiene procedures

#### Learning lessons when things go wrong

- Accidents and incidents were recorded with details of the event, the actions taken, and a post incident assessment especially where people had fallen and sustained injuries. A body map was also completed to record where on the body the injury was sustained.
- The registered manager told us that each accident and incident was always analysed and reviewed at handover or a meeting following the event to enable learning and improve practices
- However, the registered manager did not complete an overall analysis of accidents and incidents so that trends and patterns could be identified to support learning and development. The registered manager stated that going forward this process would be implemented.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs and choices were assessed prior to their admission to Elmhurst Residential Home. This allowed the provider to determine whether the service would be able to meet the person's needs effectively.
- Information collated was then used to compile the person's care plan which gave clear guidance and prompts to staff on how the person wished to be supported taking into consideration any risks, special needs and requirements.
- Care plans were periodically reviewed and updated as necessary so that care staff had access to the most current and relevant information about people to support them effectively.

Staff support: induction, training, skills and experience

- People were supported by staff that had received appropriate and relevant training to deliver safe and effective care.
- People and their relatives spoke positively about staff and told us that they believed them to be appropriately skilled and trained. One person told us, "From my experience yes I believe they have been trained as there are some difficult people here."
- All staff had received a comprehensive induction which included training in a range of care related topics as well as a period of working alongside a more qualified member of staff to gain experience. One staff member told us, "They [provider] are very much happy when you ask them for continuing learning as it means you are very much interested in giving your best in caring."

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

- People were supported to eat and drink well. People had access to drinks and snacks including fruit at any time. We observed that food was presented well on the day of the inspection.
- People were offered a visual choice of the meals on offer on the day so that they could decide about what they wanted to eat.
- People told us they enjoyed the food provided. One person said, "It is very good. It is varied. I am diabetic and I like savoury food with some salt, mind you not too much salt."
- Where people had cultural or religious dietary requirements these were catered for. One person told us, "I am vegetarian. I like the food they give me."
- Relatives also commented positively about the food provided at the home. One relative said, "Yes, its very good, she [person] need to go on a diet to be honest she loves the food."
- Staff were aware of people's specialist dietary requirements and supported people accordingly. Care plans recorded people's specialist needs as well as their likes and dislikes in relation to food and drink.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's health care and medical needs were clearly documented within their care plan. Where people required additional assistance and support, appropriate referrals had been made to a variety of health care professionals so that people received effective and timely care.
- Professional input was documented in people's care records with reasons for the specialist input and actions taken as a result.
- Daily handovers enabled the staff team to communicate with each other and exchange pertinent information about people and their health and care needs so that the care and support could be delivered effectively.
- People were effectively supported to maintain their oral hygiene. Staff told us of the importance of oral hygiene and the effects on people's health due to poor oral hygiene. One staff member explained, "It is really important. I am not really sure if I had any training but even if I haven't I know it's very important. People have their own toothbrush and we are trying to help and encourage them to do it."

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

- All areas of the home were accessible by people including the garden and outdoor spaces. Appropriate signs were available throughout the home to enable people to find their way around and locate their bedrooms and toilet facilities.
- People had decorated their bedrooms according to their choice and liking. Some people had been able to bring in furniture from their previous home so that a familiar surrounding could be created for their comfort.
- Further attention could be given towards additional enhancements within the home to assist people living with dementia. For example, use of colour, photographs, sensory items, personal memorabilia, all of which can aid and assist people's dementia journey.

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.

- The staff and the management team demonstrated a good understanding of the MCA and DoLS and were aware of their responsibilities to keep people safe.
- Applications of DoLS authorisations for people, where this applied, had been submitted to the local authority. Where authorisations had been confirmed alongside any conditions set, these had been reflected in people's care plans with details of actions taken to meet set conditions.
- Mental capacity assessments had been completed for people where specific decisions needed to be made in people's best interests.
- We observed that people were always asked for consent before being supported by care staff in all aspects of their daily living. Care plans evidenced consent to care had been obtained and where people lacked capacity, care plans recorded the involvement of relatives in the care planning process.

