Elliott Care Home Ltd

Elliott Residential Care Home

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection visit took place on 18 September 2018 and was unannounced.

Elliott Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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 is provided in a three-storey adapted Victorian villa. The service is registered to provide care and accommodation for up to 17 people. At the time of our inspection, there were 15 people using the service. Many of the people using the service were living with mental health needs and some people were living with dementia.

At the last inspection in November 2017, the service was rated as Requires Improvement. At this inspection, we found the evidence supported an improvement in the rating of the service to Good.

There was a registered manager in post. 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.

Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place and provided detailed information and guidance for staff about the potential risks people faced. Staff supported positive risk taking which enabled people to manage risks whist also promoting their independence. The service learnt from incidents and accidents and took action to minimise the chance of these occurring again.

People were supported by sufficient numbers of staff to meet their needs. Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

People were supported to take their medicines as prescribed. Infection control procedures were in place and followed by staff to protect people from the risk of infection.

Staff were supported and supervised and completed induction and development training. This helped to ensure they had the skills, knowledge and expertise they needed to perform their roles. Specialist training was provided to ensure people's needs were met.

People's needs were assessed and people were supported to maintain good nutrition and access healthcare to maintain their health and wellbeing.

People's consent was gained before any care was provided. People were supported to have maximum choice and control in their lives and staff supported them in the least restrictive way possible. Staff had

received training and information which enabled them to provide care in line with the guidance of the Mental Capacity Act 2005.

The provider had begun work to improve the premises, which included replacement of furniture and fittings and redecoration. Some work had been completed at the time of our inspection visit and further work was planned to complete the upgrade of the service.

People received care from staff that knew them well and consistently treated people with dignity and respect. People were supported to maintain their independence and staff protected people's right to privacy.

People were involved in developing their plans of care which enabled them to receive care and support in line with their preferences. People and relatives were involved in reviews of people's care to ensure the care provided met people's current needs.

A process was in place which supported people to raise concerns and complaints. People felt confident their concerns would be listened to and acted on.

People, relatives and staff had confidence in the leadership and governance of the service. The provider had effective systems in place to monitor the quality of the service to ensure people received good care. Actions were taken and improvements were made 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?

Good

The service was safe.

People were protected from the risk of harm and staff were confident in their responsibilities to safeguard people from the risk of abuse.

Staff were safely recruited and there were enough staff to meet people's needs and keep them safe.

People were supported to take their medicines safely and as prescribed. People were well protected by the prevention and control of infection.

Incidents and accidents were monitored and analysed and lessons were learnt to reduce the risk of re-occurrence.

Is the service effective?

Good

The service was effective.

Consent to care and treatment was sought in line with legislation and guidance.

Staff had the training and support they need to provide effective care and support.

People were involved in mealtimes and supported to have sufficient amounts to eat and drink.

Staff understood people's health care needs and supported them to access healthcare services.

Is the service caring?

Good

The service was caring.

The staff were caring and kind and had formed positive relationships with people.

People were supported to be involved in making decisions about their care.

Staff treated people with dignity and respect and protected their privacy.

Is the service responsive?

Good

The service was responsive.

People received personalised care that met their needs.

People were supported to engage in meaningful activities and go out into the local community.

There was a clear complaints process if people needed to use it.

Is the service well-led?

Good

The service was well led.

People and staff were supported through effective leadership and management of the service.

People and staff were able to share their views and make suggestions about the service and these were used to develop the service.

Outcomes of checks and audits were analysed and used to drive improvements within the service.

Elliott Residential Care Home

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 inspection took place on 18 September 2018 and was unannounced.

The inspection team consisted of three inspectors.

Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We looked at the PIR prior to our visit and took this into account when we made judgements in this report.

We reviewed the information we held about the service, including statutory notifications that the provider had sent us. A statutory notification provides information about important events which the provider is required to send us by law. We also contacted the Local Authority, responsible for funding some of the people using the service, for any information they held on the service.

During the inspection visit we spoke with six people who used the service, one relative, the registered manager, the deputy manager, the domestic and two care staff. We reviewed five people's care records to ensure they were reflective of their current needs, four staff recruitment files, and other documents relating to the management of the service such as quality assurance, complaints, maintenance records and minutes of meetings.

Good

Is the service safe?

