

## South East London Baptist Homes

# The Elms

### Inspection report

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27 October 2022

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Inspected but not rated

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

The Elms is a residential care home providing personal care and accommodation for up to 26 older people and people living with dementia. At the time of this inspection 20 people were residing at the service.

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

The home was not managed safely. Medicines, including topically applied creams were not managed in line with current best practice guidelines. The risks related to COVID-19 were not always safely managed and government guidelines were not always followed. Risks to people's safety were identified and reviewed regularly, however, care plans lacked essential detail on how risks should be mitigated.

Care plans did not always contain sufficient detail to ensure people's needs and preferences were upheld and some care plans were not reviewed regularly.

Despite the issues we found we received positive feedback from people and their relatives about the quality of care they received. Comments included, "We are more than satisfied that the staff look after [family member] well in very trying circumstances" and "The interactions are caring, it is more like a home from home with a homely feel."

People were supported by staff who knew how to protect them from abuse and harm. Allegations of abuse were reported to the appropriate authorities.

The provider had made improvements to how they supported people to make decisions and consulted with people's representatives. 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 supported best practice.

Despite many improvements the monitoring and auditing systems were not always effective and had not identified the ongoing issues we found with care plans, risk management, medicine management, infection control procedures and recruitment.

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 and update

The rating for this service was requires improvement (published 7 March 2022) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do to improve and by when. Although we found some improvements at this inspection the provider remained in breach of several regulations. The service remains rated requires improvement for three consecutive inspections.

### Why we inspected

We carried out an unannounced focused inspection of this service on 23 December 2021 and breaches of legal requirements were found. We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This focused report covers the entirety of the key questions Safe and Well-Led and part of the key question Effective. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

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 coronavirus and other infection outbreaks effectively.

We have found evidence that the provider needs to make further improvements. The overall rating for the service has remained requires improvement. The key question Well-led has improved to requires improvement based on the findings at this inspection. Please see the safe, effective and well-led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Elms on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified continued breaches in relation to the recruitment of staff, management of medicines, infection prevention and control practices, person-centred care and the monitoring and auditing of the quality of people's care and support. We have sent a Regulation 17(3) Letter to the provider in relation to their failure to effectively operate systems and processes to assess, monitor and improve the quality and safety of the services provided in carrying on the regulated activities. A Regulation 17(3) Letter stipulates the improvements needed to meet breaches of regulation, seeks an action plan and requires a provider to regularly report to CQC on their progress with meeting their action plan.

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.

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

### Follow-up

We will meet with the provider to discuss how they will implement their action plan and make the required changes to ensure they improve their rating to at least good. We will work alongside the provider and the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this question we had specific concerns about.

**Inspected but not rated**

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# The Elms

## 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.

#### Inspection team

This inspection was carried out by two inspectors 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

The Elms 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection visit there was not a registered manager in post. However, a newly recruited manager started after our inspection visit with the intention of applying to be the registered manager of the service.

#### Notice of inspection

This inspection was unannounced. Inspection activity commenced on 25 October 2022 with a visit to the service. Inspection activity continued on 27 October with calls to people receiving care and their relatives.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used all of this information to plan our inspection.

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.

During the inspection

We spoke with the deputy care manager, the administrator and a senior care worker. After the inspection visit we made calls to 8 people and 5 relatives to get their feedback about the care they received. We also received written feedback from 3 relatives. We also made calls to 4 care workers to get their feedback on the management of the service.

We reviewed a range of documents which included five people's care plans, cleaning schedules for the premises, medicines administration records and five staff recruitment files. We also reviewed records relating to the management of the service, including infection prevention and control policies and procedures.

# 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 the rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

At our last inspection the provider did not always demonstrate safe recruitment practices for appointing new staff. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- At our last inspection the provider was failing to obtain a full employment history and explore gaps in employment when recruiting new staff. At this inspection we found the provider had not obtained a full employment history and/or explore gaps in employment for four of the five files we reviewed during this inspection.
- The process for assessing and managing risks when appointing someone with specific information on their Disclosure and Barring Service (DBS) was not robust as risk assessments did not adequately show how risks indicated on the DBS were being mitigated.

Safe staff recruitment systems to protect people were not always demonstrated. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found the provider was not ensuring sufficient numbers of staff were deployed and did not demonstrate an effective system for determining staffing levels. This was a breach of regulation 18 (Staffing) 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.

- At the last inspection people were being placed at risk of unsatisfactory care due to insufficient staffing on night shifts. The provider had made improvements and had increased the night-time staffing levels.
- At the last inspection we found there were not enough domestic staff on duty to keep the service clean at all times. The provider had also increased the levels of domestic staff to ensure sufficient numbers of staff were deployed at all times to keep the home clean.
- The provider was regularly assessing people's dependency needs to ensure they had sufficient staffing to

meet these. Despite improvements we received mixed feedback from staff about the numbers of staff on duty. Some staff said, "Things have improved and I think we now have enough people on shift." whilst others told us, "It has got better but I think we need more staff, especially when there is sickness or emergencies." None of the staff we spoke with had concerns that staffing levels were exposing people to the risk of unsafe care.

