

Lifeways Community Care Limited

Elm Tree House

Inspection report

Meadow View
Rochdale
OL12 7PB

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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

Elm Tree House is a residential care home providing accommodation and personal care for up to 6 people with learning disabilities. At the time of the inspection there were 3 people using the service.

The service has been 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 outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People using the service received planned and co-ordinated person-centred support which was appropriate and inclusive for them.

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.

Staff were aware of their responsibilities in safeguarding people from abuse. Risks were well managed and health and safety checks in the home had been carried out. The home was clean and well maintained. Safe systems of recruitment were in place. Medicines were managed safely.

There were enough staff to meet people's individual needs and staff received the induction, training and support they needed to carry out their roles. People's nutritional and health needs were met.

Everyone told us staff were nice. Staff knew people well and took a pride in providing person centred support. People were involved in all decisions about their care and support. Their preferences and routines were respected.

Care records were person centred, reviewed regularly and updated when people's needs changed. People took part in a range of activities both in the home and in the wider community. People were supported to keep in regular contact with their relatives.

There were good systems of quality assurance checks and audits. Everyone was positive about the registered manager and the way the service was run. The provider had notified the Care Quality Commission (CQC) of significant events such as safeguarding concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us in October 2018 and this was the first inspection.

Why we inspected

This was a planned inspection based on our published methodology.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Elm Tree House

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

The inspection was undertaken by one inspector.

Service and service type

Elm Tree House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 CQC. 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.

Notice of inspection

The first day of inspection was unannounced.

What we did before inspection

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. This information helps support our inspections. We reviewed information we had received about the service. We sought feedback from the local authority involved with the service. We asked Healthwatch Rochdale for their views on the service. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, deputy manager and care staff.

We reviewed a range of records. This included two people's care records, multiple medication records and records of care provided. We looked at three staff files in relation to recruitment. A variety of records relating to the management of the service, including training, policies and procedures were reviewed. We also spent time observing the support people received and how staff interacted with people who used the service.

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 good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to individuals and staff were identified and well managed. Risk assessments were person centred and gave clear guidance to staff on what needed to happen to keep people safe, whilst respecting people's choices.
- Health and safety checks in the home had been carried out. There was a programme of regular maintenance to the building and servicing of equipment. Concerns or repairs were dealt with effectively.
- Systems were in place to protect people in the event of an emergency. Contingency plans gave information to staff on action to take for events that could disrupt the service.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm, abuse and discrimination.
- Staff were trained to identify the signs of abuse that they needed to be aware of.
- Everyone we spoke with was confident that any concerns raised would be dealt with promptly and appropriately. A relative told us, "[Person who used the service] is safe. Nothing untoward is happening, [person] would tell me."

Staffing and recruitment

- There were safe systems for staff recruitment in place. All required checks were completed prior to staff starting to work at the home.
- Staffing levels were appropriate to meet people's needs. Staffing was provided at consistent levels and we saw that additional staffing was provided if people's needs changed or specific activities were taking place.

Using medicines safely

- People received their medicines safely. Staff were competent and confident with supporting people with their medicines. Staff had received training in the administration of medicines and had regular competency checks.
- Robust processes were in place to ensure people were able to access their medicines safely when in the community.

Preventing and controlling infection; Learning lessons when things go wrong

- There were systems in place to prevent the spread of infection or disease. The home was clean and tidy.
- Staff had completed training in infection prevention. Personal protective equipment was available and used by staff when providing personal care.
- Records were kept of accidents and incidents that occurred to people who used the service and to staff.

The registered manager and senior managers also monitored accidents and incidents and identified any lessons that could be learned to prevent future occurrences.

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.

Staff support: induction, training, skills and experience

- Staff had the skills, knowledge and experience they needed to carry out their roles effectively. Staff completed an induction and a range of training the provider considered mandatory.
- Staff were positive about the training and support they received. Staff members said, "The training is mind-blowingly good" and "The induction was good, I got lots of information that I didn't know."

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 was working within the principles of the MCA. Where needed, mental capacity assessments and best interest meetings had been completed. This included where restrictions were in place as part of behavioural support plans. Records showed where appropriate people's representatives had been involved in decisions about their care.
- The correct procedures for applying for DoLS had been followed.

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

- People's needs were assessed and their individual preferences identified. Before people started to live at the home staff visited people where they lived to introduce themselves and to get to know people. We saw that as part of the process people were sent photographs of staff that they would be supported by and a rota telling them which staff would visit them on what days. This process helped ensure people were suitable placed and the service could meet their needs.
- Where people had behaviours that at times challenged the service, managers and staff were proactive in ensuring people received the support they needed. We saw that detailed assessments were completed in

line with positive behaviour support (PBS) principles. These identified, in a staged approach, ways staff could help deescalate situations where people who used the service may become upset or angry. We saw staff always had an opportunity to talk with a manager after any incidents and records were kept of all incidents. The registered manager reviewed all these records monthly and where any concerns were identified about an incident they spent time with the staff concerned discussing lessons that could be learned.

- All the staff we spoke with were confident that every member of staff followed PBS principles and always used the least restrictive option when supporting people who used the service.

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

- People's nutritional needs were met. People chose what they ate and were encouraged to be involved in shopping and cooking meals.
- Where people had specific dietary requirements, or needed their food modifying, records gave guidance to staff on how the food should be prepared and how to support the person safely.