Our findings

At our previous inspection in November 2017, we found there was a lack of robust systems in place to assess people's risks and take action to mitigate known risks. At this inspection, we found the provider had made improvements to ensure the risks people faced were assessed and measures were in place to reduce the risk of harm.

Risks people faced were clearly recorded in people's care plans and staff demonstrated they knew what action they should take to maintain people's safety. Risk assessments were detailed, individualised, up to date and completed using nationally recognised assessment tools. They covered all the potential risks present for people. The provider used an electronic care record system with an inbuilt risk assessment template. This included all areas of people's physical and emotional health and any social risks identified. Where potential risks had been identified, these were supported by clear plans on how risks would be mitigated and reduced. For example, one person had risk assessments in place to reduce potential risks in them going out into the local community independently. Risk assessments detailed the measures in place to keep the person safe. A second person had risk assessments in place to ensure they had sufficient amounts to eat and drink through the day to avoid the risk of malnutrition. Assessments reflected staff intervention in response to fluctuations in people's mental health and wellbeing. Staff we spoke with felt the system was clear and easy to use. They told us they felt comfortable in supporting people with positive risk taking. This meant people were supported in the safest manner possible and their right to independence and to make choices was recognised and supported.

Where people required support to manage their finances, there were robust systems in place to protect people from the risk of financial abuse. The registered manager had completed mental capacity assessments to ensure people had mental capacity to manage their finances. Where people lacked mental capacity, appropriate appointee arrangements were in place. Records showed all financial transactions were recorded, accounted for and regularly audited.

The provider had undertaken a full review of their fire risk assessment following the outbreak of a small fire within the service. This had resulted in smoking no longer being permitted in the service. The provider had communicated this decision to people using the service and their representatives and had provided a covered smoking shelter in the rear garden area. People had up to date risk assessments in place which enabled staff to support people in the event of a fire or if an emergency evacuation was required.

People told us they felt safe using the service. Staff told us they felt confident in keeping people safe and recognised how vulnerable people were, particularly out and about in the local community. Staff demonstrated a good understanding of safeguarding procedures and were confident in reporting any concerns. One staff member told us, "We are well trained in all aspects of protecting our residents from abuse." Another staff member told us, "We know our residents very well so we are able to spot signs that all is not well and put plans in place to protect them."

Records showed staff had completed training in protecting people from abuse and this was regularly

discussed at staff meetings to ensure staff had a good understanding of their responsibilities in safeguarding people. The provider's safeguarding policy including local multi-agency guidelines for local safeguarding processes and contact details for local agencies. The provider had made appropriate safeguarding referrals to external agencies which supported them to ensure action was taken to keep people safe. Staff were supported to raise concerns about potential malpractice within the service through the provider's whistleblowing policy.

Staffing numbers were sufficient to meet people's needs. During our inspection we saw that people had the support they needed from staff who were available for people promptly when needed. There were enough staff available to meet people's needs and provide meaningful engagement and conversation. Staffing rotas showed that levels of staff were consistent and increased in response to people's needs; for instance, medical appointments.

The provider followed safe recruitment procedures. Records confirmed that Disclosure and Barring Service Checks (DBS) were completed and references obtained from previous employers. DBS are checks to make sure that potential employees are suitable to work in care. The provider had taken appropriate action to ensure staff at the service were suitable to provide care.

Staff supported people with the administration of medicines. Medicines were stored safely and staff monitored the temperature of storage areas daily. Staff had received training in the safe administration of medicines and had their competency assessed prior to administering medicines independently. The provider was in the process of changing systems of administering medicines from an electronic system to a monitored dosage supplied by a local pharmacist. They told us this would support more effective auditing of medicines as they had encountered errors in the electronic system which was not always responsive to changes in prescribed medicines.

We saw staff consulted with people as to whether they were happy to take their medicines and reminded them what their medicines were for. People were given time to take their medicines and staff completed records once they were confident medicines had been consumed. We sampled medicine administration records, which were electronic, and found these had been completed accurately. Staff used body maps to indicate the correct area of application for topical medicines, such as creams and lotions. We undertook a sample stock check for one person's prescribed medicines and found records were an accurate reflection of the quantity of medicines in stock. This helped to support our judgement that people received their medicines as prescribed. We found one liquid medicine which had not been marked with the date of opening. This is important as some medicines have a limited expiry date once opened. Staff told us they would put the date of opening on following our inspection visit.

