Elliott Residential Care Home

# Elliott Residential Care 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 |

## Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

Our last inspection took place on 20 May 2013. We found then that the provider met the essential standards of quality and safety.

Elliott Residential Care Home provides accommodation for up to 17 people with learning disabilities and mental health conditions. There were 15 people using the service at the time of our inspection. The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

# Summary of findings

People who used the service spoke positively about their experience of the service. Our own observations and the information in care records showed that people had been cared for and supported in line with their agreed care plans.

Staff had received appropriate and relevant training to be able to meet the needs of people who used the service. Staffing levels were determined by the dependency levels and care needs of people who used the service. Enough staff were on duty to meet the needs of people.

Senior staff understood the relevance of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects vulnerable people who are not able to make decisions for themselves and who are or may become deprived of their liberty through the use of restraint, restriction of movement and control. No DoLS had been authorised but the provider was in the process of considering whether to make an application for a person who used the service. Staff understood how to recognise and respond to signs that people were at risk of abuse.

People's care needs had been assessed. People's care had been planned and delivered in line with their care plan. Care plans we looked at had clearly stated aims and objectives. People wanted to be supported to be as independent as possible and to progress towards living in their own accommodation in a supported living setting. People's progress towards what they wanted to achieve had been monitored. Staff had helped people achieve their aims and had supported them to move to supported living services when they were ready.

People told us that their privacy and dignity had been respected. People made positive comments about staff. Care routines took account of people's preferences. Activities at the home took account of people's hobbies and interests. People were supported to be as independent as possible both in the home and in the community.

The registered manager and staff knew and understood the individual needs of people who used the service.

People who used the service were involved in developing the service. People had been encouraged to make suggestions about facilities and activities at the home which had been acted upon.

The registered manager was available to staff and social services and other professionals who visited the service. The registered manager understood our registration requirements.

The provider had effective processes for monitoring the quality of service.

# Summary of findings

## 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 is safe.

Staff knew how to recognise and respond to signs that people were at risk of abuse or had been abused.

Staff respected people's life style choices and supported people to understand and manage the risks associated with those choices.

People told us they felt safe living at the home.

**Is the service effective?**
The service is effective.

People were supported by staff who had the relevant skills and training to be able to do so.

People were supported to have enough to eat and drink.

Staff monitored people's health and ensured that people received support from healthcare professionals when they needed.

**Is the service caring?**
The service is caring.

Staff treated people with kindness and compassion. They understood people's needs, likes and dislikes and showed concern for people's wellbeing.

Staff supported people to express their views and to participate in discussions about their care and support.

People's privacy and dignity were respected.

**Is the service responsive?**
The service is responsive.

People's care plans were person centred and took account of people's preferences, likes, dislikes and life history.

The provider was responsive to people's needs.

People's views were regularly sought and acted upon. People had expressed their views about how they wanted to be supported and their views had been taken into account.

**Is the service well-led?**
The service is well led.

People had opportunities to be involved in developing the service through 'residents' meetings and regular dialogue with the staff and management.

The provider had a clear view of what they wanted to achieve and this was understood by staff.

The provider had effective systems for monitoring the quality of care and learning from accidents and incidents.

# Elliott Residential Care Home

**Detailed findings**

## Background to this inspection

Before our inspection we reviewed all the information we had about the provider. We looked at and reviewed the provider's information return. This is information we asked the provider to send us about how they made the service safe, effective, caring, responsive and well led. We also reviewed statutory notifications the provider sent to us. Statutory notifications are reports that a provider has a legal responsibility to send to us. These include reports of incidents that involve people who use the service, for example serious injuries and incidents that involve the police.

We visited the home on 14 July 2014. The inspection was unannounced. The inspection was carried out by a single inspector. We spoke with four of the 15 people who used the service at the time of the inspection. We spoke with the registered manager, deputy manager, staff and a social worker who visited the home on the day of our inspection. We observed how staff interacted with people. We looked at four people's care records, staff training records and records about how the home was managed.

