

Mr & Mrs T F Chon

Elmhurst Residential Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

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 people aged 65 and over, some of whom are living with dementia. The service is registered to support up to 34 people. At the time of the inspection there was 21 people living at the home. The home is a large adapted residential house which has living space and bedrooms over two floors

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

People told us they felt safe living at Elmhurst Residential Home. Safeguarding processes were in place to help protect people from the risk of abuse.

Risks associated with people's care had been assessed and guidance was in place for staff to follow to keep people safe.

People were protected from the risks associated with the spread of infection. The service was clean and well maintained.

There were enough numbers of staff deployed to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

Medicines were managed and administered safely. Staff received the required training and support and applied learning effectively in line with best practice. This meant people's needs were safely and effectively met ensuring a good quality of life.

Staff were caring and kind and relatives confirmed this. We observed staff responding to people's needs with dignity and respect.

There were quality monitoring systems and processes in place to identify how the service was performing and where improvements were required.

We have made a recommendation to the registered manager to source and provide appropriate training and development on the provision of meaningful activities.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 18 May 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in

breach of regulations.

Why we inspected

We carried out an unannounced focused inspection of this service on 11 March 2021. A breach of regulation 18, staffing, was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

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

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elmhurst Residential Home on our website at www.cqc.org.uk.

We also 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. This included checking the provider was meeting COVID-19 vaccination requirements.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This included checking the provider was meeting COVID-19 vaccination requirements. 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

This inspection was carried out by two inspectors 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 contacted people's relatives and friends by telephone to request their feedback and one Experts by Experience met and spoke with people living at the home.

Service and service type

Elmhurst Residential Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elmhurst Residential Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We looked at formal notifications that the service had sent to the CQC. Notifications are information that registered persons are required to tell us about by law that may affect people's health and wellbeing.

One Expert by Experience contacted relatives of people living at the home to gather their feedback on the quality of care people received. This exercise took place on 26 January 2022 and we spoke with 12 relatives.

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

During the inspection

We spoke with eight people who used the service about their experience of the care provided. We spoke with the registered manager and the activity co-ordinator. We undertook observations of people receiving care to help us understand their experiences, especially for those people who could not talk with us.

We reviewed a range of records. This included one person's care records and seven people's medication records. We looked at six staff files in relation to recruitment. A variety of records relating to the management of the service, including quality assurance and health and safety were also reviewed.

After the inspection

We spoke with the head of care, a team leader, a senior carer, two care staff, the cook and the laundry assistant. We further reviewed five care plans and associated records. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to implement effective systems to assess and determine people's dependency levels to ensure people's safety. This was a breach of regulation 18 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Throughout the inspection we observed there to be sufficient staff available to meet people's needs safely. We observed positive and meaningful interactions between people and care staff.
- Care staff were able to spend time with people on a one to one basis. During mealtimes we observed care staff taking the time to support people where required. This was done in a kind and caring way.
- We observed a variety of activities taking place during the inspection. However, we did note that the type activities delivered did not always take into consideration people's varying abilities and cognition. We have further reported on this under the well-led section of this report.
- People told us that they were well supported by care staff and that there were enough care staff available to support them. Comments included, "There are enough staff and the place is set out so we can get around" and "There's always someone about, so I don't feel worried about anything. I'm happy."
- Relatives also spoke highly of the care and support their family member received and confirmed that there were enough staff always available. Feedback included, "There are always carers around" and "There are enough staff in my opinion. They keep a close eye on residents."
- The registered manager told us that staffing levels were set according to people's dependency needs assessments. These would be adjusted or increased based on people's needs changing and an increase in occupancy.
- People were supported by care staff that had been assessed as safe to work with vulnerable people.
- Recruitment checks had been completed and assurances about staff suitability had been obtained which included criminal record checks and identity verification. We did find that a full employment history and gaps in employment were not always explored. We fed this back to the registered manager who assured us that going forward all recruitment checks would be comprehensively completed in line with the Health and Social Care Act 2008.

Preventing and controlling infection

- Procedures and processes were in place to prevent and control infection.