People were well protected by the prevention and control of infection. Cleaning schedules were followed and completed to ensure that all areas of the service were clean and protected people against the risk of infection. A staff member, responsible for undertaking domestic tasks, was able to describe how they followed safe infection control procedures in cleaning areas in the service. They also supported people to keep their rooms clean. Staff had ready access to gloves, aprons and hand sanitisers and we saw they used these and changed them between tasks, such as providing personal care, cleaning and preparing meals.

Systems were in place to support staff to record, report and analyse incidents and accidents within the service. These were audited by the registered manager and discussed with staff and, where appropriate, people using the service, to identify any lessons that could be learned. For example, following an increase in challenging behaviours for some people, the registered manager had arranged for all staff to receive specific training to support them to understand and respond more effectively to incidents. They had also introduced

new monitoring charts which supported staff to record all the information needed for external health professionals, to review and develop more effective intervention strategies. Staff told us this had led to an increase in confidence amongst staff to intervene and prevent behaviours escalating; which had reduced the number of challenging behaviour incidents within the service.

Good

Is the service effective?

Our findings

At our previous inspection in November 2017, we found systems were not effective in supporting people to make their own decisions and choices in line with the Mental Capacity Act 2005. This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Need for consent.

At this inspection we found the provider had made the required improvements by implementing robust systems and processes to ensure people's mental capacity was assessed and people were supported to make decisions and choices.

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 decision and are helped to do so when needed. When they lack mental capacity to take any 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 interest and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We found where people's liberty had been restricted, for instance they were unable to leave the service without supervision due to the risk of harm, staff had made appropriate applications and authorisations were in place to support these measures. These were kept under review and any conditions complied with.

People's care plans included mental capacity assessments and the support people needed to make decisions and choices about their care and lifestyle. Assessments included people's fluctuating mental capacity. This helped to ensure people received the support they needed at times when they were experiencing poor mental health. Where people were assessed as lacking mental capacity to make complex decisions, records showed staff followed best interest processes and consulted family and health and social care professionals involved in the person's care.

Staff sought consent before providing care and support and demonstrated a good understanding of the requirements of the MCA. Staff had completed training in mental capacity and DoLS which helped to ensure care and support was provided in line with the principles of the MCA.

People's needs were assessed prior to them using the service to ensure that the provider was able to meet their care and support needs. We saw that detailed pre-assessments of people's needs were created by the registered manager before care was provided. Staff liaised closely with other professionals and, if appropriate, family member's involved in people's care. This helped to identify people's diverse needs and to ensure that no discrimination took place.

Staff received the training they needed to work effectively in their role. Staff told us they had completed a range of training relevant for their roles. This included training the provider deemed as essential and additional training to enable staff to support people with specific needs, such as long term health conditions. Staff told us the registered manager organised training as and when a particular need was identified for a person. For example, challenging behaviour training and dysphagia (swallowing difficulties). This was confirmed when we reviewed the provider's training matrix; a central record of training staff had completed. Staff told us they were supported to undertake further training, such as vocational qualifications, to enable them to develop in their role and career and pursue specific areas of interest.

Staff told us they were encouraged to learn through training, regular supervision and yearly appraisals. Supervisions supported staff to discuss issues, share ideas and identify targets with their manager. Staff who were new to the service were supported through an induction programme which included essential training and working alongside experienced staff. This helped to ensure staff had the skills and competencies they needed to provide effective care.

People were supported to maintain a balanced diet and were positive about the meals provided. One person told us, "The food is great. Food is freshly prepared so much better than processed food." Another person told us staff ensured their meals were provided in line with their cultural preferences. People were encouraged to support staff to prepare meals if they wished. For example, two people were helping staff to prepare vegetables for the dinner and told us they really enjoyed assisting with meal preparation. We saw jugs of juices and tea and coffee making facilities were available in the dining room and people helped themselves to drinks throughout the day. Where people were unable to do this, staff ensured people were provided with drinks and light snacks between meals.