# Is the service safe?

## Our findings

People who lived at the home told us that they felt safe. A person told us, "I'm comfortable here and safe." Another person told us, "I'm safe here. The security is good I can speak to staff at any time if I'm worried about anything."

People were independent enough to access the community by themselves. The provider had carried out assessments of risks people were exposed to. Those risks were most often connected with people's life-style choices both in the home and in the community. Staff supported people to understand those risks. Staff respected people's choices about how they spent their time even if risks were involved. There were effective arrangements for ensuring as far as possible that people were safe in the community. People were provided with contact details of the home that they could carry with them. Staff encouraged people to let them know where they were going. On occasions that they had not returned to the home at times they said they would, staff had informed the police. This showed that staff were concerned about people's safety and had taken reasonable steps to protect them from harm.

Some of the people who used the service had at times expressed behaviours that challenged other people or staff. Staff had received training on how to respond to such behaviour. Staff we spoke with understood that only non-physical intervention techniques could be used, and knew that no forms of physical restraint were allowed. People's care plans included clear guidance about how they should be supported with their care and behavioural needs.

People were better protected from abuse because staff had received training about safeguarding of people. Staff we spoke with all knew how to recognise and report signs of abuse. The provider had procedures for investigating allegations of abuse and informing appropriate authorities of such allegations.

Decisions about staffing levels were based on the needs and dependency levels of people who used the service. The decisions were taken by the registered manager or their deputy and an administrative officer when they planned staff rotas. We saw from staff rotas and on the day of our inspection that there were a minimum four staff to support 15 people. That was a safe and effective ratio of staff to people who used the service. During the night one care worker was on duty and another was on-call. Staff we spoke with confidently expressed that enough staff were always on duty. People who used the service also told us enough staff were on duty to meet their needs.

All staff who worked at the home had undergone pre-employment checks that included checks whether they had a criminal record or were unsuited to work with vulnerable people. This had reduced the risk of unsuitable staff being recruited to support people and had contributed to people's safety.

# Is the service effective?

## Our findings

Staff had received appropriate training and development that enabled them to understand and meet the needs of people they supported. The management team and staff we spoke with were very knowledgeable about the people who used the service. Staff we spoke with were familiar with the care plans of people they supported. The management team had supported staff through supervision, appraisal and training and development opportunities. People who used the service told us that they felt staff understood their needs. A person told us, "Staff are very hard working and understanding."

Senior staff understood the requirements of the Deprivation of Liberty Safeguards (DoLS). This is legislation that protects vulnerable people who are or may become deprived of their liberty through the use of restraint, restriction of movement and control. Care workers we spoke with were aware of this legislation. They understood that no forms of restraint, restriction of movement and controls could be used without the proper authorisation. The provider's policies and procedures about DoLS had been updated to reflect a latest Supreme Court ruling about DoLS. Staff had access to the policy.

Staff told us they felt supported by the management. Staff had regular supervision meetings with the manager. These had tended to be more informal than formal, but staff felt able to discuss their training needs and development. The management team maintained a training plan and had used supervision meetings to promote and identify training that helped staff understand the needs of the people they supported. Staff we spoke with told us about the training they had and we were able to confirm what they told us by looking at training records. A care worker told us, "The training has been good. The training has helped me to deliver care."

People were supported to have sufficient to drink and eat. People's cultural dietary needs had been respected. People told us they enjoyed their meals at the home. All the people we spoke with told us, "The food is good." Some people at the home made their own meals in the kitchen. People chose to have their meals in a communal dining room. No-one had special dietary requirements and no-one required help with eating. The service offered people a choice of two main meals, but alternatives were always available. People were provided with drinks of their choice, but the amounts of alcohol consumed at meal times were controlled with people's agreement.

