

# Elysium Healthcare No. 4 Limited

## Beech Grove

### Inspection report

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Website: [www.elysiumhealthcare.co.uk](http://www.elysiumhealthcare.co.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Beech grove is a residential care home providing personal care to up to six people. The service provides support to people who need support with their mental health. At the time of our inspection there were six people using the service. The service is a large detached building with en-suite accommodation and communal areas over three floors.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However, documentation was not always in place when required. We have made a recommendation in relation to the Mental Capacity Act.

People told us they felt safe and happy living at the service. There were enough staff to meet people's needs and safe recruitment processes were in place. Medicines were safely managed but documentation needed reviewing to ensure it was accurate and reflected risk.

Staff received a thorough induction and on-going training which they effectively put in to practice to support people with complex mental health needs.

The environment was modern, spacious and well-maintained to meet the needs of people. Regular safety checks were in place to ensure the safety of the environment and equipment including fire drills.

People were encouraged to be as independent as possible with activities of daily living including food preparation. Educational work and activities were in place to support people with maintaining a healthy diet and lifestyle.

Staff were kind and caring and empowered people to be involved in their care and treatment. Staff felt valued and supported by leaders in the service and were comfortable to raise concerns.

The service worked well with a variety of other partner agencies to promote good outcomes for people and keep people safe.

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

### Rating at last inspection

This service was registered with us on 18 March 2021 and this is the first inspection.

### Why we inspected

This inspection was carried to assess the service and provide a rating following registration. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Recommendations

We have made a recommendation around the application of the Mental Capacity Act.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Beech Grove

## Detailed findings

### Background to this inspection

#### The inspection

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

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was carried out by one inspector and a member of the medicines team.

#### Service and service type

Beech Grove is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Beech Grove is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager, occupational therapy assistant, team leaders and senior support workers. We reviewed a range of records. This included four people's care records and six medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines were safely received, stored and administered by staff.
- People were encouraged to manage their own medicines where they had those skills. However, although described within their care plan no risk assessment had been completed for one person who self-administered some of their medicines.
- Individual written information supported the administration of 'when required' medicines but on occasion this guidance referred to medicines that were no longer listed on the person's current medicines administration record. The registered manager took immediate action to address the issues raised.

### Systems and processes to safeguard people from the risk of abuse

- The provider had effective safeguarding systems in place. Staff had received the appropriate training and knew how to protect people from abuse.
- People told us they felt safe and could speak to staff about any concerns.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Staff understood where people required support to reduce the risk of avoidable harm. Care plans contained explanations of people's potential triggers and control measures for staff to follow to keep people safe.
- The environment and equipment were safely managed and there were robust checks and monitoring in place.
- The provider had identified trends amongst incident reports and taken robust action to minimise future risk and learn lessons. This included environmental changes, further staff training and competency checks.
- Lessons learnt were shared effectively across the provider services so all staff could improve their practice.

### Staffing and recruitment

- Staff were safely recruited. There was a robust process in place to check all relevant documentation and ensure DBS checks were in place. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff to keep people safe and meet people's needs. Staff told us, "There is enough staff, and if people phone in sick there is support and contingencies in place. We all help each other and there is always support there."

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

We have also signposted the provider to resources to develop their approach in relation to professional visitors to the service.

### Visiting in care homes

Visiting arrangements followed current government guidance.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- We found a mental capacity assessments (MCA) was not in place for one person in relation to medicines. These were not required for other people using the service at the time of inspection.

We recommend the provider reviews their procedures around mental capacity assessment in line with best practice.

- Where required appropriate applications had been made to the local authority to seek authorisation to deprive people of their liberty. Conditions were recorded and adhered to as part of the DoLS authorisation.

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

- Holistic assessments of people's care and support needs were completed before moving into the service to ensure their needs could be met.

- People's transition to the service was done in a person-centred and gradual way using the correct legal frameworks to ensure their rights were upheld.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively.

- Staff received a robust induction before working directly with people. This included a mixture of online

and face-to-face training. They also received one-to-one support from more experienced staff members before working directly with people.

- Staff received regular supervisions and appraisals. Monthly staff meetings helped ensure staff had a good understanding of what was happening in the service and where improvements were needed.
- One staff member told us, "I love working here, the medicines training is the best I've ever had, it's so thorough and I feel really confident now."
- The provider offered a number of reward schemes for staff and well-being champions effectively promoted staff well-being.

