

Mrs M L Duggan

The Elms

Inspection report

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Date of inspection visit:
12 October 2017

Date of publication:
28 November 2017

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

The Elms provides accommodation and personal care for up to three people with learning disabilities, and personal care for people with learning disabilities in shared lives accommodation. There were three people residing at The Elms and 32 people receiving personal care in their own homes at the time of the inspection.

At the last Care Quality Commission (CQC) inspection on 9 October 2015, the service was rated as Good. At this inspection the service has again been rated as Good.

The service provided safe care to people living in their own homes. Staff understood their responsibilities for safeguarding people from harm and followed the provider's policies to provide people's prescribed medicines safely.

There were enough suitably skilled staff to meet people's needs. People received their care at the agreed times. Staff had been recruited using safe recruitment practices; people had been involved in developing interview questions to help find suitable staff.

People received care from staff that had received training to meet people's specific needs and regular supervision to carry out their roles.

People received care from a regular staff group who knew them well which helped to develop positive relationships. People were treated with respect and helped to maintain their dignity.

People received a balanced diet from staff that understood their dietary needs. People were helped to maintain their independence and dignity through the consideration and support from staff.

People were supported to access healthcare professionals and staff worked closely with health services when required.

People's risks were assessed and staff followed personalised care plans to mitigate these risks. Care plans were updated regularly and people and their relatives were involved in care planning where possible.

Staff sought people's consent before providing care and people's mental capacity was assessed in line with the Mental Capacity Act 2005.

The provider and manager continually assessed, monitored and evaluated the quality of the service to identify areas for improvement and implement change where required.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

The Elms

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 checked 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 announced comprehensive inspection took place on 12 October 2017 and was carried out by one inspector.

Before our inspection, we reviewed the Provider information return (PIR). The PIR is a form that asks the provider to give some key information about what the service does well and improvements they plan to make. We also checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted the health and social care commissioners who monitor the care and support of people receiving care from The Elms to get their views on the service.

During this inspection we spoke with three people using the service and observed staff interacting with one person who was unable to communicate verbally. We spoke with the learning disability co-ordinator at the local hospital and also spoke with six members of staff including the provider, the manager, the compliance manager, the human resources officer, a team leader and a care worker. We received feedback from healthcare professionals and the training companies used by the provider informing us of their views about the service.

We reviewed various care records of three people that used the service and the recruitment records for seven members of staff. We also reviewed records relating to the management and quality assurance of the service.

Is the service safe?

Our findings

People continued to receive safe care.

People were supported by staff that demonstrated they understood their responsibilities to safeguard people from the risk of harm. Staff demonstrated they knew what to do to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. One member of staff told us "I have had safeguarding training, I would raise any concerns with my line manager and I am aware of the whistle blowing policy." The manager had raised safeguarding alerts appropriately and had systems in place to investigate any concerns if required to do so by the local safeguarding authority.

There were enough experienced staff to keep people safe and to meet their needs. People knew the staff that supported them well as they were allocated to them regularly. There was enough flexibility in the rotas to provide people's planned care and for instances where people changed their plans. One person who was known to abscond, however, since using The Elms staff had been allocated to take them out regularly to places that interested them; their incidents of absconding had decreased significantly.

The registered manager followed safe recruitment and selection processes. The provider had involved people in devising relevant questions to ask at staff interviews to help identify suitable staff. One person had come to the office on the day of inspection to take part in the staff interviews taking place; they told us "I helped to make up the questions like, Can you cook? Can you drive? and What are your hobbies? I enjoy it." Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

Risks to people were assessed and reviewed regularly, for example risks associated with poor mobility, road safety and using the kitchen. Risk assessments reflected people's current needs; these were reviewed regularly or as people's needs changed. Staff were provided with clear instructions in care plans to mitigate the assessed risks, such as instructions on how to assist with people's mobility which included photographs.

There were appropriate arrangements in place for the management of medicines. Staff had received training in administering medicines. People's medicines care plans included details of exactly how they liked to take their medicines, such as taking their tablets from a spoon with staff offering encouragement and praise. Staff showed they were knowledgeable about how to safely administer medicines to people. Records showed that people received their medicines at the prescribed times.

