

Elysium Care Partnerships No 2 Limited

Walcott House

Inspection report

12 Annandale Avenue
Bognor Regis
West Sussex
PO21 2EU

Tel: 01243863095
Website: www.elysiumhealthcare.co.uk

Date of inspection visit:
14 January 2020
21 January 2020

Date of publication:
06 March 2020

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Walcott House is a small residential care home which specialises in providing personal care and support to up to 9 people with learning disabilities and or autism. At the time of the inspection nine people were living at the home.

The home is a large adapted domestic style property that provides nine individual bedrooms with en-suite facilities and a range of communal areas people can access. Communal areas included a kitchen, lounge, dining area and sensory room. The service was designed and registered before the principles and values that underpin Registering the Right Support and other current best practice guidance were established. This guidance ensures that people who use services can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

Although the service was registered for the support of up to nine people which is larger than current best practice guidance, people received personalised, planned and co-ordinated care to meet their needs. The home is situated in a residential area and there were deliberately no identifying signs, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Relatives told us they felt their loved one's received safe care from staff that knew them and their needs well. Staff consistently told us they felt supported in their role and had access to a range of training suitable to their role. People's diet and nutrition needs were met, and people's food choices were accommodated. People's needs were met through appropriate levels of staffing and effective deployment of staff where people required additional support. There was a clear safeguarding process in place to ensure people were safe.

People were supported to have choice and control of their lives and staff supported them where appropriate in their best interests. We noted some aspects of the environment placed restrictions on people accessing rooms or cupboards, to maintain their safety. The provider had completed a recent consultation process and had an action plan to review and ensure least restrictive practices were implemented throughout the environment. This is in-line with the principles and values of Registering the Right Support and other best practice guidance. The purpose of these principles ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. Most outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People's care plans were person centred and provided staff with detailed information on who they are and

how they would like their needs met. People were supported to manage their health and well-being, which included input where appropriate from relevant health and social care professionals. People were provided with a range of opportunities to engage in activities both inside the home and local community, which were tailored to meet people's individual needs and interests.

The systems in place to monitor and review the delivery of care were not always effective and required improvement. This included infection control practices and oversight of people's prescribed topical creams. The provider took immediate action to address our findings and reviewed the service governance to ensure procedures were more robust. We received positive feedback from relatives and a healthcare professional, who praised the leadership of the registered manager and relationship's built with people using the service.

The service applied the principles and values of Registering the Right Support and most other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 16 May 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Walcott House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was completed by one inspector.

Service and service type

Walcott House 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.

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

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

What we did before the inspection

We reviewed information we had received about the service, including the last inspection report and notifications from the home. 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 two people living at the service. Where some people's needs impacted their ability to communicate or provide feedback on the care they received, we observed interactions and engagement between people and staff. We spoke with six members of staff including the registered manager, deputy manager, the provider's regional lead and care staff. We reviewed a range of records. This included two people's full care plan and a range of other people's care records, and multiple medication records. We looked at staff records in relation recruitment and supervision and reviewed staff training records. We reviewed a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We reviewed policies and procedures around managing medicines and infection control. We spoke with two staff and four relatives about their experiences of the care provided. We received feedback from a healthcare professional.

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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- People were supported to receive their medicines safely. There were systems in place to administer and dispose of medicines in line with best practice guidance. People received their medicines in a timely manner. Delegated staff who were appropriately trained supported people to take their medicines as prescribed.
- We identified that open date labels had not been consistently used, therefore we could not be assured two people's prescribed topical creams had been managed in line with the manufacturer's guidelines. The registered manager took immediate action to address this and improve the robustness of systems in place to prevent re-occurrence.
- Where people's medicines were prescribed on an 'as required' basis such as pain relief and anxiety management, there were detailed protocols in place for staff to follow to ensure people were supported to take these when needed.

Preventing and controlling infection

- On day one of the inspection we noted some infection control practices were not consistently managed to ensure all risks of cross infection were minimised. For example, laundry was not always managed in line with national guidelines. We also noted an area of flooring in a communal corridor needed repair. Risks to people were low and we found no evidence that people had been impacted. The provider took immediate action to address this which included replacing the flooring by day two of the inspection.
- Staff received training in infection control and food hygiene. Staff had access to personal protective equipment such as disposable gloves and aprons, and we observed staff used these consistently when providing care to people.
- The home was clean and tidy, and staff had delegated domestic tasks as part of their daily routines. This included, where appropriate, supporting people to participate in light cleaning tasks to build their independence.

