Revitalise Respite Holidays

Revitalise Ellerslie Court

Inspection report

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Date of inspection visit:
21 July 2016

Date of publication:
23 August 2016

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

This inspection took place on 21 July 2016 and was unannounced.

Revitalise Ellerslie Court is a Victorian House that has been converted into a Care Home providing accommodation and personal care for up to fourteen adults with a physical disability.

The home provides accommodation over four floors with the use of a passenger lift. Communal areas are on the ground floor and consist of a dining room, two sitting rooms and a conservatory. There are a range of aids and adaptations to aid people with a range of physical disabilities.

Ellerslie Court has fourteen single rooms, two of which have en-suite facilities.

A registered manager was not in post, however, a new provider was in the process of purchasing Ellerslie Court, and they had recruited a manager who was in the process of registering.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Some of the audits relating to the running of the home had not been completed in accordance with the provider's schedule. Medication audits and care plan audits were being completed weekly, and we received assurances the auditing process would be addressed when the new provider took over the home.

Everyone we spoke with told us they liked living at the home and felt safe.

People received their medicines as prescribed and safe practices had been followed in the administration and recording of medicines.

People confirmed there were enough staff available to meet their needs, people were not rushed or pressured when being supported. Some of the staff had been in post for more than five years.

External safety checks by contractors were taking place.

We observed staff delivering support with kindness. They knew people well and were aware of their history, preferences and dislikes. People's privacy and dignity were upheld. Staff monitored people's health and welfare needs and acted on issues identified.

People had been referred to healthcare professionals when needed.

People told us there were enough suitably trained staff to meet their individual care needs. Staff were only appointed after a thorough recruitment process. Staff were available to support people to go on trips or visits within the local and wider community and attend medical appointments. People were also support to pursue hobbies and other personal interests.

The deputy manager and the staff understood the principles of the Mental Capacity Act 2005 and associated legislation and had taken appropriate steps to ensure people exercised choice were possible. Where people did not have capacity, this was documented appropriately and decisions were made in their best interest with the involvement of family members where appropriate and relevant health care professionals. This showed the provider understood and was adhering to the Mental Capacity Act 2005.This is legislation to protect and empower people who may not be able to make their own decisions.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005).

People's bedrooms were individually decorated to their own tastes. People showed us their bedrooms and were proud of them.

Most people except one person told us they liked the food. We observed there was a choice of menu for people if they did not like what was prepared that day.

People who lived at the home, their relatives and other professionals had been involved in the assessment and planning of their care. Care records were detailed and gave staff the information they required so that they were aware of how to meet people's needs.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff, the deputy manager or the registered manager.

Most staff were trained and skilled in accordance with the provider's requirements. The deputy manager told us some training had lapsed, however this was in the process of being addressed.

Staff said they benefited from regular one to one supervision and appraisal from their manager. Staff spoke highly about the deputy manager.

There was a safeguarding and a whistleblowing policy in place, which staff were familiar with

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff were recruited appropriately and the relevant checks were undertaken before they started work.

There were procedures in place to monitor the stock, delivery and administration of medication. Everyone was receiving their medications safely.

Risk assessments were in place for people who needed them. They were reviewed on a regular basis or when the person's needs changed, and contained up to date information.

There were procedures in place to ensure people were safeguarded from potential harm and abuse.

Is the service effective?

Good

The service was effective

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked capacity to make their own decisions.

People got plenty to eat and drink and were complimentary about the food.

Staff were trained. We saw some training dates had lapsed, however this was being addressed. Staff underwent regular supervision and appraisal. Induction took place for new staff, as well as shadowing opportunities.

Is the service caring?

Good

The service was caring.

People told us the staff were caring.

We observed people's dignity and privacy being maintained by staff.

Records we viewed showed that people or their relatives had been involved with the care planning process.

Staff knew the people they were caring for well, including their needs, choices and preferences.

Relatives were able to visit at any time.

Is the service responsive?

Good

The service was responsive

People's care plans reflected how they needed to be supported and contained information relevant to that person.

There was a complaints procedure in place. People at the home told us they knew how to complain.

People were encouraged to access the community independently if they wished.

Is the service well-led?

Requires Improvement

The service was not always well-led.

There was not a registered manager in post, although a manager had been appointed and they were in the process of registering.

Some audits had not been completed since May 2015.

There was a process in place for collecting feedback from people who lived at the home and their relatives. These results were analysed and feedback was provided.

Staff were aware of the home's whistle blowing policy and told us they would not hesitate to raise any issue they had. □

Care Quality Commission (CQC) had been notified of relevant events in accordance with our statutory notifications.

