

Elysium Care Partnerships Limited

Elysium Care Partnerships Limited - 78 Park Road

Inspection report

78 Park Road
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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

Elysium Care Partnerships Limited - 78 Park Road is a residential care home providing personal care to up to seven people. The service provides support to younger people with a learning disability in one adapted building. At the time of our inspection the home was at full capacity.

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

Right Support: People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service had enough staff, including for one-to-one support for people to take part in activities and visits. The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) and ensured that people's medicines were reviewed by prescribers in line with these principles. People received support to eat and drink enough to maintain a balanced diet.

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.

Right Care: Staff assessed people's sensory needs and did their best to meet them. People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support, trauma-informed care, human rights and all restrictive interventions. Multi-disciplinary team professionals were involved in and made aware of support plans to improve as person's care. Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. Staff provided person-centred support with self-care and everyday living skills to people.

Right Culture: Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. Management and staff put people's needs and wishes at the heart of everything they did. The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed. The provider sought feedback from people and those important to them and used the feedback

to develop the service. The service worked well in partnership with advocacy organisations and other health and social care organisations, which helped to give people using the service a voice and improve their wellbeing.

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

Rating at last inspection

The last rating for the service under the previous provider was outstanding, published on 05 February 2019.

Why we inspected

We undertook this inspection as part of a random selection of services rated Good and Outstanding.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elysium Care Partnership – 78 Park Road on our website at www.cqc.org.uk.

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?

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 ●

Elysium Care Partnerships Limited - 78 Park Road

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 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 three inspectors.

Service and service type

Elysium Care Partnerships Limited - 78 Park Road 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. Elysium Care Partnerships Limited - 78 Park Road is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 10 October 2022 and ended on 15 October 2022. We visited the location's service on 10 October 2022.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We reviewed information we held about the provider such as statutory notifications they are required to submit to us. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager and four care workers.

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 reviewed three people's care and medicines administration records. We reviewed a relation of documents in relation to the management of the service such as policies, incident and accident records and quality assurance checks. Following the inspection we received feedback from four relatives and healthcare professionals.

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 good. The rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Potential risks to people were assessed and managed to reduce the likelihood of their occurrence. There was clear guidance as to how behaviours that may indicate anxiety or distress are managed. This included why the behaviours occurred, why intervention was needed and any antecedents that can increase behaviours. Steps were in place to guide staff as to how to respond to individuals in order to keep them safe.
- Individual risk assessments were in place for presenting health conditions, and this included highlighting how symptoms may present and the actions staff needed to take.
- We identified that some risk assessments were plentiful in the risk information they provided, but that this meant some key areas of risk management were not always highlighted as clearly as they could be. We raised this with the registered manager who told us risks in relation to this were mitigated as staff were long-standing and knew people well. They told us they would take action to review their paperwork format and we will review this at our next inspection.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt their loved ones were safe. Comments included, "I feel that [person] is very safe in the service" and "Yes, I know that he is safe there, [registered manager] is very good at ensuring safety."
- People were safeguarded from the risk of abuse. Staff were able to identify different types of abuse and how they may present. Some of the staff we spoke with were not clear on the external agencies they were able to report safeguarding concerns to. We raised this with the registered manager who advised this was likely due to nerves but promptly arranged a staff briefing following our inspection. We were satisfied with their response.
- Where safeguarding concerns were raised the provider took appropriate action to ensure these were investigated. Records showed that concerns were raised with the local authority in a timely manner.

Staffing and recruitment

- Staff were safely recruited. This included checks for proof of identify, previous employment references and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Some relatives raised the issue of staff turnover, however also noted that this had improved lately.
- Staffing levels were sufficient in meeting the care needs of people that lived at the home. Staff reported that additional night staff would be beneficial; this was being addressed by the provider. We will review their progress with this at our next inspection.

