

Imagine Act And Succeed

Elmridge Court Extra Care Scheme

Inspection report

Elmridge Court
Robson Way, Lowton
Warrington
Cheshire
WA3 2RD

Tel: 01942670411

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Ratings

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

Summary of findings

Overall summary

About the service:

- Elmridge Court is an extra care housing scheme located in Lowton. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation here is rented from a housing provider, and is the occupant's own home.
- Not everyone using Elmridge Court Extra Court Care Scheme receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of inspection 24 of the 33 people living at Elmridge Court were receiving a regulated activity.

People's experience of using this service:

- People received care which met their needs and wishes. Care plans clearly explained how people wished to be supported and how staff could keep them safe.
- The provider had systems in place to protect people from abuse. Safeguarding information was clearly displayed within the service and available in an easy read format, to ensure it was accessible to all. Staff had all received training in safeguarding and knew how to identify and report concerns.
- Enough staff had been deployed to meet people's assessed needs. The service liaised closely with commissioners and social workers to ensure people's support levels were appropriate.
- People were supported to exercise choice and take control of their lives and choose how they spent their time. Staff promoted people's independence to ensure they retained current skills and abilities.
- People spoke positively about the standard of care and support they received, describing staff as being kind, caring and well trained.
- Staff spoke positively about the support and training provided. Staff completed an induction training programme upon commencing employment and on-going training was provided. Supervision was completed to provide staff with an opportunity to discuss their roles, any areas for improvement and future goals.
- A varied activity programme was in place, with people also supported to access the community and make links with community based organisations to allow them to pursue their hobbies and interests.
- People and staff's views on the service were sought through completion of regular meetings.
- The service had a had a range of systems and procedures in place to monitor the quality and effectiveness of the service. Action plans had been completed to promote continuous improvement.
- The service met the characteristics for a rating of 'good' in all key questions.
- More information is in the full report.

Rating at last inspection:

- This was the first ratings inspection since the provider took over provision of extra care services at Elmridge Court in December 2017. The service was previously provided by Wigan Council.

Why we inspected:

- This inspection was part of our scheduled plan of visiting services to check the safety and quality of care

people received. Newly registered services or providers are inspected within 12 months.

Follow up:

- We will continue to monitor information and intelligence we receive about the service to ensure care remains safe and of good quality. We will return to re-inspect in line with our inspection timescales for good services, however if any information of concern is received, 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 safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Elmridge Court Extra Care Scheme

Detailed findings

Background to this inspection

The 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.

Inspection team:

- The inspection team consisted of one adult social care inspector and an expert by experience on the first day. An expert by experience (ExE) is a person who has personal experience of using or caring for someone who uses this type of care service. Our ExE had a background in care services and was familiar with the care of older people and those living with dementia. One adult social care inspector returned to complete the inspection on the second day.

Service and service type

- Elmridge Court is an extra care scheme. The service provides care and support to people living in specialist 'extra care' housing. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support.
- The service had a manager registered with the Care Quality Commission. 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

- We gave the service 24 hours' notice of the inspection visit. Due to the type of service we wanted to ensure the registered manager was available to support the inspection. The notice period also allowed staff to ask people using the service if they would be prepared to speak with us.

What we did:

- Prior to the inspection we reviewed information and evidence we already held about the service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. We also asked for feedback from the local authority, housing provider and professionals who work with the home. Feedback received was positive and reported no concerns.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- During the inspection we spoke with six people living at Elmridge Court and two visiting relatives.
- We spoke with the registered manager, deputy manager and five care staff. We also spoke with a visiting professional and a person who ran the on-site shop.
- We reviewed four care files, five staff personnel files, medicine administration records and other records about the management of the service.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

We found people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes:

- People living at Elmridge Court told us they felt safe. One person stated, "I am safe as my flat is my home now, I'm not going anywhere else, my furniture came from my home this gives me comfort and reassurance." If concerned about anything, people said they would speak to a member of staff or go to the office to see one of the managers.
- Staff spoken with confirmed they had received training in safeguarding and knew the different types of abuse and how to report concerns.
- The service's safeguarding policy and procedures were up to date and a copy of the local authority's reporting procedure was kept on file. We found any issues had been reported in line with guidance, with action taken to ensure people were safe.

