

# Elysium Healthcare (Healthlinc) Limited

## Bradley Apartments

### Inspection report

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Date of inspection visit:  
23 July 2019  
29 July 2019  
30 July 2019

Date of publication:  
11 September 2019

### Ratings

#### Overall rating for this service

Requires Improvement ●

Is the service safe?	<b>Requires Improvement</b> ●
Is the service effective?	<b>Requires Improvement</b> ●
Is the service caring?	<b>Good</b> ●
Is the service responsive?	<b>Good</b> ●
Is the service well-led?	<b>Requires Improvement</b> ●

# Summary of findings

## Overall summary

### About the service

Bradley Apartments is a residential care home that provides accommodation, nursing and personal care to a maximum of 14 younger adults with a learning disability, some of whom may also have needs associated with their mental health and autism.

The service is purpose built and comprises of a range of two, three and four bedded apartments with kitchens and living areas on the first floor and an activity room on the ground floor. The service is located on the same site as Bradley Complex Care on the outskirts of Bradley, which is on the south western edge of Grimsby. Bradley Apartments has an allocated garden area in the grounds.

The service has not been fully developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 14 people. Ten people were using the service at the time of the inspection. This is larger than current best practice guidance. The size and location of the service having a negative impact on people was not mitigated by the building design. The service was located on the same site as Bradley Complex Care a locked rehabilitation facility and on occasion staff were shared across both sites. Although staff were discouraged from wearing anything that suggested they were care staff when coming and going with people, identifying signage clearly indicated it was a care home.

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

There was a new registered manager in post, who had started to implement the provider's quality monitoring system. However, for several months the system had not been wholly effective in identifying the issues we found during the inspection or shortfalls had not been addressed in a timely way.

Not all staff received an induction. Staff completed a planned training programme. There were gaps in staff supervision and appraisal programmes.

There had been a need for the use of agency staff recently, despite this, there were still occasions when there was not enough staff on duty.

Positive behaviour support plans did not detail which interventions were used and in which circumstances these would be considered appropriate. Records of debriefings carried out following incidents where physical interventions were used were not available for all incidents that had taken place. This meant there was not always enough information to direct staff to meet people's need's effectively, or to learn from

incidents.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff were trained in mental capacity legislation and understood their responsibilities. They gained consent before providing care and supported people to make their own decisions and choices.

People were safely supported and protected from harm or abuse. Safeguarding systems in place supported this. New staff were recruited using robust procedures. The management of medicines was safe.

People's health and nutritional needs were met. Staff ensured people received care and treatment from health professionals when required. People who used the service liked the meals provided.

Staff ensured relatives were welcome to visit at any time and provided activities daily, so people could choose to participate if they wished. Staff were described as friendly, kind and caring.

The environment was warm, welcoming, clean and free from malodours. People's rooms were personalised.

Care plans contained relevant information about how to meet people's needs and were regularly reviewed.

Rating at last inspection.

The last rating for this service was Good (published 28 February 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the date of registration.

You can see what action we have asked the provider to take at the end of this full report.

Enforcement

We have identified breaches in relation to safe care and treatment, good governance and staffing.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Bradley Apartments

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

On day one of the inspection three inspectors and an assistant inspector visited the service. On day two, two inspectors visited the service. On the third day, one inspector was present.

#### Service and service type

Bradley Apartments 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 had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from local placing authorities and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection

#### During the inspection

We spoke with six people who used the service about their experience of the care provided. We also spoke

with seven members of staff, two nurses, the registered manager for the service and the care manager for the service. The quality lead, provider compliance lead, regional nurse lead, regional director and three members of the human resources team were also spoken with.

We reviewed a range of documents. This included five people's care and medicines records. We looked at ten 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. We spent time in communal areas observing staff interaction with people.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures, risk assessments and information in relation to analysis of incidents and staff debriefing following incidents.

# 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 for this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- The provider had been unable to recruit enough staff and had been using agency staff to cover the shortages. Despite this arrangement, we found continued shortages with sufficient numbers of staff on some shifts. The service continued to take new admissions impacting further on staffing arrangements.
- Staff told us there were not always enough staff on duty and at times this compromised people being able to access community activities, or staff being able to take their breaks.