Systems and processes to safeguard people from the risk of abuse

- One person told us, "Staff keep people safe. [The registered manager] has helped me in the past and she is understanding." Relatives told us they felt their loved ones received safe care. Comments included, "[Loved one] gets excellent treatment and I know he feels safe there.", and, "[Loved one] is certainly safe."
- Staff we spoke with knew how to raise concerns with the registered manager and were confident in the steps that they could take to keep people safe. There were appropriate systems in place to protect people from abuse. This included good communication with the appropriate professionals such as the local authority to ensure people were safeguarded.

Assessing risk, safety monitoring and management

- Risks to people were appropriately managed. People had risk assessments in place which included information on steps staff should take to reduce or remove identified risks to people.
- In the event of an emergency, such as a fire, people had a personal emergency evacuation plan (PEEP) in place which was easily accessible to staff.
- Environmental risks were assessed, monitored and reviewed regularly. Risk assessments included fire safety, Hazardous substances, and water temperature monitoring and checks.

Staffing and recruitment

- There was a clear recruitment pathway for new employees. This included disclosure and barring service (DBS) checks for new staff before commencing employment. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working in health and social care.
- People had access to appropriate levels of staff to meet their needs. Where people required increased staffing levels such as one to one staffing to meet their needs, this was in place.
- We reviewed staff rotas for November and December 2019 which demonstrated staffing levels were flexible to accommodate people's needs and routines. For example, where people had appointments to attend or planned activities, staffing levels were increased to support this.

Learning lessons when things go wrong

- Staff told us there was an open and honest culture to reporting accidents and incidents.
- The registered manager oversaw all information about the service and ensured appropriate actions were taken where necessary. This included reviewing people's behavioural support records to identify potential patterns and trends. For example, records demonstrated where a person had experienced increased behavioural incidents, timely advice was sought from the relevant professionals and support levels were reviewed and increased.

Is the service effective?

Our findings

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

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

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

- People's needs for care and support were identified through detailed and comprehensive assessments. Care plans covered a range of areas including physical health, social and emotional needs and identified the levels of support people required to meet their needs.
- People's care plans included the use of best practice guidance. For example, care plans included the Disability Distress Assessment Tool which provides personalised information for staff on people's non-verbal cues which may indicate they are in pain and distressed.

Staff support: induction, training, skills and experience

- Staff had access to a range of training to support them to be well equipped for their role. Staff were positive about the training they received, and one staff member commented, "Training is face to face and online, it's good because we can ask questions like when we did medicines and first aid training you see it and then you talk it all through."
- Newly recruited staff were supported to gain skills and knowledge of their role and the people they supported through a planned induction programme. The registered manager discussed how the staff induction programme had been reviewed to ensure staff had enough opportunities to shadow a range of shifts at different times of the day to get to know people and how they liked to be supported better.
- Staff consistently told us they felt supported in their role and could access advice and guidance from the managers. This included support available out of office hours through the provider's on call system.

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

- We observed people had relaxed and enjoyable meal times and people and staff ate together which created a social atmosphere. One person commented, "The food is delicious."
- People could choose where they preferred to eat their meals and meal times were flexible to suit people's choices and daily routines.
- People were encouraged to participate in meal planning and preparation, and meal options were displayed on the communal information board.
- People's care plans included information on their diet and nutrition needs, preferences and support people required.

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

- People were supported to meet and maintain their health care needs. Information was captured in personalised hospital passports which included information on people's past and current health needs and

support they required.

- People's care records demonstrated that people were supported to make and maintain relevant health care appointments. This included dentist, podiatry and regular GP appointments where these were relevant.
- A healthcare professional told us, "[The registered manager attends] appointments with [people], which I find the most useful step. This gives a single point of contact for getting the discussed care plan implemented, in a safe and consistent way."

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

- The provider had undertaken redecoration and development of some areas of the home, such as en-suite wash rooms and there was a maintenance schedule in place for further on-going works to be complete.
- People's rooms were personalised and reflected their personalities and interests. One person said, "I like my room because I have everything I need with my TV and Netflix to watch films."
- The home had a sensory room with a range of lighting and activities for people to use. We observed staff encourage people to access this as a quiet, stimulating environment where people's mood meant they benefitted from spending time away from the communal areas with one to one support.
- The provider's regional lead explained how the organisation was in the process of rolling out a new approach to supporting people to manage crisis behaviour. For example, where some people were restricted from accessing their clothing or toiletries to maintain their safety, the provider had identified that some aspects of the environment was not giving people full choice and control and was exploring a less restrictive approach for people.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff supported people make day-to-day choices about their care and routines and understood how to support people to make choices to have freedom and control of their lives.
- Where people had been assessed as lacking capacity to consent to their care and accommodation, records demonstrated the registered manager made relevant applications to the local authority.
- Where decisions had been made to deliver aspect of people's care plan in their best interest, records were decision specific and reflected who had been consulted with such as relatives and relevant healthcare professionals. This included where some people required restriction in place such as locked cupboards to maintain their safety.