Assessing risk, safety monitoring and management:

- Safe recruitment procedures had been followed, to ensure staff were suitable to work with vulnerable adults. Staff personnel files included at least two references, proof of identification, full work and educational histories and confirmation Disclosure and Baring Service (DBS) checks had been carried out. DBS checks help employers make safe recruitment decisions as they identify if a person has had any criminal convictions or cautions
- Although responsibility for ensuring the premises and equipment was safe and fit for purpose was the responsibility of the housing provider, the service completed their own regular checks of the environment, fire equipment and water safety.
- We noted due to concerns about the number of people smoking in their flats, and in some instances in bed, the service contacted the local fire safety officer to raise concerns and ask if they could carry out a safety talk at the service. This was carried out and people who smoked were provided with flame retardant bedding.
- Staff knew the people they supported and how to keep them safe. Each person's care file contained a range of standardised and personalised risk assessments, which provided guidance on potential risk areas and how to minimise the likelihood of these occurring.
- We saw evidence of positive action when risks had been noted. For example, one person who was a smoker had been prescribed a cream which contained paraffin and therefore flammable. Staff contacted the GP to request an alternative without paraffin.
- Accidents and incidents had been logged, with a separate accident/incident investigation report completed for each one, to review what had happened and how to reduce the likelihood of a reoccurrence. Completed forms had been sent to the providers health and safety officer for additional review and oversight.

Staffing levels:

- Enough staff had been deployed each day to meet people's needs.
- The registered manager told us staffing was allocated based on commissioned hours plus a waking night. The waking night was not part of care provision when the provider took over the service, however they had spoken with the local authority and insisted this was introduced.
- Two people we spoke with felt only having one staff on during the night was a risk, particularly from a lone working perspective. We raised this with the registered manager and noted a procedure was in place for the waking night worker to contact an on-call system, to let them know they were safe.

Using medicines safely:

- Medicines were being managed safely. Staff had received training in medicines management and had their competency checked annually.
- Each person had a medicines information sheet, which explained what they took, why, how often, any side effects and when the medicine was last reviewed. Guidance was also available for any 'as required' (PRN) medicines, such as paracetamol. This ensured people received these safely and when needed, as well as ensuring staff knew the signs to look out for, should the person not be able to request them verbally.
- Each person had a medicines administration record (MAR) which had been colour coded to distinguish when each medicine should be taken, for example pink for breakfast and yellow for lunch. Reviews of MAR's showed they had been completed accurately and consistently.
- Audits had been completed which covered administration and record keeping. Action points had been generated and completed for any identified issues.

Preventing and controlling infection:

- Staff had access to and wore personal protective equipment (PPE), such as gloves and aprons when supporting people with personal care tasks.

Learning lessons when things go wrong:

- Evidence was available to show that when something had gone wrong the registered manager responded appropriately and used any incidents as a learning opportunity. Action plans to reduce the likelihood of a recurrence had been introduced and completed.
- An example of this occurred earlier in the year when the lift had broken down. People with limited mobility who had been housed on upper floors could not leave the building as were unable to use the stairs. One person particularly was finding this challenging and so the service liaised with the local authority and housing provider about options to remedy the situation, including alternative accommodation until the lift was repaired. To avoid a repeat, the service met with the housing provider to request people with mobility needs are transferred to ground floor accommodation as soon as possible and that these needs are considered when receiving any new referrals.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

We found people's outcomes were consistently good, and people's feedback confirmed this.

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

- Prior to receiving support from the service, people completed the 'designing your support together' process, during which the service sought key information about the person and what their support / care requirements were. This information was used to inform the care planning process and ensured the service could meet people's needs and goals.
- People's likes, dislikes and how they wanted to be supported had been captured and included in their care files. People had been involved in reviewing their care and support, with care files updated to reflect any changes.

Staff skills, knowledge and experience:

- Staff spoke positively about the training provided. Comments included, "Training is excellent here, can't knock it," and, "It's brilliant, there's plenty offered. If we feel we need anything extra, they will provide this."
- Staff completed a four day induction upon commencing employment, which covered sessions the provider considered mandatory, including manual handling, safeguarding, person centre practice, mental capacity act (MCA) and deprivation of liberty safeguards (DoLS). Staff also spent time shadowing existing staff.
- Staff completed refresher training and supervision sessions, which the service called job conversations, to ensure they had the knowledge, skills and support to carry out their roles.
- The service also offered and provided training to people they supported. This included basic first aid, food hygiene and fire safety.