Failure to deploy sufficient numbers of suitably qualified, competent, skilled and experienced persons was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Overall, staff were recruited safely and appropriate checks were carried out to protect people from the employment of unsuitable staff. One member of staff had been appointed without all the appropriate checks being carried out and the registered manager confirmed this would be addressed.

### Assessing risk, safety monitoring and management

- Information in behaviour support plans was inconsistent and where physical interventions were being used, there was a lack of detail of the type of approved interventions to be used and in which circumstances. De-brief sessions for people and staff had not always taken place following incidents when physical interventions had been used. This meant national guidance in relation to positive and proactive care was not being followed.
- The provider completed assessments to evaluate and minimise risks to people's safety and well-being. Not all risk assessments had been updated to reflect people's changing needs.

Failure to properly assess and mitigate risks to people's health and safety was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were supported to take positive risks and to be as independent as possible; Using medicines safely; Learning lessons when things go wrong.

- Care plans clearly documented the support people required to stay safe and staff followed this guidance in practice.
- The service received, stored, administered and disposed of medicines safely.
- The registered manager and staff were aware of the health campaign to stop the over-use of psychotropic medication to manage people's behaviour and ensured people had regular medication reviews.

- The management team responded appropriately when accidents or incidents occurred and used any incidents as a learning opportunity.

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

- The provider had effective safeguarding systems in place. Staff received appropriate training in this topic and had a good understanding of what to do to protect people from harm or abuse.
- One person told us they felt safe and they could go to staff if they had any concerns and they would help them.

#### Preventing and controlling infection

- Effective cleaning and infection prevention and control practices were in place.
- All areas of the service were clean and free from malodour. People told us they were supported by staff to keep their bedrooms clean and tidy.



# 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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

Staff support: induction, training, skills and experience

- Not all staff received ongoing supervision, appraisal and support. Supervision and appraisal records were not available for all staff.
- Not all staff had completed a comprehensive induction to prepare them for their role.

Failure to provide appropriate levels of support, supervision and appraisal for staff was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service had a high agency use and had planned induction and training days for regular agency staff, to ensure they had the skills and knowledge to support people effectively.
- A structured training programme was in place and the registered manager had systems to monitor which staff required refresher training.

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

- People's needs were effectively assessed, and their preferences were considered when arranging their care.

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's needs around nutrition were clearly documented and being met. People had a choice of and access to enough food and drink throughout the day. Menus were planned in consultation with people and based on their preferences. Where people required support with meals, this was carried out in a way that people were encouraged to use their skills to maintain their independence.
- People's weights and nutritional intake were monitored by staff and appropriate action was taken if there were any concerns.
- People had access to health care professionals when required. Advice and guidance from professionals were documented within care files and staff followed their instructions.

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

- The service was located in the grounds of a locked rehabilitation hospital. Although staff were discouraged from wearing anything that suggested they were care staff when coming and going with people, identifying signage clearly indicated it was a care home.

- People told us they enjoyed the environment and were fully involved in the design and decoration of where they lived. All areas of the service were personalised with photographs and personal items. A visiting professional told us how the staff team had worked positively with them to ensure the right environment was provided for one person prior to their transition to the service.

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

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

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

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

- The provider had submitted applications under MCA and DoLS to the supervisory body for authorisation. The registered manager monitored and reviewed authorised applications.
- Staff involved people in making decisions about their care and knew what they needed to do to make sure decisions were made in people's best interests.

# 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 they were positive about the caring attitude of staff. Regular staff and agency staff had a good knowledge of people's preferences and life histories; they used this knowledge to foster good relationships and care for people in the way they liked.
- People's equality, diversity and human rights were respected. People were supported to follow their faith and live their lives the way they wanted to.
- Staff showed genuine concern for people. They were keen to ensure people's rights were upheld and they were not discriminated against in any way.

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

- Staff supported people to express their views and be involved in making decisions about their care and support. People told us they were involved in meetings and records seen supported this.
- People were directed to sources of advice and support or advocacy when this was required.

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted. Their care plans showed which aspects of care people could manage independently, and what they needed help with. People were encouraged to maintain their independent living skills and assist staff with tasks if they wanted to.
- People were offered choice and control in their day to day lives. We observed some very kind and caring interactions between staff and people, where people were encouraged to be as independent as possible.
- Staff supported people with dignity and respect and provided compassionate support in an individualised way. People's rights to privacy and confidentiality were respected. People told us they liked the staff. Comments included, "[Name of member of staff] is nice and I like doing jobs and going for walks with them" and "Staff are kind to me."