Is the service caring?

Our findings

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

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

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

- People were supported by a dedicated and passionate team of staff. Staff knew people and their needs well and spoke about people with great detail, care and consideration.
- We spoke with two people who told us staff were friendly and kind. One person commented, "I like to think I am honest with staff and they are honest with me."
- Relatives gave consistently positive feedback that staff treated their loved ones with kindness and compassion. Comments included, "Staff are committed at what they do. It's small, homely and welcoming.", and, "Staff are very caring, excellent and really patient."
- People received person centred care that was tailored to meet their individuals needs and levels of support they required. Throughout the inspection we consistently observed staff had established positive relationships with people, which created a happy, relaxed and comfortable atmosphere.

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

- People were supported through regular keyworker meetings to plan and review their care and set individual goals and aspirations they would like to achieve.
- Relatives told us they felt involved in decisions about their loved one's care. For example, one relative commented, "[The registered manager] will ring me for any ideas and explain what [loved one] is doing or saying, so we liaise on their care. One year I couldn't attend a review on the date and staff re-arranged it, they are very obliging." Another relative said, "We get invited to reviews and keep up to date, it's always a satisfactory meeting."
- Staff were proactive in ensuring people were supported to make day-to-day choices. For example, one staff member explained how they supported people who were unable to verbally communicate their wishes by using pictures and physical objects to encourage people to make their own choices.

Respecting and promoting people's privacy, dignity and independence

- People were supported to build on their independent living skills. Care plans encouraged staff to provide appropriate support and approaches that recognised people's strengths and abilities.
- A relative praised staffs' approach to supporting their loved one to develop their independence. They told us, "We would definitely say that [loved one] has massively grown and developed many new skills. She is more verbal, her independent living skills, albeit to you and I would be considered minor, in [loved one's] world they have all been mile stones."
- People's privacy was respected. For example, people could choose to spend time alone in their room and staff were considerate that the environment was people's home. A relative commented, "Staff respect what

he wants to do and when he wants to do it, they understand him very well and he's very happy there."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's care plans had detailed information and robust guidance to support staff to recognise and respond appropriately to their emotional and behavioural needs. For example, plans included a description of possible behavioural triggers, consideration of the environment, and actions staff should take to support de-escalation of people's anxieties.
- A healthcare professional told us, "The care home has a few [people] with really challenging behaviours, but [the registered manager] and other staff seem to be able to deal with [people] calmly, effectively and patiently"
- Care plans were personalised and included details of people's preferences, sensory needs and their interests and detailed approaches staff should use to enable people to achieve positive outcomes. For example, people's care plans included an "essential lifestyle plan – who am I", which captured information on how people liked to be supported and what was important to them.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's care plans included detailed information on their individual communication needs and how staff should support them to engage.
- Staff photo boards were in place to support people to know which staff were on each shift.
- Where people had additional needs that benefited from information being shared in a meaningful format this was supported. For example, staff supported people's understanding and engagement with easy read information, visual aids and encouraging people to use their own vocabulary of Makaton signs and symbols where this was appropriate.

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

- People had access to a range of activities in-keeping with their interests and were supported to access the local and wider community. One person told us, "I like the cinema and going to groups. Staff take me places."
- People had opportunities to participate in regular activities in the home provided by external companies. This included music, holistic therapies such as massage and art and craft sessions provided by an external activity co-ordinator, where people had had the opportunity to create art to be displayed as part of a local

exhibition.

- During the inspection we observed staff offered people choices of activities including group and one-to-one activities, which encouraged people to engage and participate with the appropriate levels of support available.
- People's relationships and contact with their families was highly prioritised. The registered manager and staff understood the importance of supporting people to maintain their personal relationships, and where people required support to make arrangements and travel, support was flexible to accommodate this.
- Relatives spoke positively of the support people received to enable them to maintain regular family contact. For example, one relative discussed how staff had supported their loved one to use public transport to make a long distance journey to spend time with them.