Revitalise Ellerslie Court

Detailed findings

Background to this inspection

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, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.'

This inspection took place on 21 July 2016 and was unannounced.

The inspection was conducted by an adult social care inspector.

Before the inspection we checked the information that we held about the service and the service provider. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send to us by law. We used all of this information to plan how the inspection should be conducted.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spent time with four people who were living at the home and one relative. We spoke to three staff members including the deputy manager.

We looked at the care records for three people living at the home, three staff personnel files and records relevant to the quality monitoring of the service. We looked around the home, including people's bedrooms, the kitchen, bathrooms and the lounge areas.

Good

Is the service safe?

Our findings

We asked people living at the home if they felt the staff had the skills to support them. One person told us "Oh yes, the staff are absolutely marvellous." Another person said "They are very good." One family member told us "The staff are good, they are always here for [relatives name]."

The deputy manager informed us that some of the staff training required by the home had not been completed according to schedule. However, the home was in the process of being taken over by a new provider who had their own training links. We saw that courses had been identified for staff to be booked onto. We saw that most training, including medication, manual handling, first aid, safeguarding and MCA and DoLS had recently been completed by all staff. Training was completed using a mixture of e learning and classroom based learning.

We spoke to a staff member who had been recruited recently and they confirmed they had completed most of their training and had undergone an induction in line with The care certificate. The care certificate requires new staff to undertake a programme of learning and be assessed by a senior colleague before being considered competent to work independently.

Staff had supervision meetings with their manager and staff records confirmed that staff had received supervisions at least every 6 - 8 weeks.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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 were being met.

All the staff team had received training in the principles associated with the MCA 2005 and the DoLS. We found staff understood the relevant requirements of the MCA and put what they had learnt into practice. The deputy manager had applied for DoLS authorisations appropriately for some people who lacked capacity and was waiting for them to be authorised. We saw an application had been made to the relevant authority for consideration.

We saw examples were best interest's processes had been followed, and decision making was clearly

documented. For example, we saw in some instances, staff would make some decisions for a person who had no verbal communication or cognitive ability to understand. These were decisions such as what the person would wear daily or small purchases the person made. The family who had LPA (lasting power of attorney) for this person for finance and health had agreed that it would be appropriate for staff to make these decisions in the person's best interests. A lasting power of attorney (LPA) is a way of giving someone the legal authority to make decisions if the person lacks mental capacity at some time in the future or no longer wish to make decisions.

We saw that the service had gained consent from people who lived at the home to be able to share their records, support them with medications and provide their care. For any person who did not have the capacity to consent to care we could see the principles of the MCA were followed and the least restrictive option was chosen. Throughout the day, we continuously heard staff asking people for their consent before they provided support.

People living at the home told us that the home was suitable for them to live in and no one had any complaints about the building. We saw the building was well lit and the grounds were well kept and tidy.

People's rooms were decorated in their favourite colours; There were other forms of personalisation such as photos and posters on display in their rooms. People told us they liked their rooms. One person said "Oh yes its lovely, I have all my things in there. It's quite comfy for me."

We saw people were supported to maintain their physical health and there was documentation, which showed that a range of healthcare professionals regularly visited people, and people were supported by staff to attend regular appointments and check-ups.

We looked at the kitchen and the arrangements for the provision and planning of meals. The kitchen was readily accessible and we saw staff making drinks and snacks for people during the day. We saw, and our conversation with people and staff confirmed that people were given a choice about what they ate. The home regularly added new foods and recipes to the menu and afterwards asked for people's feedback regarding these new foods. Everyone except one person, told us that they really enjoyed the food. People were supported to follow specialised diets such as blended diets, or a healthy eating regime. We were able to sample the food during our inspection and found it to be well presented and flavoursome.

Good

Is the service effective?

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Good

Is the service caring?

Our findings

People we spoke with were very complimentary with regard to the caring nature of the staff in the home. One person said, "I'm so lucky to have them." Another person said, "They always come and make sure I am alright." Other comments included "Marvellous people." And "Excellent, all round really."

One relative told us that they were free to visit their family member whenever they wished. They said "I am always made to feel welcome."

We observed the delivery of care throughout the day and saw staff speaking to people with respect and in a caring manner, asking them if they were okay, and if they needed anything. When we asked the staff what they felt the home did well, they all told us the "caring" aspect was something the home excelled at. One staff member said, "The staff are such a good team. We really care about the welfare of the residents."

