Care Quality Commission

Eleanor Nursing and Social Care Limited

York House and Aldersmore

Inspection report

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Essex
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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

Overall summary

The inspection took place on 6 March 2015 and 11 March 2015 and was unannounced.

York House and Aldersmore is a care service for up to 18 people who have a learning disability or autistic spectrum disorder. People who use the service may also be living with mental health needs, a physical disability or dementia. At the time of our inspection there were 14 people who lived at the service and two people who received short term respite care.

A registered manager was in post at the service. 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.

People were safe because staff understood their roles and responsibilities in managing risk and identifying abuse. People's care needs were identified and they received safe care that met their assessed needs.

There were sufficient staff who had been recruited safely and who had the skills and knowledge to provide care and support to people in ways they needed and preferred.

Summary of findings

People's health needs were managed by staff with input from relevant health care professionals. Staff supported people to have sufficient food and drink that met their individual needs.

People were treated with kindness and respect by staff who knew them well. When people were unable to make their views known verbally, staff understood their individual ways of communicating what they needed or how they felt.

People were encouraged to take part in interests and hobbies that they enjoyed. They were supported to keep in contact with family and develop new friendships so that they could enjoy social activities outside the service.

There was an open culture and the management team demonstrated good leadership skills. Staff were enthusiastic about their roles and they were able to express their views.

The management team had systems in place to check and audit the quality of the service. The views of people and their relatives were sought and feedback was used to make improvements and develop the service.

Summary of findings

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.

There were enough staff with the correct skills who knew how to provide people with safe care. There were processes in place to address people's concerns.

Systems and procedures to identify risks were followed, so people could be assured that risks would be minimised and they would receive safe care.

Processes for supporting people with their medicines were followed, so people could be assured they would receive their medicines safely and as prescribed.

Good

Is the service effective?
The service was effective.

Staff received the support and training they required to give them the knowledge to carry out their roles and responsibilities.

People's health, social and emotional needs were met by staff who understood how people preferred to receive support.

Where a person lacked capacity there were correct processes in place so that decisions could be made in the person's best interests.

Good

Is the service caring?
The service was caring.

Staff treated people well and were kind and considerate in the way that they provided care and support.

People were treated with respect and their privacy and dignity was maintained.

People were supported to maintain important relationships and relatives were consulted about their family member's care and support.

Good

Is the service responsive?
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The service was responsive.

Staff understood people's interests and supported them to take part in activities that were meaningful to them.

There were processes in place to deal with any concerns and complaints and to use the outcome to make improvements to the service.

Staff had a good understanding of how people communicated and used this knowledge to take their views and preferences into account when providing care and support.

Good

Summary of findings

Is the service well-led?

Good

The service was well led.

The service was run by an established management team that promoted an open culture and demonstrated a commitment to providing a good quality service.

Staff were provided with the support and guidance they needed to provide a good standard of care and support.

There were systems in place to seek the views of people who used the service and others and to use their feedback to make improvements.

York House and Aldersmore

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 was planned to check 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 6 March 2015 and 11 March 2015 and was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the manager. This is information about important events which the provider is required to send us by law. We also looked at information we had available, for example information from the local authority and health or social care professionals. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with two people about their views of living at the service. Where people were unable speak with us directly we used informal observations to evaluate people's experiences and help us assess how their needs were being met; we also observed how staff interacted with people. We spoke with two care staff, the registered manager and the deputy manager.

We looked at three people's care records and also looked at information relating to the management of the service such as health and safety records, staff training records, quality monitoring audits and information about complaints.

Good

Is the service safe?

Our findings

One person told us that they felt safe because staff looked after them. Other people were unable to tell us whether they felt safe because they had limited verbal communication or chose not to speak with us so we observed how staff interacted with them. People smiled at staff and appeared relaxed and confident.

People were able to talk to staff if they had any worries. People came into the office to speak with the manager or the deputy manager about things that were on their mind. The management team listened and responded appropriately.

Staff had received safeguarding training that had been updated in the past year. Staff understood the different types of abuse such as physical or psychological abuse and knew what signs may indicate that a person had experienced abuse or harm. Staff were aware of their responsibilities to report any sign of harm and were sure that appropriate action would be taken if they raised any concerns. The registered manager and deputy understood their responsibilities to report any suspected abuse to the local authority.