Improving care quality in response to complaints or concerns

- Relatives we spoke with told us they felt comfortable raising any concern's and told us they were confident the registered manager would take the appropriate action to address their feedback. One person told us, "If I had any complaints I would speak with [The registered manager], she will take on board what I say and do her best to resolve it."
- People had access to an easy read visual complaints procedure which was displayed in a communal area of the home.
- We reviewed records where concerns had been raised, these were appropriately recorded, and demonstrated steps that had been taken to respond to people's feedback.

End of life care and support

- No one at the service was receiving end of life support at the time of the inspection. End of life care plans were in the process of being implemented across the service. The provider had introduced a care planning tool to capture people's end of life care wishes and needs, however plans were not completed. The registered manager told us plans would be rolled out and discussed as part of people's next care reviews.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the systems and processes in place to monitor, review and drive improvement were not always consistently managed.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Systems and processes to monitor service delivery were not always effective. The registered manager and delegated staff completed a range of audits; however, these were not always robust.
- Systems in place to monitor the management of prescribed topical creams did not include adequate oversight of expiry dates to ensure these were managed in line with the manufacturer's guidance. However, where audits of people's other prescribed medicines were completed daily, and overseen weekly by a senior staff member, these were effective. For example, staff completed daily medication stock checks, temperature monitoring of where medicines were stored and ensured people's medicine administration records were updated and complete where medicines had been administered.
- The registered manager completed regular checks and monitoring of the environment, which included health and safety monitoring such as ensuring window restrictors were in place, communal areas were kept hazard free and people's bedrooms were regularly maintained. Audits also demonstrated where improvements had been made to area's of the home such as redecoration. However, audits completed did not include the laundry and infection control practices to ensure practices were managed in line with the providers policy.
- During the inspection the provider's infection control policy was not easily accessible to staff. The homes local infection control procedure did not include guidance for staff to follow to ensure soiled laundry was managed in line with best practice guidance.
- There were a range of policies and procedures in place, however, the policies held on site were not always the current policy that was in use by the provider. For example, the complaints procedure referred to the previous provider's head office contact details. This meant staff did not always have access to up to date information.
- We reviewed supervision records which demonstrated not all staff received their supervision in line with the provider's policy. The registered manager was aware of this and had ensured all staff had received a recent supervision in the last 6 weeks. They told us they operated an open door policy to ensure staff felt able to access advice and guidance at any time.
- The provider and registered manager took immediate action to respond to our findings at this inspection. This included taking immediate action during the inspection and sending an action plan after the site visit to demonstrate improvements had been made to the home's governance to minimise re-occurrence. However, systems and processes were not embedded to demonstrate effectiveness and sustainability over time.

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

outcomes for people

- The registered manager promoted a whole team approach to meeting people's needs and valued the staff teams' skills and knowledge. Staff provided consistently positive feedback that they felt supported in their role through the registered managers approach to leadership.
- Achieving positive outcomes for people was at the heart of service delivery and staff were highly motivated to support people to achieve their individual goals and aspirations. For example, a staff member discussed how a person had been successfully supported to build their confidence to attend a holiday, and a relative provided positive feedback to confirm this.

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 duty of candour requirements. The duty of candour sets out actions that the registered manager should follow when things go wrong, including making an apology and being open and transparent.
- The registered manager valued open and honest communications with people's relatives and maintained regular contact to support this.

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

- We received consistent feedback from relatives that they felt informed and involved in their loved one's care.
- People were encouraged to participate in completing audits of the home with support from staff. Forms were created in easy read and people supported staff to complete a range of tasks such as environment checks which were signed off by the person and staff member supporting them.

Continuous learning and improving care

- Staff told us they were encouraged to share their knowledge and ideas, and these were actioned to drive improvement for people. For example, one staff member said, "[The registered manager] is good at taking on board new ideas. For example, we had a new member of staff who had previous experience of weighted blankets and they shared that this might benefit [people's names]. We had them in place in the week and they have had really good results for people."
- A relative told us the registered manager was open to change and working in partnership with people to implement improvements. They commented, "As a manager [she] listens and is willing to take on board feedback that can help improve upon the already amazing service that she provides."
- The provider was in the process of rolling out a new approach to supporting people to manage crisis behaviour across their services. The registered manager was passionate and keen to learn and develop new approaches that had the potential to benefit people and staff to achieve good outcomes.