Menu sheets were available to guide staff, and people were involved in choosing meals. One person liked a cooked breakfast each weekend and staff supported them so they could do this for themselves. Where people were at risk of poor nutrition or hydration, this had been assessed and guidance included in people's care plans to reduce the risk. For example, one person had been assessed as being at high risk of choking whilst eating. Staff had sought advice and guidance from the Speech and Language Team (SALT) and this guidance had been included in the person's care plan. SALT guidance included the provision of thickened liquids and pureed foods. The registered manager had purchased a blender for making pureed foods and ensured all staff were trained in dysphagia to support the person safely. We saw the person received a pureed meal for lunch and drinks with thickener. Records showed staff weighed the person to ensure their diet supported them to maintain a healthy weight.

People had regular access to healthcare professionals and staff were vigilant of changes in people's health. Staff worked closely with people's allocated healthcare professionals, such as community mental health nurses, psychiatrists and GP's, to co-ordinate their care and support. For example, one person had been diagnosed with a long-term health condition. Staff had sought advice from a healthcare specialist and involved the person in developing a care plan. This helped to educate staff and the person into how they could work together to manage the health condition and avoid a health crisis.

Records showed people were supported to access a range of routine and specialist health appointments. People were referred promptly to healthcare professionals when staff noted any changes in their care needs. For example, staff had sought assistance when they noticed a change in one person's emotional wellbeing which resulted in consistently poor mental health. As a result, the person received access to the specialist healthcare and support they needed.

The provider had made a number of improvements to the premises and these were on-going at the time of

our inspection visit. Improvements included a games room complete with pool table and large screen television, redecoration of communal areas and some bedrooms, replacement of seating and flooring. People were able to personalise their rooms with their own belongings and a choice of colour schemes. Further improvements were planned, such as the replacement of the ground floor bathroom and further redecoration. We found a strong malodour from one area of the service. The registered manager was aware of this and in the process of arranging for the replacement of flooring to address this concern. The provider had developed the garden patio area to provide a covered area for people where people could smoke. We observed people were able to access this area freely and safely.

Good

Is the service caring?

Our findings

People and a relative we spoke with told us staff were kind and treated them with respect. Comments included, "We are looked after here 100%," and "I really like living here." The staff and registered manager all spoke positively about people and were knowledgeable about people's needs and preferences. We saw staff interacted with people in a friendly way and gave people the time they required to chat and receive care.

People and relatives were encouraged to share their views and were involved in the care provided. Care plans included outcomes people wanted from their care, such as maintaining their independence or improving their health and wellbeing. People were supported to maintain friendships and relationships and diversity was recognised and supported. For instance specific cultural or lifestyle choices were included in people's care plans. People were supported to access an advocate if they needed support to express their views; for example, through language constraints. An advocate is an independent person who supports people to share their views and ensures these are taken into account in any decision making process.

We observed that people were relaxed in the presence of staff and that staff took a genuine interest in people's day and engaged them in positive interaction. Staff told us they felt they had enough time to provide the care people needed, which included spending time talking with people individually and as a group.

A relative we spoke with told us they were made to feel welcome when they visited and they could visit at any time. We saw staff greeted them and offered refreshments when they arrived.

Staff were aware of the importance of protecting people's right to have their information kept confidential. Care plans and records were held electronically, only accessible by staff through approved passwords. Paper documentation was held in the main office and people's financial information was kept securely and only accessed by managers.

People's privacy and dignity was respected at all times. Staff were able to describe how they promoted people's independence and maintained their dignity. This included knocking on people's bedroom doors before entering, addressing people by their preferred names and ensuring people were supported to maintain a dignified appearance. People were encouraged to participate in household tasks to support them in developing daily living skills. One person told us, "The best thing about living here is that I have my independence. I tell staff when and where I am going, but I pretty much please myself how I spend my days, which I love." Recordings in care records were dignified and appropriate.

Good

Is the service responsive?

Our findings

Care and support was personalised to meet each person's individual needs. People told us that staff knew them well and understood their needs. People had detailed care plans in place to guide staff on providing their care. This ensured that staff had the information they needed to provide consistent support for people. There was information about people's life history, hobbies and interests which ensured staff had an understanding of what was most important to them. This enabled staff to interact with people in a meaningful way. For example, one person's care plan advised staff that it was important to spend time talking with the person to avoid them becoming anxious or distressed. Their care plan also advised staff that, should they show signs of anxiety, they preferred to communicate in their first language. This information helped staff to respond to the person's individual needs.