Supporting people to eat and drink enough with choice in a balanced diet:

- Meals were prepared and provided by the housing provider. Lunch was included as part of the rent and other meals could be purchased as required. People also had the option of preparing their own meals in their flats.
- The registered manager told us unless specifically commissioned to provide support at meal times, due to someone having specific needs, this was not an area they had much involvement with.
- Where necessary people's care plans indicated the support required with either meal preparation or eating. For example, one of the people whose file we looked at, received support each day to prepare an evening meal of their choice, whilst another was at risk of malnutrition, so was actively encouraged to eat and provided with supplements twice daily.

Staff providing consistent, effective, timely care within and across organisations:

- The service worked with other community stakeholders, such as the housing provider, social workers, local authority and medical professionals, to ensure effective care for people and that their needs and

wishes were met.

Supporting people to live healthier lives, access healthcare services and support:

- People had access to a range of healthcare professionals, with support provided to arrange appointments as required.
- Care files contained sections for GP or other healthcare professionals feedback. A form had been used which captured the name and profession of the practitioner, reason for visiting, treatment prescribed and any advice given. This ensured both the person and staff had the necessary information to refer to following any visit.
- Where necessary, the service had completed referrals to professionals when any issues or concerns had been identified, such as potential pressure areas or poor nutritional intake.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.

- Staff had received training to ensure their knowledge and practice reflected the requirements set out in the MCA.
- Each person using the service had capacity and had been involved in decision making about their care. Care files included consent forms, which people had signed to agree to the care and support provided.
- People we spoke with also confirmed staff sought their consent before undertaking any care task or entering their flat.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect.

We found people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People spoke positively about the care and support received. Comments included, "It's a good job there are places like this, I love it here", "I find the carers very kind and considerate, they come and have a little chat with me and check that I'm ok, I like that as I know they are very busy" and "They are very caring all of the staff. They know how to look after each resident according to their needs and they are very patient which is encouraging isn't it".
- Observations during the inspection showed staff had developed a good rapport with people. Conversations were warm and natural, with appropriate humour used.

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

- One of the people using the service was chairman of the resident association. We saw regular meetings were held, with the chair responsible for providing feedback from the residents and any relatives. We spoke to this person who told us, "They [the service] are good. The management team do respond quickly to requests."
- Prior to the first meeting, the service had provided forms to people asking them to name three things they felt were working well since the provider took over at Elmridge Court and three things which could be better. This information was used to consolidate positive changes, and helped the service focus on identified areas for improvement.
- We found people were actively involved in all aspects of their care, making decisions about how they wanted to be supported and what they wanted to do each day.

Respecting and promoting people's privacy, dignity and independence:

- People told us they were treated with kindness, dignity and respect.
- Staff were knowledgeable about the importance of maintaining people's privacy and dignity and how to ensure this was done. One told us, "Ask what their wishes are, what they would like doing and respect this. When providing personal care, keep doors closed and cover them up."
- People were encouraged to maintain their independence, including the upkeep of their flat and their personal hygiene. Staff told us, "We encourage people do things for themselves, make meals, dress themselves" and "Where they can, let people do things such as wash up, choose their own clothes, tidy their flat, prepare meals. Some go out on their own, which we encourage."
- Staff were mindful of people's desire to be clean and well presented.
- There was a positive culture at the service and people were provided with care that was sensitive to their needs and non-discriminatory. Staff were mindful of the importance of catering for people's diverse needs, whether these be spiritual or cultural. At the time of inspection nobody using the service had any specific

requirements, although a minister visited the service regularly, to see people unable to attend religious services.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

We found people's needs were met through good organisation and delivery.

Personalised care:

- People received care which was personalised and met their needs and wishes.
- Each person's care file contained a 'my care and support plan' which began with the following statement. 'Please follow the guide below as it tells you how my support needs should be met.'
- The service had captured information about people's likes, dislikes and background along with details of their religious, spiritual, cultural and communication needs. This information had helped inform the care planning process.
- People were empowered to make choices. One told us, "The carers are good, they do offer choices, as it is my decision after all."
- The service ensured people had access to the information they needed in a way they could understand it and were complying with the Accessible Information Standard. The Accessible Information Standard 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. The service was in the process of introducing a talking book to support people with impaired verbal communication skills. They were also looking creating an audio version of the complaint procedure, to ensure this was accessible to people with a visual impairment.
- The service recognised the importance of social inclusion, involvement in meaningful activity and creating social networks. A weekly activities programme had been introduced, which included exercises, games, reading group, sewing club, movie night and baking and coffee mornings. On the day of inspection, the service had arranged a Christmas party, which included a visiting singer.
- Staff members had completed training courses in order to be able to facilitate some of the activity sessions in the home. For example, two staff had completed Oomph! Training, which enabled them to provide sessions focussing on wellbeing and exercise.
- The provider had developed a programme to connect people in the community with shared interests in order to tackle isolation. This was called 'Stepping Out'. As part of this scheme, people using other services run by the provider had formed links with Elmridge court. This included the running of the on-site shop, which provided people living at Elmridge Court who could not access the community, the chance to purchase food, toiletries and other frequently used items. A dog walking service had also been set up, to assist people with pets who were unable to do this themselves.