- Staff confirmed they had received training on the MCA and DoLS and were able to explain how they supported people in line with the key principles of the MCA.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- We observed people to be well treated and supported by care staff in a kind and caring manner.
- People told us that care staff were kind and caring. Comments included, "Oh good lord yes. They couldn't be kinder, they understand my needs" and "Oh yeah they are very kind, nothing is too much trouble." Relatives also confirmed this and told us, "As far as I can tell yes, they really seem to engage with the person and have a bit of fun" and "Yes, very kind and caring. They are all very good."
- Staff knew people well and we observed that positive and caring relationships had been established between them. One visiting health care professional told us, "Staff are caring. They all know their patients and they do quickly tell me what they need."
- Staff knew people's needs and wishes around any cultural and religious requirements that they had expressed. Care plans recorded people's religious needs and how they wished to be supported. One person told us, "Every now and again a local church comes and sings hymns."
- Staff also spoke about ensuring equality irrespective of people's religion, culture, sexual orientations and race. One staff member explained, "We are human beings and we have to respect their culture and their religion. We just respect each other, if they are lesbian or gay we have to respect. Respect is the best policy to apply."

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

- We observed that people were involved in and supported to make decisions about the care and support that they received.
- Relatives also told us that they were involved in the care planning process for their relative and that the service always kept them informed about their relative's health and welfare. One relative told us, "Yes, we were. We have meetings and they ask our opinion. They also advise us a lot."
- People's preferences about the what time they wanted to go to bed or wake, or the gender of the care worker that they would like to support them had been recorded in the person's care plan.
- People and relatives were supported to engage and participate in residents and relatives meetings where they were encouraged to give ideas and suggestions about care delivery and the management of the home.
- We saw minutes of meetings that had been taken to record discussion points which included activities, food and beverage and events. One person living at the home had taken on the responsibility for writing the minutes of each meeting.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and dignity. Feedback included, "Well darling they have

done it well and I am quite satisfied with what they do" and "Oh good lord yes they do. I am not ignored."

- We observed staff respecting people's privacy and dignity by knocking on people's bedroom doors before entering and speaking to people with respect. Staff also gave examples of how they respected people's privacy and dignity.
- Relatives confirmed that they had always observed respectful interactions between their relative and staff. One relative told us, "It's difficult but they do. They cover her up, they do try to be discreet about it."
- We saw staff providing kind and compassionate support to people throughout the day, and independence was promoted as far as possible. One staff member told us, "One person she likes to serve tea so we let her and we are by her side. Another person folds napkins and we let them and we encourage to do so. Some are able to do their morning things but just need supervision." During the inspection we observed what care staff had told us.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 care and support that was personalised and took into consideration their choices and preferences.
- Care plans were detailed, person centred and gave information about people, their support needs and how they were to be supported with these.
- However, we did find that very little information had been gathered about people and their life history, which would give staff insight into people's lives. This would enable care staff to deliver support and engage with people in a way which was responsive to their needs. The registered manager agreed that this would be an area that they would focus further on.
- Care plans were reviewed monthly or sooner if any significant change had been noted.
- People could not recall seeing their care plan, however, people told us that this did not bother them as they were happy with the care and support that they received which was responsive to their needs. One person told us, "No, never worried about."
- Relatives also gave mixed feedback about seeing their relatives care plan where some relatives had and some had not. However, again feedback was that this was not an issue as they were always involved in care planning and delivery. One relative told us, "No never seen it. But they are very good at keeping me informed like when my mother has water infections. I find them very accommodating."

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.

- Care plans recorded people's communication needs and how they were to be supported with these.
- The service was working in partnership with a local authority in implementing a sensory project where a sensory passport was developed for each person, listing their needs in relation to their hearing and sight.
- Staff had received training to check people's hearing aids, change batteries and how to identify any concerns with people's eyes. Following this, every six months, a health care professional visited the home and together with staff carried out sensory checks for people and where required made the necessary referrals for further treatment.

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

- We saw some people had developed positive friendships with each other and staff supported and

encouraged this.