- We observed the home to be clean. Daily cleaning processes were in place to prevent the spread of infections. Current guidance was also available on managing COVID-19 safely.
- Staff told us they had access to Personal Protective Equipment (PPE) such as face masks, gloves and aprons, and regular training around infection control. Throughout the inspection we observed all staff to be wearing the required PPE appropriately.
- People and all staff were required to test for COVID-19 on a regular basis to ensure protection and safety from infection.
- Screening checks were undertaken to ensure all visitors were safe to enter the home in order to keep people safe from infection.
- The Government has announced its intention to change the legal requirement for vaccination in care homes, but the service was meeting the current requirement to ensure non-exempt staff and visiting professionals were vaccinated against COVID-19.

Assessing risk, safety monitoring and management

- People's risks associated with their health, care and support needs had been identified, assessed and documented within their care plans.
- Assessed risk included risks associated with moving and handling, continence, skin integrity and specific health conditions such as diabetes and dementia.
- However, in some care plans that we reviewed, where risk was identified, the information gathered did not always feed into a care and support plan. Whilst some guidance was available to care staff on how to support and manage risk, a specific care plan linked to the risk was not always available or where a care plan was formulated it lacked the required detail. This meant that care staff may not always have access to the required information to mitigate risk and keep people safe.
- We highlighted these inconsistencies to the registered manager who, following the inspection, immediately updated a care plan and sent us the updated version which incorporated our findings. The registered manager gave assurances that all care plans would be reviewed and updated.
- Despite the issues we found during the inspection we observed that care staff knew people well and that a risk assessment not being in place had minimal impact on the way in which people were supported to remain safe. One person told us, "I am safe to walk unaided, but I can get help from carers if I need it."
- Relatives also spoke highly of the way in which care staff supported their relative and that care staff knew each person very well. One relative told us, "These residents all have different needs, but I feel the staff are well trained and able to support them appropriately." Another relative said, "The care is good and they [care staff] know his needs, for example his lack of mobility."
- Health, safety, equipment and environmental checks were routinely completed to ensure people's safety.
- Personal emergency evacuation plans in place outlined people's specific support needs in an emergency.

Using medicines safely

- People received their medicines safely and as prescribed.
- People were supported to have their medicines by trained staff that regularly had their competency checked. Periodic audits were also completed to ensure people received their medicines safely.
- Where medicines were prescribed for use 'when required' (PRN) there was sufficient written guidance for staff to know when these medicines should be given. PRN medicines can be prescribed to relieve pain or anxiety.
- Medicines Administration Records (MAR) were complete. However, we did find that where there were handwritten entries these had not always been signed by two care staff to confirm that the entry was accurate and correct.
- Medicines were received, stored and disposed of safely and checks showed that overall, medicine stocks matched records. We did identify that where people had been prescribed a variable dose of one or two

tablets for a specific medicine, care staff had not always recorded clearly whether one or two tablets had been administered. This meant that it was difficult to reconcile certain stock levels to ensure people were receiving their medicines as prescribed.

- We highlighted these minor discrepancies to the registered manager who stated that these would be reviewed to implement the required improvements going forward.

Systems and processes to safeguard people from the risk of abuse

- Policies and procedures were in place to safeguard people from the risk of abuse.
- People told us they felt safe living at Elmhurst Residential Home and were happy. Feedback included, "There's always someone about, so I don't feel worried about anything. I'm happy" and "I'm safe and I'm comfortable."
- Relative also told us that they were confident with the care and support that their family member received which ensured their safety. One relative told us, "[Person] is safe here. The place is secure but also I trust the carers to look after him well." Another relative commented, "[Person] is certainly safe here. They support her well."
- Staff understood safeguarding and described how they would identify, and report concerns or signs of possible abuse. Staff told us they had received safeguarding training which was regularly refreshed.
- The registered manager understood their responsibilities around reporting safeguarding concerns to all relevant authorities including the Care Quality Commission.
- Where people lacked mental capacity and were deprived of their liberty, the required legal authorisations were in place to ensure people's safety in line with the key principles of the Mental Capacity Act 2005.

Learning lessons when things go wrong

- Safeguarding concerns, complaints, accidents and incidents were documented with details of the incident and immediate actions taken to ensure people's safety.
- The registered manager undertook a review and analysis of all accidents and incidents to identify trends and patterns, to ensure the required learning and improvement could be implemented.

Is the service well-led?