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

- People were supported and encouraged to participate in shopping, planning and preparation of meals in order to develop and maintain their independence.
- People were encouraged to eat healthier and exercise more. Educational work had taken place to support people to eat a balanced diet, and activities planned to encourage exercise.
- Staff had a good understanding of people's likes, dislikes and dietary requirements were catered for.

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 access healthcare services and encouraged to follow professional's advice.
- Adaptations had been made to support people as their health needs changed to ensure they were safe and maintained their independence as much as possible.
- People had good access and oversight from healthcare professionals at the providers mental health hospital. As a result, care was consistent and built on existing working relationships people had developed.

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

- Beech Grove is a new service which has had a full refurbishment. The service is spacious, homely and meets the needs of the people living there.
- People spoke positively about the service, the decoration of the property and how they used the different spaces to meet their needs.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were treated with kindness and as equals by the staff. One person told us "The staff are fantastic."
- Staff supported people to celebrate religious festivals that were important to them and attend religious services in the local community.
- Staff had a good awareness of people's cultural needs and offered support in accessing services to meet their needs.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be independent and were encouraged to take part in daily tasks and activities to achieve this.
- People had their own space and staff supported people to personalise their bedrooms in line with their wishes. One person was supported to buy new furniture to better organise and display their belongings.
- Staff ensured people's confidentiality was maintained. Staff understood the importance of only discussing people's care and support need with relevant people in private areas of the home.

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

- People were encouraged to share their views about the care they received with regular reviews, questionnaires and meetings.
- People were knowledgeable about what was happening in the service. For example, one person told us about the maintenance issues being resolved in the home and people were asked for input into audits of the service.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 received care that was person-centred and based of their individual needs and preferences.
- People were involved in developing their care and support; people were empowered to make choices about how they wished for this to be delivered.

Meeting people's communication needs

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

- Staff understood people's communication needs and information was available in different formats for people to use, such as easy read.
- Staff knew people well and understood when people were at their best. For example, one person struggled in a morning; care and support was tailored to afternoons and evenings when the person was more able to engage.

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 were supported to access a range of personalised activities and encouraged to maintain hobbies and interests and explore new hobbies.
- Staff used activities to engage people in therapeutic interventions and develop skills and independence. People had developed social skills and confidence as a result of the consistent, personalised care they received.
- One person proudly told us about a voluntary role they had taken up with a local church.
- People were supported to maintain contact with family and friends both in person and on the telephone.

Improving care quality in response to complaints or concerns

- Complaints information was available in the service and in a format that was accessible.
- People knew who to speak to if they had any concerns and told us about complaints they had raised.
- Records of complaints were available which provided information regarding the nature of complaint and actions taken.

- People told us how actions taken had been successful in preventing future issues.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager promoted a culture of person-centred care by engaging with people using the service and staff.
- Staff were empowered and took ownership to improve the service to get the best outcomes for people.
- People using the service told us they felt respected and involved in decisions about the service and their care.
- The leaders in the service were visible and staff felt comfortable seeking support. One staff member told us, "The registered manager and deputy are really easy to speak to and I feel comfortable doing this. Staff are lovely, very open and there to help each other out and we keep in contact with each other."
- One staff member told us, "The management team have been amazing, I've worked in care homes previously and we are really lucky with the managers we have here. Not just work related but your personal life too, if you ever need that support."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-run with a clear management structure in place. The registered manager, deputy manager, team leaders and staff all understood their roles and responsibilities.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by leaders in the service to identify areas of improvement.
- The service had clear direction and leaders were motivated and driven to further improve the service. Learning lessons from medicines errors had led to implementing new resources library for staff to support their development and further improve communications across the team.

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 provider was open and transparent when things went wrong and passed learning from such events to other services within the provider group to prevent incidents occurring in the future.
- The registered manager was aware of their legal requirement to notify Care Quality Commission (CQC) about certain events and submitted notifications when required.

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

- The service regularly engaged with people using the service and staff to get feedback on the quality of the service. This was done both on a one-to-one basis and in group meetings as well as with written surveys. One staff member told us, "I like to get involved and so I'm keen to speak up, but we are always asked too."
- The service had done a lot of work to try and engage with the local community and worked in partnership with local agencies to address any concerns in a timely and effective manner. For example, local police officers supported the service in educational sessions.
- The service worked closely with health and social care professionals to ensure people were provided with right care and support and peoples safety maintained. Professionals were complimentary about the service and the support people received.