The provider had systems in place to assess and manage risk. Care records contained risk assessments which had identified risks that were relevant to the individual. We saw a range of assessments covering areas such as whether the person understood environmental risks or if the person was not able to mobilise well whether they were at an increased risk of falls. When a risk was identified measures were put in place to minimise the risk whilst enabling the person to continue with activities that they enjoyed. For example one person liked to help in the kitchen and the risks had been assessed and staff supported the person to understand how to be safe when helping with cooking or making hot drinks. The information in the risk assessments guided staff to recognise areas of risks to individuals and set out what support the person required. Staff demonstrated that they understood specific risks for people and knew how they should support them to minimise the risk to themselves and to others.

There were policies and procedures in place to guide staff on how to respond to risks to the service in an emergency situation. For example in the event of a fire of if there was an untoward event like a power cut. Staff understood that there were fire evacuation plans in place and knew how to respond in an emergency. For example, each person had a personal evacuation plan and fire drills were carried out so that staff could put the plans into action and evaluate their effectiveness. The premises were maintained to a good standard and equipment, for example in the kitchen, was checked for safety so that people were not at risk from poorly maintained furnishings or broken equipment.

The registered manager was able to demonstrate how they assessed staffing levels according to people's needs. There had not been any new admissions for over a year and people's needs were well understood by the management team. Any change to a person's needs or abilities was quickly recognised and they reassessed staffing levels to determine if they required additional staff or whether staff could be used flexibly. The service traditionally had operated as two distinct houses, York House on one side and Aldersmore on the other, separated by a long corridor. The registered manager explained that it was not an efficient or effective use of staff for example if people in one house went out staff were sometimes on shift with no-one in that particular part of the service. People were consulted about changing the way communal rooms were used so that staff were able to spend more time with people rather than splitting the staff team across two areas. We discussed the impact of these changes on people with the manager who explained that some had accepted the changes without question, although a few people took a little bit longer to understand. However, when people became accustomed to using all parts of the building staff noticed that people were more sociable.

There was a clear recruitment process in place that kept people safe because relevant checks were carried out as to the suitability of applicants. These checks included taking up references and checking that the applicant was not prohibited from working with people who required care and support.

The provider had procedures in place to manage staff performance should poor or unsafe practice be identified. We saw that the process included working with the staff on a 'Performance Indicator Plan' with set timescales for improvement. The registered manager explained that if poor performance did not improve the next step was to follow their formal disciplinary procedures to protect people from poor or unsafe care.

Good

Is the service safe?

The provider had suitable arrangements in place for supporting people with their prescribed medicines safely. Medicines were stored securely and we saw that medicines administration record sheets were in order. The processes for ordering supplies of medicines and the disposal of unused items were recorded and the management team carried out audits to check that staff were following procedures. Staff had received training in the safe administration of medicines and they understood what people's medicines had been prescribed for.

Good

Is the service effective?

Our findings

Staff had the training they required to meet people's assessed needs effectively. Newly recruited staff worked with the deputy manager on familiarising themselves with their role. This induction could take from two to six weeks according to the amount of support the member of staff needed and how much previous experience they had. One recently recruited member of staff explained about their induction process and the training they had received. They said that they were settling in well and the other staff were supportive.

There was a range of training available to provide staff with the information they required to provide effective care and support. The training consisted of both online training for information and practical courses in areas where a hands-on approach was necessary such as manual handling or first aid. Staff were able to tell us about people's specific needs, for example around changes to people's understanding as they got older and how their knowledge and skills helped them communicate effectively.

Staff told us that they felt well supported and they could go to the management team if the wanted to discuss anything. Staff had the opportunity to discuss people's care and other issues relating to their role at staff meetings. If a member of staff wanted to speak about more specific issues or if they had concerns they could discuss these during formal face-to-face supervisions. As part of the provider's processes for supporting and supervising staff, the management team also carried out observations of how staff performed their care and support duties so that they could identify areas for improvement or any additional training needs.