Using medicines safely

- People received their medicines when they needed them. Where people were prescribed 'as required' [PRN] medication the reason for their administration was clearly recorded. Running balance checks were kept to ensure medicines totals were accurate.
- The provider worked within the STOMP principles. This is stopping the over-medication of children and young people with a learning disability and/or autism. Recent reviews of one person's psychotropic medication led to a reduction in medication and improved quality of life for the person.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents and accidents were promptly recorded as they occurred. Full incident investigation reports were completed to determine how incidents may have happened, with clear accountability as well as actions to address.
- The service had clear communication pathways across the provider and with other healthcare professionals to ensure lessons learned were shared, and that the likelihood of incident reoccurrence was reduced.

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 our last inspection we rated this key question good. The rating for this key question has remained good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff received support and development opportunities to help them carry out their roles. We reviewed the provider training matrix and found that the majority of staff were up to date with all provider requirements. Where refresher trainings were needed, these sessions had been booked.
- Staff were positive about the induction they received upon commencing their roles. They told us they received enough training and time to shadow other staff before being assessed as competent in their roles.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Staff were not always clear on the principles of the MCA, although they understood the importance of consent. We raised this with the registered manager who promptly raised a staff briefing to ensure staff knowledge was refreshed. We were satisfied with their response.
- Best interest decisions were recorded in people's care file, documenting the involvement of relevant care professionals in ensuring decision making was not restrictive.

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

- People were referred to other healthcare agencies in a timely manner. Records showed that people received regular support from psychiatrists, GPs, dental care and other relevant professionals.

- A healthcare professional said, "Their in house PBS service works collaboratively with to ensure that residents who present in crisis have access to the multi-disciplinary team (MDT) and allows for risks to be identified and managed appropriately. The high quality MDT input often means that residents do not require hospital admission and can be managed in the community."
- Relatives told us, "The staff prepare [person] for the appointments and they do this very well. The have supported him to have the COVID and Flu jabs which was excellent and very reassuring for us."

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

- People's care needs were assessed prior to them moving into the home, this included liaison with relevant healthcare professionals and relatives. The provider utilised their in-house PBS team to support behaviours and ensure care delivery followed best practice.

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

- People were supported with their dietary requirements. Care records detailed whether people had any allergies or needed any support in managing behaviours in response to food.
- People had eating and drinking care plans in staff which guided staff in making sure people's preferences were met.

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

- The service was adapted to meet the needs of people living there. Communal areas were spacious and allowed for people to integrate as well as undertake activities. One area was able to be used as a sensory room. This is a therapeutic space designed to develop a person's sense, usually through special lighting, music, and objects
- People's rooms were clean and of a suitable décor. Bedrooms were furnished to meet the needs of individuals, and allowed for display of personalised items.

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 our last inspection we rated this key question good. The rating for this key question has remained 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

- People were treated well by staff and relatives felt they were well cared for. Comments included, "Yes, I am very happy with the care and can see that [person] is well looked after" and "Yes, really happy the staff are really caring." Other professionals said, "Staff are warm, empathic and support the residents well."
- Some relatives did raise with us the difference in culture between staff and some of the people living at the home; and how this can impact on their understanding of some people's needs.
- The home was staffed by a multi-diverse team and created the opportunity for people to explore different cultures through a Colour Kitchen Club where both people and staff were able to present their culture and traditions through food, music and folk stories.
- The registered manager assured us that staff receive annual equality and diversity training. In addition to this, they initiated an open-door day where each family will be given an opportunity to observe the service and share their views on the quality of the care
- Care records reflected any cultural or religious needs that people needed support with. This included support with culturally relevant meals and support with attendance at chosen places of worship.

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

- People's views were reflected within their care records and staff supported people to express themselves. This included the use of pictorial expression scales and using people's verbal and non-verbal communication preferences.
- People were supported through regular reviews of their care, and goals set to support and enhance their quality of life. This ranged from improvements in day to day living skills, to community activity engagement.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Where people wished, they were able to lock their rooms. Staff understood how to respect people's dignity when delivering personal care.
- Relative's said, "Really all [person] needs is to have good caring people around him who are kind to him, nice food, wear nice clothes and that's what makes him happy and that's what meets his needs" and "[Person] is always clean and nicely dressed when he comes to me."
- Staff supported people with their independence. They told us, "We support [people] to make their own breakfast, one person makes their own cup of tea, so we are there to help them,"

Is the service responsive?

Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good.

This meant people's needs were met through good organisation and delivery.

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

- The ability to engage in community activities had been impacted by the COVID-19 pandemic. Relatives told us that some activity engagement had been slow to return. Comments included, "The staff do try but we would like to see more activities" and "Before COVID-19 there seemed to be more going on as far as activities go but as we've come out of COVID-19 there doesn't seem to be the same level as before."
- The service was making efforts to support people to participate in a range of activities that enhanced their social interactions and improved their social wellbeing. During the COVID-19 pandemic the service introduced a magazine of 'pandemic proof' activities for people living at the home. This magazine contained 78 different activities that were autonomous of any restrictions but still in line with government guidance. The content of the magazine contained a variety of options such as day trips, physical activities, virtual activities, board games and helping with household chores.
- On the day of inspection, we observed that people were well engaged with a music therapy session. Staff were proactive in supporting people to access the community for shopping or meals out. Staff told us, "We go companion cycling, to music sessions, hydrotherapy, swimming lessons and horse riding. We can do drawing, lego and puzzles."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was personalised to meet their needs and preferences. Care records were comprehensive in detailing people's needs and how they wished to be cared for. This included personal care products they liked to use, the ways in which they wished them to be applied and whether staff were required to support or prompt.
- Care plans addressed a variety of needs that were specific to individuals. For example, sleep routines, communal area support, community access care plans and communication and interaction support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard (AIS) tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had a clear AIS policy in place that detailed how the service supported people with their

communication needs. Communication profiles included clear pictorial guidance as to how people needed to be supported to express themselves.

- Behavioural risk assessments were pictorial and clearly detailed non verbal and preferred methods of communication.

Improving care quality in response to complaints or concerns

- A suitable complaints policy was in place that determined the provider response timeframes when concerns were raised.
- Relatives said, "If I have a concern I always raise this with the staff and it is dealt with very quickly, so I am happy with this" and "I haven't made a complaint, but I have brought issues of concern to [registered manager] and I always get a quick response and I am happy with that."

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 outstanding. 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; Working in partnership with others

- People's relatives were positive about the impact the registered manager had on the service. Comments included, "I can't praise the service enough, I have huge faith in the [registered manager]" and "[Registered manager] makes sure things are put in place and he does this very quickly."
- Staff were equally as complimentary about the support they received from the management team. They told us, "[Registered manager] is amazing, very good, he listens to everyone" and "I think all staff are happy to go directly to him and tell him our problem, we wouldn't hesitate."
- A healthcare professional said, "The service is managed by [registered manager] and he is a fantastic manager who leads his staff team well."
- The service worked alongside other professionals to ensure that people received a service that met their changing needs and provided continuity of care. For example, regular telephone catch-ups and video appointments with a named GP throughout the COVID-19 pandemic to ensure continuity and help reduce the care homes' isolation.

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 responsibility under the duty of candour and ensured apologies were made where mistakes occurred.
- There was a safeguarding monthly newsletter that included lessons learned, including those that occurred at the other homes of the provider so that improvements could be shared.

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 on the regulatory requirements, and the need to submit notifications of significant incidents to the CQC. Records showed that the service was compliant with this.
- Regular audits of service delivery were carried out to review any actions to drive service improvement. Weekly medication audits promptly identified any improvements needed to medicine administration, and care records were regularly updated and reviewed.

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

characteristics

- People, their relatives and other professionals were consulted on their views about the service. This included regular surveys and phone engagement with those who were key to improving people's care delivery.
- Residents had regular meetings to review their goals, using their preferred communication methods and relatives told us they felt fully engaged with the home's management.