The provider had processes in place for emergencies. Each person had a personal evacuation plan so that staff and the emergency services could evacuate them in an emergency. There were systems in place to test the fire safety equipment. Staff followed the provider's policies in cases of emergencies by calling for urgent

medical assistance if people were injured or appeared unwell. Staff had access to senior staff through an on-call system if they had any concerns.

Is the service effective?

Our findings

People continued to receive care that was effective.

People received care from staff that had the skills and knowledge to meet their needs. All new staff had an induction where they received training in core areas such as health and safety, moving and handling, understanding the Mental Capacity Act and safeguarding people who use care services. One member of staff told us "I had a full induction, the training was really good." New staff received close supervision during their first few months and were assessed for their suitability and competency during their probation.

Staff told us they also received additional training to meet people's specific needs, such as the care of people living with epilepsy. Records showed all staff that cared for people with epilepsy had received this training. Staff demonstrated their knowledge and we received feedback from their trainer, who said they were impressed with staff's skills, they stated "Staff engage well [during training] and are able to identify the different types of epilepsy that the clients they work with experience."

People were cared for by staff that received support and encouragement from the provider to enable them to carry out their roles. One member of staff told us "I have supervision regularly where I can bring up any concerns or ask for more training." Staff told us that the managers and the provider were supportive. This was reflected in the positive staff attitude and people's outcomes. Another training company used by the service commented on the professionalism of the staff, they stated "It is of note that they [staff] train together as one group, which I believe facilitates interaction and sharing of good practice between them ... they are actively involved and their questions are pertinent and from a good knowledge and experience base." Staff were encouraged to study for vocational qualifications.

People were assessed for risks relating to their nutrition and hydration. People were monitored for any weight loss and referred, where necessary, to the GP and dietitian for advice. One person was supported to visit the dietitian; a member of staff that went to the appointment told us "They [dietitian] gave us a leaflet on full fat food as their goal is to sustain their existing weight, which we follow." People received food and drink that met their individual needs. For example one person required their food to be cut up and use adapted cutlery as they were at risk of choking. Staff had received training in food safety.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

The provide supported health and social care professionals with best interest meetings by providing detailed information about people's needs and had made suitable DoLS applications to the relevant authorities. The manager and staff understood their roles in assessing people's capacity to make decisions.

Staff ensured they received people's consent before delivering care. People also gave their consent to share their care plans and records with health professionals and relatives; staff had prepared easy read documents where people could indicate their approval.

People were supported by staff that were vigilant to changes in their behaviour and well-being that could indicate a change in their health. Staff followed protocols to manage people's long term conditions such as epilepsy and followed healthcare professionals advice, such as instructions from the falls team. The manager contacted people's GPs where necessary. Staff also contacted the relevant emergency services where people required immediate medical attention. People were supported to attend planned medical appointments and the staff who accompanied them ensured people consented to procedures and provided reassurance and guidance. The manager and staff worked well with other agencies, the manager had received feedback from health professionals that stated that staff had good communication skills and knowledge and acted in a professional manner.

Is the service caring?

Our findings

People continued to receive good care from staff who knew them well.

They had developed positive relationships over time as they saw the same staff on a regular basis. People indicated they were happy with the care. One relative provided feedback to the provider that stated "Staff have established a very homely and compassionate environment in which [Name] is happy and secure."

We observed managers and staff greeting people as they came into The Elms. They asked after people's families and took an interest in what people were planning. In particular one person's family was experiencing ill health and staff took time to discuss this with them. Families provided feedback about the care people received; one family stated "The staff are always friendly and helpful. They help [Name] and they have a good relationship with them."

Staff communicated with people by using different forms of communication including verbal, pictures, easy read and signs. One person used a book to help them to communicate their needs to staff. This book had pictures which the person could select to explain what they wanted. Staff used the book to help the person choose and plan what they wanted to do in the day and make future plans. The family of another person provided feedback to the provider, they said "We appreciate what the staff do to help [Name] who is extremely difficult to communicate with; staff understand [Name's] reactions."

People's birthdays and special occasions were celebrated. People were supported to prepare for family celebrations by making and sending cards or preparing for visits to their family. One person's family lived over 100 miles away; staff supported this person to visit them by travelling with them by train. Staff helped people to maintain family relations by talking to people about their families; they also used photos to aid people's memory.