- Staff supported people to maintain established relationships. Relatives and friends were able to visit people at Elmhurst Residential Home at any time. There were no restriction on visiting times and visitors were always welcomed.
- People and relatives told us that there were a variety of activities on offer and that people were encouraged to participate if they so wished. One person told us, "There are ball games and puzzles. There is also an entertainer that comes too." One relative said, "I think that they take account of each client and with mum they know her likes and dislikes. They had a BBQ in the summer and they take her outside. They have events where they invite the families and Christmas parties."
- During the inspection we saw people playing ball and board games and on the second day of the inspection an entertainer spent the afternoon singing songs. People were seen enjoying the entertainment immensely.
- Other examples of scheduled activities included knitting, parties, hand massage, walks in the park and going to the local café.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which was displayed in the main entrance of the home.
- People and relatives knew who to speak with if they had any concerns to raise and were confident that their concerns would be addressed immediately. One person told us, "I would speak to [deputy manager]." Another person stated, "I have nothing to complain about."
- Relatives told us, "Yes, I would go direct to [deputy manager] and she always listens, responds and acts accordingly" and "The manager she is always very helpful and kind."
- Complaints were clearly recorded, investigated and responded to in line with the provider's policy. The service demonstrated an open and transparent approach to dealing with complaints with a view to learn and make the required improvements.

End of life care and support

- At the time of our inspection nobody living at Elmhurst Residential Home was receiving end of life care, however, the registered manager and staff demonstrated a good understanding of how to support people when they were nearing the end of their life.
- Staff had received training around end of life care and support.
- Where people had made the advanced decision to not be resuscitated, this had been clearly documented within their care plan. This information was easily accessible to all staff.
- Although people and relatives preferences and wishes around their end of life had been requested, these had not always been recorded within the person's care plan. We found that odd notes had been made as part of pre-admission assessments, but an appropriate end of life care plan had not been compiled.
- The registered manager stated that they would ensure improvements were made in the recording of people's wishes going forward.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service aimed to create a positive culture which was person centred, open and inclusive, achieving good outcome for people.
- People and relatives knew the registered manager and the management team and were complimentary of the way in which the service was managed. People and relatives told us they found the registered manager and all staff approachable who listened to them.
- Staff also spoke positively about the registered manager and the management team. Feedback from staff included, "They are really nice, all of them, helpful and friendly, they listen to me all the time" and "With any problems in the home they try to find solutions, they do their best to help the staff. They are always on call especially for the night staff."

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 management team worked towards always being open and transparent with people, relatives, staff, visiting health care professionals and members of the community.
- Relatives told us that people were well cared for and that they were always involved in all aspects of their relatives care and support delivery. Communication between the service and relatives was good as they were always kept updated about their relative. One relative told us, "It is a lovely, caring environment. Lovely staff who are meeting the individual needs of my Dad."
- The registered manager and the management team understood their statutory responsibilities around notifying the CQC and the local authority of significant events, when required.

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

- The registered manager and the management team were clear about their roles and demonstrated a good understanding of their regulatory requirements.
- A range of checks and audits were completed to monitor and oversee the quality of care people received. These included medicine checks and audits, health and safety checks and care plan reviews. However, these checks were not formally recorded.
- We highlighted this to the registered manager who told us that they would going forward record all checks and audits. However, currently the registered manager gave assurance that they and management team took a very hands on approach and were aware of any issues or discrepancies within the home and that



these were addressed immediately to make the required improvements.

- Throughout the inspection we gave feedback to the registered manager and the management team, which was received positively, and clarification was sought where necessary.
- The service demonstrated a willingness to learn and reflect to improve the service people received.

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

- People, relatives, staff and visiting professionals were encouraged to engage with the service to give feedback about the quality of care provided as well as give their ideas and suggestions about improvements and changes that could be implemented.
- The most recent completed satisfaction survey was overall positive. Feedback from surveys with an analysis of results was then presented at resident and relatives meetings.
- People and relatives told us that they attended residents and family meetings and were also asked to complete satisfaction services to give their feedback. One relative told us, "Yes, we have attended and they explain things to us."
- Care staff told us and records confirmed that they were always involved in the management of the home and that various systems were in place which enabled them to share experiences, learn from each other and make suggestions. These included supervisions and regular staff meetings.
- One staff member explained, "The meeting is about how to improve the care, any problems, concerns so it's all talked out at the meeting and it's really important we attend. They are very open for discussions and if you have any concerns about the care and best interest of the residents, they are very welcome."
- The service worked in partnership with a variety of other agencies and community facilities to support people's care and wellbeing. This included healthcare professionals, the local authority, local care homes, local schools, mental health professionals and district nurses.