Staff were in the process of consulting with people and their relatives to complete 'life stories'. This was a document that enabled staff to record people's life and work history, people and things that were important to them and the impact that significant life events had on people. This supported staff to gain an understanding of people's life history and what was most important to them. Care plans were reviewed regularly with people and their representatives. Any changes were communicated to staff through the electronic system, which helped to ensure staff remained up to date with people's care needs.

People were supported to maintain links with their family, friends and the local community. One person was supported to attend their place of worship by their family and encouraged to maintain links with their local community through their relatives and staff. People were able to leave the service unsupervised, where this had been assessed as safe. People spoke about going to work (voluntary jobs), shopping, meals out and visiting friends. People were positive about the support they received to engage in meaningful activities. Comments included, "Our trips out are fantastic. We are going to a museum later this week, I can't wait." and "I can't think of any improvement needed to activities." Records showed people were able to make suggestions for days out and these were taken on board. For example, football matches or a recent trip to the zoo. This helped to ensure people were not socially isolated or discriminated against because of their needs.

The provider looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. For example, where English was not a person's first language, staff used an application on mobile telephones to translate information into their preferred language. Signage around the service was also translated into their first language to provide directional information and support their independence.

The provider had a system in place to manage and respond to people's complaints appropriately. No complaints had been received since our last inspection. However people told us they felt confident to raise concerns if they needed to. The registered manager saw complaints as positive and was pro-active in encouraging people to make complaints if they were not happy. For example, the registered manager had

noted that there had been no formal complaints for some years. They explored people's understanding and confidence in making complaints in resident meetings and ensure people had a good understanding of how concerns would be managed in the event they made a complaint.

No end of life care was currently being delivered at the service. Systems were in place should anybody required this care and people were supported with advanced decisions as they required.

Good

Is the service well-led?

Our findings

People spoke positively about the leadership and management of the service. One person told us, "I can't think of one improvement needed here." People knew who the registered manager was and saw them regularly. Throughout the inspection, it was evident that the registered manager knew people well and that people were confident in approaching them and comfortable in their presence.

Staff told us they liked working in the service and were consistently positive about the support and leadership they received from the registered manager. Comments included, "In the last 18 months so much has improved. I learn something new from [registered manager] every day. I love working here." and "[Registered manager] is highly visible, approachable and listens and acts on our ideas. We have regular supervision now and appraisals. [Name of registered manager] is amazing." The registered manager encouraged an open and reflective culture. Staff were supported to share their views through face to face meetings with the registered manager, working alongside them, staff surveys or through staff meetings. Records showed staff meetings were held regularly and used to consult staff about proposed changes to the service, as well as share information and highlight best practice. The registered manager had introduced 'employee of the month' to recognise staff that had gone above and beyond or celebrate key achievements of staff.

Staff spoke about the values of the provider and told us they shared these values and applied them to their working practices. These values were around providing people with meaningful engagement, enabling people to feel valued and useful and supporting people to be as independent as possible. It was apparent from our observations that these values were embedded in staff working practices.

People were supported to share their views through meetings and directly with the staff and the registered manager. Records of meetings showed people were able to discuss current issues and were consulted about changes in the service. For example, how people could help to keep the service tidy and changes to furnishings and fittings. People told us they had been consulted about changes to the premises and felt involved in these. For instance, people had chosen the wallpaper for the communal lounge. This gave people a sense of ownership of their home.

Quality assurance systems were in place to monitor all aspects of the service. The registered manager and deputy manager completed regular audits and checks on areas such as records, care, medicines and staffing. Outcomes of audits and checks were used to identify where improvements were required. For example, audits in medicine records had led to a review and in changes in medicine administration processes to reduce the risk of errors. Action plans included target dates for completion of improvements. For example, the update of care plans and records had been completed within the identified target date. This demonstrated quality assurance was effective in driving improvements to develop the service.

The registered manager had outlined improvements in the service through their PIR. We found this information was an accurate reflection of the improvements made and planned since our last inspection.

The service worked positively with outside agencies. This included local authority and safeguarding teams. This helped to ensure people received the care and support required to meet their needs. The registered manager was involved in care provider networks which helped them to ensure care was provided in line with best practice.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating had been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had displayed their rating at the service and on their website.