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

- The home was clean, tidy and clear from clutter and obstructions.
- The home was designed so that people could spend time together if they wished but have their own individual areas of the home when they wanted time away from others. The home also had individual self-contained flats.
- There was a range of assistive technology available that helped promote people's independence.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their health needs and had access to a range of health care professionals and regular health checks.
- People's health action plans (HAP) contained information about their health conditions and support they needed to promote good health.
- A hospital passport was used to document relevant information about people. This included their medical conditions, medicines, allergies, personal care, communication and routines. This would help ensure important information staff might need was transferred with the person if they went into hospital.
- The service was working proactively with a consultant to help reduce the occasions 'as required' medicines were used when people became upset. We saw that with one person the use of alternative strategies to help them become calm was being used very successfully.

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

- Our observations during the inspection showed that staff treated people with respect and respected their individuality. People said of staff, "They are nice. I like [staff name] he is so nice and cleans my room for me" and "The staff are nice, lovely. It's like a little family. Staff are like our friends."
- We looked at whether the service complied with the Equality Act 2010 and how the service ensured people were not treated unfairly because of any characteristics protected under the legislation. Our observations of care, review of records and discussion with the registered manager, staff and people demonstrated that discrimination was not a feature of the service. People's cultural, religious and spiritual beliefs were respected.
- Staff spoke positively about the people who used the service. They took pride in the support they provided. Staff said, "[People who used the service] are fantastic" and "It's really good. I love coming to work. Each day is different."

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

- During the inspection we saw that people were listened to and their choices were respected. There was a key worker system. This meant specific staff had key responsibility such as helping people with shopping or organising new activities. People who used the service chose their keyworker.
- People's preferences and routines were respected. Records gave detailed descriptions of how people liked their support provided. One person told us they liked living at the home and liked how staff supported them. They said, "I am doing ok."

Respecting and promoting people's privacy, dignity and independence

- All care records gave good information about what people could do and how staff could encourage people's dignity and independence. A relative told us, "[Person who used the service] is happy. [Person] is doing things [they] couldn't before."
- People's right to confidentiality was respected. Policies and procedures showed the service placed importance on protecting people's confidential information.

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 and support were based on the needs and preferences of individuals. Care records included person-centred risk assessments and support plans. They gave information about the person, who and what was important to and for them and how they could be supported with choice and control.
- People or where appropriate those who were important to them, had been involved in decisions about their care and support. Care records were reviewed regularly and updated when people's needs changed. A relative told us, "It's about [person]. It's not a one size fits all."
- People's individual routines were respected. Care records included people's likes, dislikes and things that must happen for them. This gave information about what staff should and shouldn't do. One person's care record indicated that they liked a jacuzzi bath each morning and a shower before bed. We saw staff ensured the person was supported to do this.

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

- Activities were based around people's individual interests, hobbies and ambitions. People took part in a range of activities both in the home and in the wider community.
- One person said, "I ring my [relative] every day. I am going home at Christmas." A relative said, "[The home] is geographically nearer than where [person] was before. [Person] comes home a lot."
- We saw that people were supported to keep in contact with their relatives and regularly visited their family homes.

Improving care quality in response to complaints or concerns

- There was an appropriate system in place to manage complaints. Complaints were handled in the correct way and responded to in a timely manner. The registered manager ensured action was taken if lessons could be learned to improve the service.

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 carers.

- Information was available in alternative formats including pictorial and easy read formats.
- Care records included information about how people communicated. They included information about what people's words, facial expressions, gestures and actions might mean. They also guided staff on how

they should respond and how to check out they were understanding correctly what the person meant.

- One person had a diary they used to express their feelings when they were becoming upset. This helped them to stay calm. We saw staff encouraging the person to use this.

End of life care and support

- At the time of our inspection, nobody was receiving support at the end of their life. Processes were in place to enable people's wishes to be identified and recorded if they wished.
- Staff had received training in end of life care.

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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Robust systems of daily, weekly and monthly quality assurance checks and audits were in place. Where issues were found they were dealt with promptly.
- People were positive about the service and the way it was managed and organised. Staff said, "It's a brilliant little service" and "Yes, I would recommend. it's well run and the team is really good. The [people who use the service] get everything they want. I really like it here." A relative said, "It's about good continuity of care. It's the quality of the staff."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was person centred, people were involved in all decisions about their care. Their opinions were valued. A relative told us, "They listen to parents" and "I speak to [registered manager] every couple of days."
- We found the registered manager knew people very well and was committed to providing a responsive, person-centred service. People spoke highly of the registered manager. One person who used the service said, "[registered manager] is lovely." Relatives told us, "She is nice" and "She is super-duper. Very helpful and supportive." One staff member said, "She is a good manager. She comes out and helps when we need her. If you have a question she will help you. She is easy to approach."
- Staff felt valued and recognised for the support they provide. Staff members said, "Whenever I have a problem or question the team leaders are really good. I feel comfortable going to them at any time. They have made me feel so welcome" and "I am very close to my managers. I can talk to them at any time."
- There was a statement of purpose and service user guide. This gave people details of the facilities provided at the home. They explained the service's aims, values, objectives and services provided.

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 registered manager was aware of their responsibility regarding duty of candour.
- The registered manager had notified CQC of significant events such as safeguarding concerns.

Continuous learning and improving care; Working in partnership with others

- The home worked closely with the local authority who commissioned the service. We received positive

feedback about how the manager and staff worked with other agencies to ensure people's needs were met.

- The registered manager had a system in place that enabled them to review any accident, incident, safeguarding or complaint. This helped ensure they could identify good practice and where improvements needed to be made.
- The service had a range of policies and procedures to guide staff on what was expected of them in their roles.