- The deputy manager told us they had experienced ongoing challenges with recruitment but they were mitigating this with the use of regular agency staff. The provider was actively recruiting and was hoping to increase the numbers of permanent staff employed at the service. People receiving care told us they were happy with the amount of staff on duty and were not affected by the use of agency staff. We received comments such as, "They use agency but not often, it has been alright with me" and "I have a bell in my room, they come almost immediately."

#### Using medicines safely

At the last inspection the provider did not ensure appropriate practices were in place to enable people to safely receive their medicines. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Systems for ensuring people were safely supported with their medicines in accordance with best practice were not sufficiently robust. At the previous inspection we found medicines were not being managed safely as medicines administration records (MARs) for people being prescribed topical creams were not being completed in line with the prescriber's instructions. We have identified further issues at this inspection.
- One person was prescribed a topical cream and the MAR stated this should be administered at least three times a day. The MAR showed staff were only signing to indicate they had administered this once a day. Another person had been prescribed an ointment to be applied twice a day. Similarly, their MAR showed it was only being applied once a day.
- We also found the systems for checking medicine stock levels was not sufficiently robust to identify potential medicine administration errors. There was no routine stock check of medicines which meant the provider would not be aware if medicine administration errors had occurred.

The failure to ensure safe management of medicines and follow best practice guidance was a continued breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

#### Preventing and controlling infection

At the last inspection the provider did not ensure there were sufficiently robust systems in place to protect people from the risk of infection. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- At the last inspection we found the provider was not managing infection control well and government guidelines were not always being followed. Although some improvements had been made we identified further issues with the management of infection prevention control and government guidelines were not always followed.



- The provider had put in place COVID-19 risk assessments for all residents, however, these were not person-centred and did not consider the risk of people acquiring an infection whilst accessing the community.
- We also found risk assessments had not been updated to reflect changing government guidance as many risk assessments contained actions to minimise risk such as regular COVID-19 testing which was no longer being carried out. The provider was also not following current government guidelines when admitting new people as there was no record of COVID-19 tests when people first came to the service.

Suitable actions to assess the risk of, and prevent, detect and control the spread of infections were not in place. This was a continued breach of regulation 12(2) (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People confirmed the provider followed safe procedures when managing visits to the home and the home was clean and hygienic. One person told us, "It is very good, clean, we took tests before we went there and got checked at the door, they were very scrupulous. The staff always wear masks."
- Staff received infection prevention and control (IPC) training and were observed to be wearing appropriate personal protective equipment (PPE). Domestic staff followed cleaning schedules to ensure the service was clean and hygienic. The infection prevention control lead for the service conducted regular IPC audits to identify and address any issues.

Assessing risk, safety monitoring and management;

- The provider routinely assessed and reviewed the risks to people's safety and wellbeing. However, risk management guidance was not always in place for all the identified risks.
- The management of risks related to skin integrity was not well managed. One person's care plan showed they had a pressure ulcer that was being treated by the district nurse. There was no guidance in place to ensure staff understood how to deliver care safely whilst mitigating the risks of further deterioration. Another person's skin integrity assessment had not been updated when they received a diagnosis of a health condition which would indicate they were at increased risk of skin breakdown.
- Another person's care records showed they had experienced a fall within the home which resulted in hospitalization and surgery. A falls risk assessment had been carried out which was regularly reviewed but there was no falls prevention plan in place to instruct staff on the actions to take to mitigate the risk of further falls for this person.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the issues with risk assessments people told us they were confident staff were helping them to stay safe. Comments included, "I definitely feel very safe here, it is a secure place, if I am worried I have got staff around me and I can talk to them" and "I have to be hoisted and they do that very carefully."
- Staff received relevant training to promote people's safety and minimise their risk of harm. This included training for fire safety, food hygiene, first aid, moving and positioning people, and health and safety.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding procedures. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied their concerns were being taken seriously.
- The provider alerted the local authority about any safeguarding concerns and notified CQC. The provider gave staff information about how to whistle blow, which is when a worker reports wrongdoing at their

workplace.

# 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. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

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 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.

At the last inspection we found the provider did not have consistent processes to protect and support people who lacked capacity to make their own decisions and enable people to lead their lives with the least possible restrictions. This was a breach of regulation 11 (Need for consent) 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 11.

- At the last inspection we found capacity assessments were not reviewed when people's changing needs indicated they were no longer able to make informed decisions about their care needs. This meant there was a risk that some people did not have capacity to consent to all aspects of their care and support and best interests meetings had not been carried out. The provider had made improvements and had conducted capacity assessments for the people we previously had concerns about.
- When people were assessed as lacking capacity to consent to their care DoLS applications were sent to the local authority to ensure people's freedoms were not unlawfully restricted.
- Staff had received MCA training and understood the importance of supporting people to make decisions and choices wherever possible about how they wished to receive their care.