We found the provider was following the Mental Capacity Act (MCA) 2005 code of practice. Systems were in place to protect the rights of people who may lack capacity to make particular decisions. Where an assessment was carried out which identified that a person did not have the capacity to make a particular decision, there were processes in place for others to make a decision in the person's best interests. The management team understood the process for making Deprivation of Liberty Safeguards (DoLS) referrals where required. Staff had a basic understanding of MCA and DoLS but were less sure of their role and said they would go to the management team for information. Staff consulted with people about whether they required support and they asked people if they wanted to join in with things that were going on. For example, we saw a member of staff discussing an appointment with someone to check whether they were happy to go.

People's nutritional needs had been assessed using a formal malnutrition assessment tool and if anyone was identified as having specific needs around nutrition, such as a poor appetite or difficulties in swallowing, relevant health professionals including dieticians were consulted. For example, one person was noted to be losing weight and was referred to the GP for tests. When no specific medical reason was identified the person received input from the dietician who put a plan in place to support the person to maintain a healthy weight.

People took their meals in the dining room where the tables were pushed together rather than individually. The registered manager explained that they had rearranged the tables for the Christmas celebration and people enjoyed the social occasion so much that they had discussed it at a meeting and decided they would like to keep the layout.

Two people told us they enjoyed the food and that they could choose what things went on the menu. Where necessary to help people have input into menu planning, staff used pictures to help people make choices. Staff knew people's likes and dislikes and there were alternative meal options available. People were consulted about shopping for food and were encouraged to be involved at mealtimes, for example one person liked to lay the tables for meals. People were also encouraged to make their own drinks and staff assisted where necessary.

People were involved in making decisions about their health to the best of their ability; staff discussed doctor's appointments in ways that the person could understand. Where people needed to see a doctor they were supported to go to appointments and any advice or treatment was recorded in the person's care records. People's health needs were met with support from relevant health professionals. For example one person had regular visits from a foot practitioner. People were supported to have an annual health check and to visit the dentist regularly for check-ups. We noted that other professionals visited the service such as an optician and community nursing services.

Good

Is the service caring?

Our findings

One person told us that staff helped them and took them on holiday; they said, "I like [named staff]."

The registered manager explained that they strive to make 'special moments' happen for people so that they feel valued. These can be small things on a daily basis such as complimenting someone on what they were wearing or celebrating events such as birthdays. One significant event took place the previous year when a person told staff they would love to put on a show for their family. Staff decided to help make the person's dream a reality and spent months supporting the person and others who wanted to take part in preparing for a production of The Wizard of Oz. People were supported to help make costumes and learn songs. After months of preparation they hired a hall and put on a performance for almost 100 people. The registered manager described how happy the person was when they presented them with a bouquet at the end of the performance. The people who took part enjoyed the experience so much that they wanted to do it again. Another show was organised some months later on a smaller scale and took place at the service, inviting friends and family to watch.

We saw that people were treated with respect and staff were polite. When people required assistance with their personal care, this was carried out discreetly and their dignity was maintained.

Staff understood how to support individuals when they became anxious, they knew what approach worked for each person. For example we saw a member of staff diffuse some anxious behaviour for one person who was repeatedly asking about something that they were clearly worried about. The member of staff spoke calmly to the person and answered their concerns with patience. The member of staff told us that when the person became anxious that they needed to diffuse the situation promptly so that their anxiety did not escalate and they did this in a sympathetic and reassuring way.

Not all the people were able to fully understand their plans of care but they were encouraged to discuss their care wishes to the best of their ability. The management team explained that they tried to involve people in whatever way they were able, which helped them feel included. People's input was recorded in the care plans. Staff understood how to communicate with people about their care in ways they could understand, using language that was familiar to them.

People were encouraged to be as independent as possible for example by making their own drinks or attending to as much of their personal care as they were able. When people needed support with their personal care, this was carried out in private to maintain the person's dignity. Staff were polite, kind and caring when speaking with people.

Good

Is the service responsive?

Our findings

People's needs were assessed and their care plans were written from the person's point of view with a detailed record of their preferences, likes and dislikes. There was an overview of how people preferred to spend their time as well how they preferred to be supported with personal care so that staff had a clear guide to the individual's daily support needs. Staff were able to demonstrate a good understanding of people's care needs as well as how they liked to spend their time. Identified needs were reassessed regularly to reflect changes, for example in a person's health or mobility.