# 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

- Care records were personalised and reflected people's individual needs. The information was kept under regular review and updated in line with any changes needed. Agency staff told us they were unable to access the electronic version of the care plan and complete the care notes. The quality lead addressed this following the inspection.
- Both permanent and agency staff we spoke with had a good understanding of people's needs and how to deliver individualised care.
- People were supported to make choices and have as much control and independence as possible, including developing care, support and treatment plans. One person told us, "Yes I have a care plan, I talk with staff about it?"

Meeting people's communication needs

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

- The service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the AIS.
- People's care plans described any issues regarding communication, for example whether hearing aids or glasses were needed and whether people had difficulty processing information.

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 currently relevant to them

- People's feeling of wellbeing benefitted from the staff promoting social events, access to the community, and activities based on their preferences.
- People were engaged in a programme of activities. People were involved in the planning of activities.
- People were enabled to progress and maintain relationships with those close to them and to develop social networks and links within the local community. For example, people were encouraged to access community-based groups and pursue their hobbies and interests. One health and social care professional told us, "My client is getting out regularly, much more than they did at their previous placement."

Improving care quality in response to complaints or concerns

- People knew how to feedback to the management team about their experiences of care and the service provided a range of accessible ways to do this.

- People and staff knew how to make complaints should they need to. They told us they would not hesitate to raise any concerns with staff or directly to the registered manager and were confident they would be listened to.

#### End of life care and support

- The service manager worked with people during the review process to explore their views and wishes. They explained that when required, people would be supported to make decisions about their preferences for end of life care.
- Staff were aware of good practice and guidance in end of life care and knew to respect people's religious beliefs and preferences.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider had a quality monitoring system, which consisted of audits, checks and methods to ensure information was communicated to people so they could provide feedback. However, the systems had not identified some of the issues found during the inspection or these had not been rectified in a timely way.
- Records of audits carried out in relation to cleaning, water temperatures, care plans and medicine systems were incomplete and did not clearly identify actions taken to address issues identified. Dates of completion were not recorded. Further gaps in records in relation to recruitment, supervision, appraisal, disciplinary meetings and debriefing following incidents were discussed with the registered manager, who assured us these would be added to the audit system.
- Systems and processes were not used effectively to ensure the service was assessed and monitored for quality and safety.

Failure to operate effective systems and processes to assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been a recent change in management and the quality monitoring system had started to improve. A more independent audit system was being used to support the internal quality monitoring systems and to drive action plans and shortfalls identified.
- There was a system for reporting accidents and complaints to senior management, so these could be analysed for lessons learned.
- The registered manager understood their legal responsibility to notify the CQC about incidents that affected people's safety and welfare; all notifications were submitted in a timely manner.

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

- Every person we spoke with said they had no problem raising concerns with staff, the manager or senior management.
- The provider had introduced person-centred software to improve the recording of daily care provided to people.
- The registered manager and staff promoted a friendly, homely and caring culture where people

experienced appropriate outcomes.

- The registered manager was clear about being open and honest with people and their families when shortfalls in the service occurred. This had been demonstrated following a recent incident.
- Staff told us they were supported by the manager of the service, but the registered manager was not visible within the service. Some staff commented that morale had dipped due to ongoing staffing issues, but they remained committed to providing good care.

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

- Meetings and reviews were held so people could engage with staff and management. There was a schedule of meetings for staff, but these were not well attended.
- Records showed staff engaged with a range of health and social care professionals involved in people's care and treatment. Information printouts were available when people were taken to hospital for emergency treatment or admissions. These provided up to date guidance on people's needs to assist nursing and medical staff.
- A visiting professional told us they felt communication was good and any requested information was always provided.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment
Treatment of disease, disorder or injury	Risks to people's health and safety were not being managed in line with best practice guidance. Regulation 12 (1) (2)(b)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance
Treatment of disease, disorder or injury	Systems to monitor and improve the quality of the service were not effectively operated which meant people were at risk of receiving a poor service. Regulation 17(2)a d (i)

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing
Treatment of disease, disorder or injury	Sufficient numbers of suitably qualified, competent, skilled and experienced staff were not on duty at all times. Staff supervision and appraisal programmes had not been maintained. Regulation 18 (1)(2) (a)