# 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 inadequate. At this inspection this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At the last inspection we found care plans were not always person-centred. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made and the provider was still in breach of regulation 9.

- Although we found some improvements had been made to some aspects of the care plans, we found further improvements were needed. We found most people's care plans were reviewed every three months although risk assessments were reviewed monthly. This meant we could not be assured that any changes identified in the monthly review of the risk assessments would be reflected in people's care plans.
- One person's care plan had been written in November 2021 but had not been reviewed again since then. This was not in line with the provider's policy and we could not be assured the care plan was an up-to-date reflection of the person's needs.
- Another person who had recently been admitted to the home had a care plan which did not contain information for several key aspects of their care. For example; the emotional and behavioural care plan, night-time care plan and activities and religion care plan had not been completed so staff would not know how to meet the person's needs in these areas.

These issues were a continued breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Despite the issues with the quality of the care plans people told us they received a kind and caring service that met their needs and preferences. Comments included, "They accommodate each person to their individual needs as far as I can tell" and "It is excellent, I have been here for many years and would not want to go anywhere else."
- People also told us the food was good quality and their choices were promoted. Comments included, "They do give me enough choice and I get on well with the chefs, food is very well cooked and a fair bit of good variety."
- At the last inspection we found care plans contained inflexible instructions that people must be got up at a specific time. The provider had made improvements and we found people we now getting up at a time of

their own choice. During the inspection visit and telephone calls made after our visit people told us it was their choice about what time to get up and start there day at that time. Comments included "I tend to wake up when I want, I can lay in bed if I want to."

- These improvements were confirmed by staff. Comments included, "That practice is no longer happening which is a great improvement" and "People get up when they want now."

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

At the last inspection the provider did not establish and operate effective systems to assess, monitor and improve the quality of the service, mitigate the risks relating to people's health, safety and welfare, and maintain accurate and contemporaneous records for each person. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Despite some improvements, the provider's quality assurances process had not identified the issues we found with risk assessments, medicines, care plans and recruitment. This meant people using the service continued to be at risk of receiving unsafe and poor-quality care.
- At the last inspection people were not satisfactorily protected from the risks of COVID-19. Although the provider had made some improvements we found further issues with the management of these risks and government guidance was not always being followed.

The failure to assess, monitor and improve the quality of the service, mitigate the risks relating to people's health, safety and welfare was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the last inspection we found the provider was not ensuring the registered manager had the necessary qualifications, skills and experience to manage the carrying on of the regulated activity. This was a breach of regulation 7 (Requirements relating to registered managers) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 7.

- The registered manager that was in place at the last inspection was no longer in post. The provider has recruited a new manager who will be submitting an application to be the registered manager of this service.
- The service had been temporarily managed by the deputy manager whilst the new manager was waiting to start. Staff spoke positively about how the deputy manager had managed in that time. Comments included, "[The Deputy] listens to us and takes things on board" and "The team have worked together and we communicate better now which is an improvement."

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

- At the last inspection we found there was a lack of consultation with people's relatives or other representatives when people lacked capacity to make decisions about their care. The provider had made

improvements and care plans now showed where family members had been consulted if people did not have capacity to make decisions for themselves. People's relatives told us they were regularly consulted. One relative told us, "I don't have any issues, they call me and I do get enough information, they keep me abreast."

- People told us the staff consulted with them and kept them up to date about important changes. Comments included, "Staff do ask our opinions on things" and "We have residents' meetings. We talk about the decoration of the home or the food. They also ask us how we are getting on with new 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 provider was aware of the necessity to demonstrate duty of candour, which is a legal duty for providers to act with integrity and in an open way. This includes the need to be transparent when investigating complaints and apologise if something goes wrong.

Working in partnership with others

- The provider continued to work in partnership with external health and social care professionals to improve people's care and support.

- People continued to receive support from external religious ministers to meet their social and faith needs. The provider also regularly invited students from a local school to come and interact with people at the service. One person told us, "The students come and talk to us which is great. It's positive and interesting listening to their ambitions."

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>The provider was failing to ensure people were supported to receive personalised care that met their needs and preferences.</p> <p>9(1)(2)(3)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider did not do all that was practicable to ensure care and treatment was provided in a safe way as risks to people were not always mitigated.</p> <p>The provider did not ensure people's medicine needs were safely managed.</p> <p>The provider did not ensure people received care that protected them from the risk and spread of infection.</p> <p>12(1)(2)</p>
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not ensure suitable processes were in operation to assess, monitor and improve the quality and safety of the service provided to people and assess, monitor and mitigate risks relating to people's health and safety.</p> <p>17(1)(2)</p>

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

The provider did not ensure the safe recruitment of staff.

19(1) (2)