Our findings

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

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

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

- People told us that they were happy living at Elmhurst Residential Home and were supported by care staff that were kind and caring. One person told us, "This is a good place for us to be: all our comforts are here, and we are happy." Another person stated, "Everyone is very friendly and supportive."
- Relatives praised the care staff and management of Elmhurst Residential Home, telling us that their family members received good quality care which met their needs. Feedback included, "It feels like a person-centred place. They get to know the residents as individuals which gives me confidence" and "The quality of care is so good and personalised."
- People and relatives also told us that they knew the registered manager well and found her to be open and approachable. Communication was positive. We observed that people responded to the registered manager well and approached her with confidence.
- Whilst we saw positive outcomes for people living at Elmhurst Residential Home, we did identify some concerns with the provision of activities. Activities organised and delivered did not take into consideration people's different levels of cognitive abilities.
- During the inspection we observed activities to be taking place which involved people within a group and on a one to one level. People told us, "I never get fed up or bored. I'm a nosey person so like watching what's going" and "I keep busy colouring things in and I watch TV in my room." Other people were not so positive in their feedback and told us, "They don't provide for the variety of people here. We get lumped together. Very few can communicate sufficiently. Why don't they put the able people together and do things with them" and "I have problems using my arms and they are painting now but I can't join in. Nothing gets adapted for me." People's feedback was further supported by what relatives also told us. Comments included, "I do feel they could do more to occupy the residents. [Person] has dementia but stimulation is still important" and "He gets bored because he says there's not enough to do."
- Our observations and the feedback from people and relatives were presented to the registered manager who agreed to consider training and development for care staff to implement the required improvements.

We recommend that the registered manager access appropriate training and development for staff on the provision of meaningful activities which meet the varying needs of people living at the home.

- Following the inspection, the registered manager sent us evidence of improvements they had made in the delivery of a variety of activities in response to people's needs and wishes.

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

- The registered manager was clear about her role and understood the importance of monitoring quality and risk. The required systems and processes were in place to maintain quality and safety.
- Several audits and checks were undertaken to monitor and oversee the quality of care people received. These looked at health and safety, medicines management, infection control and night-time spot checks.
- Where we found minor issues and discrepancies during the inspection, these had not always been identified through the audit processes used. This was highlighted to the registered manager who agreed to ensure audits and checks were comprehensively completed.
- During and following the inspection, where issues were identified these were discussed with the registered manager who promptly acted on our feedback and provided evidence and assurance that the concerns identified had been and would be addressed going forward. This gave reassurance that our feedback was acknowledged and that the registered manager was open and willing to continuously learn, develop and improve the quality of care delivery.
- The registered manager encouraged and promoted learning, development and improvements within the home. Where accidents/incidents had occurred, or complaints or safeguarding concerns had been raised these were discussed with the staff team so that change and improvements could be implemented where required.

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

- People and relatives knew the registered manager and the management team and felt confident in approaching them with their comments and concerns. One person told us, "I get on well with [registered manager], she is very kind and if I had a problem, I could speak to her." Relatives told us, "[Registered manager] is fantastic, a star. She is exceptional with her knowledge of the place, her awareness of residents. She informs us immediately if there's something I need to know" and "[Registered manager] is very good; she's personable and will talk freely, so I'd be comfortable complaining to her, she'd listen."
- We saw that people were involved with day to day decisions about the care and support they received. Relatives also confirmed that they were kept updated about their family member and any changes on a regular basis.
- We saw minutes of monthly residents' meetings. Topics for discussion included the environment, catering, COVID-19 and activities
- Some relatives confirmed that they had completed satisfaction surveys in the past but that they also felt comfortable speaking directly with the registered manager or the head of care if they had any feedback to give. One relative told us, "I've had a questionnaire, but generally I know what's going on. If there's a problem they phone me."
- Relatives also told us that communication during the pandemic had been good and that the home kept them regularly updated through emails, telephone calls and newsletters.
- Care staff told us that the registered manager was very supportive, approachable and listened to their ideas and suggestions. Regular staff meetings enabled staff to receive regular updates, share experiences and review practices.
- The home worked in partnership with other agencies to support people with their physical health.
- Records seen confirmed that referrals had been made to various healthcare practitioners and these were followed up appropriately.

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 registered manager understood their responsibilities around duty of candour and being open and

honest when something had gone wrong.