A social worker who visited the home during our inspection told us that staff had supported their client according to their assessed needs. That person had been supported to eat more nutritious food and their wellbeing had improved since being at the home. The social worker added that the manager always acted on their suggestions and was always contactable.

People who used the service were supported with their healthcare needs. The provider worked closely with the community mental health team, drug and alcohol relief services. People at the home were registered with a local health centre where they were supported to attend appointments. Chiropodists and occupational therapists had visited the home to provide care and advice. People were supported to attend appointments at their dentists and opticians. Staff supported people to reduce their dependency on alcohol and drugs.

# Is the service caring?

## Our findings

People who used the service told us that staff were kind and considerate. Our observations confirmed what people told us. Staff spoke politely to people and respected their choices about how they spent their time. One person told us, "I can have my own space. I have my television and videos." When we spoke with staff about people who used the service, it was evident that they understood people's preferences and routines and had supported people to enjoy their time the way they wanted.

People told us that they were well cared for and supported by staff. People told us they were able to live their lives as they chose. One person's comment was representative of what others told us. They said, "We can come and go as we like." People's freedom to do what they wanted was compatible with their care plans. People were supported to be as independent as possible. We found that staff had the necessary skills to promote people's independence without placing them at risk of harm.

People told us that their privacy had been respected. A person told us, "I have my own space. My room is ideal for me. I go to my room when I like. I have my own key." We saw that staff respected people's choices about where they spent their time. Staff were attentive without being intrusive. People had the privacy they needed in their rooms. People's rooms were decorated and furnished to their taste. That meant that people could enjoy privacy in comfort. We observed that staff did not enter people's rooms without being invited to do so. Few people had relatives that visited them, but people were able to invite their friends to the home. People were able to have conversations with staff in the privacy of their rooms or in the manager's office.

We found that dignity in care had been promoted by the provider. The provider had a range of policies that included guidance about how to support people with dignity and respect. Staff we spoke with had a very good understanding of what dignity in care meant in practice. One care worker described how they tried to show compassion when supporting people. We observed that staff displayed compassion and understanding when they spoke to people. Staff took time to hold meaningful conversations with people. We saw that staff had the right skills to be able to communicate with people who used the service. Staff understood people's life histories, their likes and dislikes. Staff engaged with people on an individual level and showed genuine interest when speaking with them about things they had done and planned to do.

Care was person centred because people had been involved in decisions about their care; and staff understood people's individual preferences and desired outcomes. An important part of every person's care plan was that they were helped to be as independent as possible.

People knew they could access advocacy services if they felt a need; and staff had helped people do that.

# Is the service responsive?

## Our findings

People were able to say which care worker they wanted to be their key worker. A key worker was a care worker who a person using the service had most contact with and who had a detailed understanding of a person's needs. People were supported to personalise their rooms to reflect their family history and interests. People were supported to maintain and develop personal interests and hobbies. Staff supported people to do this by arranging trips to places of interest and providing people facilities they could use, for example games, films and reading material. Staff shared in the enjoyment of those activities. People were able to cook for themselves. People were involved in decisions about the communal facilities at the home. One person told us, "The facilities are good."

Staff supported people to integrate with the local community where they could establish links with places that mattered to them. For example, people had been introduced to local places of worship, shops and places where they could enjoy social activities. A person we spoke with told us about social centres they attended and did their own shopping. People told us that they were able to discuss their needs with staff. People told us they had told staff how they wanted to spend their social time and that staff had respected their choices. People had been able to influence the service to provide more in-house activities and facilities for them to enjoy. People had made suggestions about outings to places of interest that staff had helped organise for them.

The support people had received had been aimed at helping people to achieve as much independence as possible through maintaining and building upon life skills. People were supported to clean their rooms, help with cooking meals and other every day activities. Longer term aims were for people to move to supported living accommodation where they would live more independently. In the past people had progressed from living at the home to moving into supported living accommodation because of the support they received.

People's care plans were person centred because they identified people's needs, choices and preferences.