People's history and early life was recorded in a section of their care plan called 'This book is about me'. The information gave details of the person's family life and experiences when they were younger as well as their current likes, dislikes and preferences. Members of staff knew people well and talked with them about their interests.

People were able to take part in the type of activities that they enjoyed both at the service and in the wider community. Their assessments and care plans recorded people's social and leisure needs and the kind of activities they took part in reflected their hobbies and interests, for example one person enjoyed knitting, other people enjoyed going out. People also took part in some group activities such as doing arts and crafts. They particularly enjoyed making things for celebrations such as Easter and the things they made were displayed throughout the service. We saw that staff sat with a group of people and encouraged them to take part in a group craft activity. Staff also supported people individually, talking to them about what they were doing or just making conversation.

People were encouraged to personalise their rooms and decorate them as they chose. Each person's room had a picture that meant something to them on their door. Each picture was individual and tried to incorporate things like the person's favourite colour. One person offered to make us tea and later they came back and said, "I want to show you my room." The person was very proud of their room and liked to keep it looking nice. They talked to us about their family photographs and the things that were important to them.

The registered manager said that they made sure people were able to do things that they wanted so that everyone felt special. One person told us that they were planning another holiday and they were excited because they had enjoyed last year's holiday so much; they told us, "We had a marvellous time." They showed us their holiday photographs and talked about the good memories they had.

People were encouraged to maintain contact with families were possible, whether by visits or on the telephone. When people did not have close family relationships, they still maintained contact by sending cards for family birthdays or other celebrations such as Easter and Christmas. People were able to access clubs in the community to make and maintain friendships.

The provider had a policy and procedure for dealing with concerns and complaints and people had access to an easy read version that staff could support them to understand. Some people were not able to make formal or structured complaints but we saw that staff listened to them. Two people told us they had no complaints. We saw that when people had minor concerns, they came into the office and spoke with the registered manager or the deputy manager, who discussed what was concerning the person and explained what they could do to resolve the problem. The registered manager said that they dealt with minor concerns as and when they arose, so that problems did not escalate and become a formal complaint. There were no formal complaints recorded in the complaints log, but minor concerns and how they had been responded to were recorded in individual care records.

Good

Is the service well-led?

Our findings

The registered manager took a hands-on approach and maintained a visible presence in the service, monitoring what happened on a daily basis. Although people were not able to comment on how the service was managed, we saw that people came into the office and sought out either the registered manager or the deputy manager to talk to them.

The service had a 'mission statement' that set out their vision and values. Copies of this were prominently displayed and all staff understood the values of the service. The core of the values was to place people at the centre of everything they did with the focus on each person as an individual.

The provider had a process to seek feedback from people and their relatives to improve the quality of the service. This process included distributing questionnaires using the feedback to identify areas for development and improvement. The most recent survey was carried out in July 2014 and there were positive responses from family members who had completed the surveys. Meetings were held monthly for people who lived at the service. These meetings were led by the member of staff whose role was to manage social events and daily activities and who had a good rapport with people. People were able to discuss areas that were important to them, such as food, things they wanted for their bedrooms and any problems they may have had.

The registered manager and staff promoted links with the local community. A summer garden party was well attended and included neighbours. The service maintains links with a club run by the charity MENCAP and people who used the club were invited to celebrations and events at the service. This helped people develop new friendships.

Staff told us they felt that they got the support they needed and they could raise any issues with one of the management team. There were staff meetings to give staff the opportunity to raise concerns or make suggestions for improving the service. Staff said they would be confident they could raise issues both at staff meetings and informally.

There was a handover process between staff to make sure that information was clearly understood by all staff and could be acted upon appropriately. The registered manager was aware of people's daily plans, such as doctor's appointments and whether people were going out.

The provider had processes in place to monitor and audit the quality and safety of the service. For example, there were records of regular checks on fire systems and equipment, water temperatures, electrical appliances and the general maintenance of the property; any identified issues were dealt with promptly.

The management team also carried out a range of audits that included people's care records, medication systems and staff training. They also put action plans in place to address any issues that were identified I the checks and audits they carried out.

There were systems in place for managing records. We saw that people's care records were well maintained, contained a good standard of information, were up to date and stored securely. People could be confident that information held by the service about them was confidential.