During weekly meetings people expressed their views and the provider listened. People discussed their plans for activities and meals; staff helped people to plan and achieve these.

People chose how they spent their time. For example one person new to the service chose not to attend the weekly meetings so staff supported them to do something else. This person also refused their meal; staff supported them to have their meal a while later when there was less people around. People chose how they wanted to decorate their rooms and furnish them with items to make them individual to their tastes.

People had access to an advocacy service. Staff worked well with people's representatives and advocates in keeping them informed of planned meetings. Staff also advocated for people in situations where their family or representatives were not available. The service had received feedback via a thank you email from health professionals; they said "Care staff appear very committed to the customers and act as excellent advocates on their behalf. They are committed to providing good quality care and support." The learning disability co-ordinator from the hospital told us "Unfortunately we have had quite a few people come into hospital for palliative treatment and end of life care. One person did not get home, but The Elms staff spent time with them. You could see the person trusted them, they communicated well. They acted as advocates and

challenged hospital staff where they were not happy with the care they received, as they had no family."

Two people had chosen to go home to receive their care. The learning disability co-ordinator at the hospital told us "One person's treatment for their medical condition was not working. The manager came to the hospital to listen to the person's views, they wanted to go home. They remained at in the familiar surroundings of their home for three weeks, with their friends and staff they knew." They also told us "The manager and staff did everything they could to manage people's care at home, they had oxygen and other services come in to help provide end of life care. People chose to live in their own homes surrounded by their friends. Other people in the homes were able to see them and say their goodbyes too."

People had discussed with each other and staff what it meant to be at the end of life. People had seen family and friends become unwell and die. Staff supported people with their emotional well-being by enabling people to say their goodbyes, plan and attend funeral and remembrance services. Staff had demonstrated to people that, with support from other agencies, people don't always have symptoms such as pain and even when a person is unwell they can maintain their dignity.

People had expressed their own preferences in how they wanted their care to be provided when they were at end of life; this was recorded in their records and reviewed as and when people made their preferences known.

Is the service responsive?

Our findings

People continued to receive care that met their individual needs.

People were assessed before they used the service to ensure that the service could meet their needs. The manager created their initial care plans which were updated as their needs changed. People and their families were helped to get to know staff and other people using the service to help them to settle into their new homes. One person told us "There's lots of new people to get to know." One family provided feedback to the provider; they said "We are very pleased with all the help and support you have given us during the transition."

People were involved in creating their care plans; this meant the plans were detailed about all aspects of their care. They contained information about people's preferred names, their likes and dislikes and their life histories. Staff told us this enabled them to provide care that met people's preferences. For example one person's care plan was in an easy read format with pictures to demonstrate their likes, dislikes and needs. One instruction read 'Do not give me hot drinks as I am at risk of dropping them on myself.' Staff had instructions on how to provide hot drinks safely.

People could not always express their needs verbally; staff observed people's behaviours to assess their needs. For example one person could not express verbally when they were in pain. They would shout and push people away when they were in pain. Staff provided pain relief and observed they appeared much happier

People were supported through difficult times. One person needed treatment for a serious medical condition; they had the mental capacity to understand what was happening, but could not weigh up the risks of not having the prescribed treatment. The staff knew them well and supported them to work with the Community learning disability nurse (CLDN) to understand their fears and anxieties about needles. This enabled the person to receive their treatment. The nurse who oversaw the care of said "[Name] received excellent care from The Elms staff and were supported in a person centred way by staff that clearly cared about their wellbeing."

People were supported to make plans for their future. One person had expressed a wish to work in a theatre; they had been supported to apply and be interviewed for a volunteer role. They had been successful and were due to commence in the next week. The member of staff was excited for them as this had been their ambition for some time. Their family wrote to The Elms to thank them, they wrote "Without your help and support [Name] would not have been able to achieve their dream."

One family provided The Elms with feedback in a letter they said "I cannot fault [Name's] care over the years and your team [The Elms] have gone the extra mile...[Name] has made tremendous progress in their confidence and abilities, something I never thought possible but you have done something special for them."