People's needs had been assessed by the registered manager and deputy manager and health professionals. We saw from care records that people had been involved in the development and reviews of their care plans. People told us they understood about the care and support provided. A person told us, "I know what the staff are doing to help me." Another person told us, "We have house meetings where we discuss things. My opinions are listened to." A person who used the service acted as a chairman of those meetings. This showed that people were involved in decisions that affected them.

Care plans contained information about how people required their needs to be met. Care plans had been regularly reviewed and updated. Staff told us they referred to people's care plans in order to understand people's needs. We saw evidence that care plans had been read by staff. When we spoke with staff it was evident that they understood the needs of the people they supported. Staff knew what people's support needs were, what their interests were, what risks people faced and how they wanted to spend their time.

People were encouraged to express their views. The provider had carried out a survey to assess what people thought of their experience of the service. People were in the process of responding to the survey. The survey included questions that invited people to rate and comment about how they had been treated. We looked at responses people had made so far and we found that people had expressed they had a positive experience. People had reported that they had been treated with dignity and respect and had been well cared for.

People had opportunities to provide feedback through daily dialogue with staff, residents meetings and reviews of care plans. People had, for example, made suggestions about places they wanted to visit that were far afield. Staff had arranged those visits.

The service had a complaints procedure. People told us that they knew how to make a complaint or raise a concern. None of the people we spoke with had concerns. We were told by the registered manager that no complaints had been made since our last inspection in July 2013.

# Is the service well-led?

## Our findings

The management team and staff had a very good understanding of the needs of the people who used the service. What they told us was confirmed by what we saw in people's care plans.

People who used the service, relatives and staff were involved in developing the service because the provider had sought their views. Relatives had been able to give their views when they visited the service and through regular surveys. People who used the service and relatives told us that staff were "approachable" and that they had felt involved in decisions about their family member's care. A relative told us, "I've been involved" and "The staff definitely understand [person's] needs." Staff told us they felt able to make suggestions and propose ideas about the service at staff meetings and in one-to-one meetings with their manager.

The provider promoted a culture that placed people's individual needs at the forefront of care. They did this through policies and procedures about people's safety, choice, privacy, independence, people's rights and dignity. Staff had easy access to those policies. Staff meetings and individual supervision were used to by the management to feedback information and reinforce good practice. A communication book was also used to pass information between staff who worked on different shifts. Staff were aware of the provider's whistle blowing policy and knew how they could raise any concerns they had about the service with the local authority safeguarding team, the police and Care Quality Commission.

We saw that staff had put the provider's policies into practice. Staff showed kindness and compassion when they interacted with people. Staff referred to people by their preferred name. The atmosphere at the service was friendly and relaxed. Staff engaged in conversation with people and encouraged them to describe how they felt and ask for anything they needed.

Management and leadership of the service were evident because either the registered manager or deputy manager were always on duty. A director visited the home most weeks. The director, registered manager and deputy manager made up a management team. The registered manager had kept up to date with research and guidance in adult social care. They had, for example, used guidance about activities for people with dementia and they were aware of a recent Supreme Court ruling about how the Deprivation of Liberty safeguards applied to people in care homes. The provider had an organisation chart which allowed staff to understand lines of accountability and all care staff had job descriptions.

The registered manager understood their legal responsibilities for notifying the Care Quality Commission of deaths, incidents and injuries that occurred at the home or affected people who used the service.

Staff we spoke with told us that they understood the aims of the service which one described as "making a difference to people's lives and helping people be as independent as possible." When we spoke with the provider they told us that the aim of the service was to that people were supported to do as much for themselves as possible. This showed that the provider and staff had a shared understanding of the aims of the service.

The provider had a system for assessing and monitoring the quality of service. This included surveys and a series of routine and scheduled checks. The quality assurance system was based on seven internal standards the provider had implemented. Those standards covered the delivery of care and included checks of the physical environment of the home.