Improving care quality in response to complaints or concerns:

- The provider had a complaint policy and procedure which was clearly displayed within communal areas of the premises. An easy read leaflet, detailing the complaints procedure had also been produced, to ensure the process was accessible to all.
- The service used a log to document any concerns or complaints received. We saw three minor complaints had been submitted in the last 12 months. One of these was housing related, however the service had

supported the person with this to a successful resolution.

End of life care and support:

- Where required and requested, the service supported people with end of life planning and decision making. People's preferences were captured within the service's 'living well' booklet.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

We found the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements:

- The service had a clear management structure, with the registered manager being supported by a deputy. Both were reported to be approachable and supportive.
- Staff spoke positively about working at the service and the support received to carry out their roles. Comments included, "I love it here, wished I had done this years ago", "We are a good team here, work well together. You can ask anyone for help or support" and "I feel really supported, 100% so. If got a problem can go to [managers] straightaway."
- People we spoke with knew who the management team was and felt comfortable approaching and speaking to them. One told us, "I like to drop in for a chat now and again. I am not afraid to go and speak with them if I feel something is wrong."
- Staff had access to policies and procedures, which were stored electronically, via their own log in details. Policies were updated at provider level to ensure the most up to date guidance was available.
- The registered manager understood their regulatory requirements and had submitted relevant statutory notifications to CQC, to inform us of things such as accidents, incidents and safeguarding's.

Continuous learning and improving care. Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong:

- People we spoke with told us they had noticed a difference in the quality of the care provided, since the new provider had taken over. Comments included, "They changed to IAS [name of new provider] and since then, there has been some very positive changes to the care and how we feel living here" and "The care team have really pulled it around from what it was before."
- All adult social care providers are required to have a statement of purpose (SoP). The service's SoP clearly explained its aims and objectives and had been updated timely to reflect any changes in practice.
- The provider learned from incidents and ensured they were used in a positive way to improve the service. Development plans had been used to capture areas for improvement and future goals and aims.
- The service completed a range of audits and quality monitoring to ensure care and support was of high quality and met people's needs. We looked at a selection of these and noted they included regular audits of care files, accidents and incidents, health and safety and a 'strategic quality audit', which reviewed service provision as a whole and included sections for feedback on current performance and what improvement were required or would be made to ensure desired outcomes had been achieved.

Engaging and involving people using the service, the public and staff:

- Monthly staff meetings had been held, with staff expected to attend a set amount throughout the year.

Staff told us they were actively involved in the meetings and able to bring things up.

- We found the service to be inclusive and provided an empowering environment. Both people and staff's views and opinions were sought and acted upon and they were involved in making decisions about how the service was run. The service facilitated a resident's forum, which included representatives from the housing provider, so all aspects of people's care and support could be discussed.
- The provider produced twice yearly newsletters, which included details of what had taken place at Elmridge Court, including activities, events as well as future plans and other information of relevance to the service.

Working in partnership with others:

- We noted lots of examples of partnership working, involvement of people from other services run by the provider and engagement with the local community, during the course of the inspection.
- The service worked closely with Community Circles, an organisation whose aim is to bring people together to help an individual achieve an aim or outcome. One person had been supported to make links with Wigan Men's Sheds, which is a social organisation where men can meet up and learn new skills. This was with the aim of setting up a chicken shed at the service. On the back of this, a local hen rescue charity visited the home to chat to people about looking after hens. Following this several people expressed an interest in looking after the hens once the run and coop had been finished. In total, five different 'circles' were running at the time of inspection, supporting people to achieve their goals.
- The service had established a partnership with 'Joining Communities', with a range of ventures underway, including a 'my tech and me' course, which aimed to support people to learn how to use mobile phones and electronic devices.