People led very social lives. There were regular planned meetings with others that used the provider's services. For example people met weekly for lunch at a restaurant and attended the provider's day centre. One relative wrote to the manager in a letter, they said "[Name] has now got a large group of friends and is supported by staff that help [Name] to live independently in a safe environment."

People had the opportunity to raise any concerns at weekly meetings or at any time they were receiving support from staff. There was an easy read complaints procedure which had been explained to them at one of the meetings. Where a person had made a complaint this had been resolved quickly and the information used to improve the service. For example one family complained that they did not get any birthday cards from their relative. This was resolved and systems were implemented by staff to ensure that all people could plan and help celebrate birthdays of those that were important to them. Another family wrote to the manager; "We especially appreciate when issues do arise they are handled professionally and concerns are always taken seriously and every effort is made to reach a solution."

Is the service well-led?

Our findings

The service continued to be well led.

Mrs M L Duggan is a registered provider. An individual who is a registered provider is a person who has registered with the Care Quality Commission to manage the service. 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.

The provider understood their role; they had reported safeguarding and notifiable incidents to the relevant authorities and CQC. The ratings poster from the previous inspection had been displayed. The display of the poster is required by us to ensure the provider is open and transparent with the people using the service, their relatives and visitors.

The service is a family business. One manager told us "We pride ourselves on being a family business; however, we also recognise that this can cause problems. Because of this we have a policy which safeguards people from nepotism." We saw that there was a policy and systems in place for staff, relatives and people using the service to raise their concerns with someone outside the family if they needed to. The manager told us "We consider staff equality and ensure that our employee handbook is clear about fair supervision, appraisal, disciplinary matters and complaints. The provider worked very closely with the service managers; they provided close supervision and additional management oversight to all areas of the service. Staff told us they felt confident they could raise concerns and were treated fairly.

The service had an open culture where staff felt comfortable with sharing information; this culture encouraged good communication and learning. One member of staff told us "The whole team works for the wellbeing and good outcomes of people. [The provider] is very supportive and is very knowledgeable."

Health and social care professionals, families and people's representatives were very keen to provide feedback to the inspector about their experience with The Elms. All of the feedback was positive and helped to build a clear picture of the importance of The Elms' role in people's lives and the positive impact that using the service had on them.

One relative's feedback in a letter to the provider "I really would recommend [The Elms] to other parents or carers and feel you do a really good job to help make this such a successful company and we will always be grateful to you for everything you do for [Name] - it really is life changing for [Name]." We observed that this person's increase in independence had improved their quality of life.

The learning disability community nurse wrote "I have always found staff to be open and responsive to all the advice and support I have offered. The residents always present as well cared for and settled and content." Another nurse wrote "Our support often relies on staff carrying out recordings and monitoring interventions, staff have always been consistent in completing tasks required."

One training company wrote in a letter to the provider "I have found [The Elms] to be the most organised and scrupulous in the manner in which they fulfil and identify the training needs of staff."

The learning disability nurse at the local hospital said "The staff and whole organisation is empathetic and supportive. If I had a relative with a learning disability I would use their service." And "The way you care for your service users is a real credit to you all."

The provider had created a happy community of people with learning disabilities. People had made friends and forged meaningful relationships. People showed they cared for each other; they took joy in meeting up with one another and shared experiences. The provider had two caravans available to people to take a break in Stratford. One person particularly liked going there to go fishing. The provider ran a day centre for all the people using their services; this was situated near flats that housed elderly residents. People regularly invited these residents for coffee and cake to their day centre to help build relationships and understanding.

The provider sought feedback from people who used the service and their families and representatives on how they could improve the service. They used this feedback in all areas of the service including team meetings to inform staff how they can continue to meet people's needs. For example one person said they were unhappy with the garden, so the provider cleared the access to the garden and continued to maintain it.

The provider had forged links with local youth football and rugby teams; some people met with the players to talk about living with a learning disability. Some people held season tickets for the local football team which staff supported them to attend regularly.

The provider and managers monitored the service regularly for the quality of the care they provided. They had audits for care records, timings of people's calls and medicines. Any issues that had been identified had been resolved through actions carried out promptly by the manager. They continuously sought ways of improving the service; for example they kept up to date with changes to CQC regulations and how to self-assess their compliance with them.