We spoke at length with the staff who were on duty and the deputy manager and they were all clearly able to explain how they ensured peoples dignity was protected. One staff member told us "We close doors and blinds." Another person said, "We speak discreetly to people." Someone else said "We always talk to the person in a way that is meaningful for them, and explain what we are doing."

We saw that people's records and care plans were stored securely in a lockable room which was occupied throughout the duration of our inspection. We did not see any confidential information displayed in any of the communal areas. Staff were able to explain to us the importance of insuring information was always kept locked away.

Care plans showed that people and their families had been involved in their development. People told us they were happy with the care and support they received.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw that some people were accessing advocacy services.

Good

Is the service responsive?

Our findings

People told us they received support in accordance with their wishes. One person said, "I couldn't ask for better. They know me so well, especially [named deputy manager.]" Another person said "They always know what is important to me."

The staff had extensive knowledge about people's needs, likes and preferences. This was both reflected in the care plans and demonstrated during our inspection. For example, we were told about how one person's body language would change if they were unwell, and the how the difference in their mood can be determined. When we checked this person's care plan we saw that the information was clearly documented to enable any new staff or agency staff to be able to support this person appropriately. Due to some people having complex physical disabilities we saw that in some people's, care plans there were photographs accompanying instructions on how to help them with various tasks, such as positioning them in their wheelchairs, and helping them dress.

We saw that care plans were regularly reviewed to take into account peoples changing needs. For example, one person, who has a PEG feed in place, was prescribed an overnight feeding regime which lasted 12 hours. The staff identified that this was not appropriate for the person because they slept less than 12 hours and liked to get up. The dietician was called by the home and the regime was changed to 10 hours to take into account the person's needs.

We looked at how social activities were organised. Some people told us they accessed the community independently and they enjoyed doing this.
People were encouraged and supported to persue individual hobbies and wishes. For example, one person had expressed a desire to join a weight loss club. The home had supported this person to find a local group, and had organised for them to be taken and collected. The chef had supported this person's decision and had prepared meals in conjunction with the eating regime. We saw that this person had reached their target weight after a few months and had made some new friends.

Someone else gave us an example of how the deputy manager does their washing for them. They said, "There was a problem once with one of my cardigans, it was not washed right, I was a bit upset, so [deputy manager] offered to personally do my washing for me. I am so lucky to have her doing this, and so grateful, my clothes come back beautiful."

The home enjoyed regular parties and barbeques. The deputy manager told us that when it was someone's birthday everyone at the home would partake in the celebrations.

We saw that people were supported to follow their religious and cultural beliefs. One person attended church, as this was important to them.

People told us that their relatives were free to visit them whenever they wanted, and visits to their families' homes were regularly planned.

We saw that throughout the home, displayed on the walls, was information for people regarding how to complain. There were no complaints to review, as the home had not received any formal complaints recently.

Requires Improvement

Is the service well-led?

Our findings

At the time of our inspection the ownership of the home was being transferred to a new provider. The previous registered manger had left a few months before the inspection. The new manager was in the process of applying to become registered but they had not begun working at the home.

The deputy manager was available during the course of our inspection to answer any questions we had. The deputy manager was very highly thought of in the home, and people and staff were very complimentary about them. The deputy manager showed us some training courses they had been on, independently to help their knowledge of CQC's new inspection processes.

The deputy manager was able to evidence a series of quality assurance processes and audits carried out internally. This involved checking that documentation in relation to care planning, health and safety and medication. We saw that the audits for medication were in place and completed monthly, and care plans were being reviewed every month, however, all other audits had not been completed since May 2015, therefore there was no one who had been regularly checking the suitability of the home and taking action accordingly. When we highlighted this to the deputy manager, they assured us that regular checks were taking place but they were done as part of a verbal handover procedure between the staff. The deputy manager informed us that the new provider had planned changes in this area and would be addressing this as soon as they took over ownership of the home.

We recommend the provider considers guidance relating to governance and updates their practice accordingly.

Staff meetings were held to share information about the service and for staff to raise any issues. We saw minutes from a staff meeting held in April 2016. Minutes were also available from a residents' meeting which was held in February 2016. We were not informed of any planned meetings at the time of our inspection and the manager was aware that these needed to be arranged and would be as soon as the new manager started.

The home had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them.

There was a process in place to collect people's feedback. We saw that the latest survey had taken place in December 2015, and the results were analysed and inputted into a chart. We saw from looking at this chart that all response scored 90% or more for each question. This meant that people were happy with the care they were receiving.

The deputy manager was aware of their role with regards to when they are required by law to notify CQC and we had received notifications as required.