

# Elysium Healthcare No. 4 Limited

## Hurstfield

### Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

Hurstfield 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.

Hurstfield accommodates six people in one adapted building. The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with enduring mental health conditions using the service can live as ordinary a life as any citizen.

This was the first inspection of the service under the current provider Elysium Healthcare No. 4 Limited. The inspection took place on 22 January 2018 and was announced. 48 hours' notice of the inspection was given because the service is small and we needed to be sure that the registered manager was available and that people who used the service would be in.

The service has a registered manager. 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 and associated Regulations about how the service is run.

People were provided with a clean, comfortable environment to live in and could personalise their own space to their requirements. All servicing and checks including the fire alarm and emergency lighting had been updated to help make the environment safe for people.

There were enough skilled and experienced staff and there was a programme of training, supervision and appraisal to support staff to meet people's needs. Procedures in relation to recruitment and retention of staff were robust and ensured only suitable people were employed in the service.

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.

Care plans were person-centred and driven by the people who used the service. They detailed how people wished and needed to be cared for. They were regularly reviewed and updated as required. Maximising people's independence was a clear focus in all of the care plans we looked at.

We observed good interactions between staff and people who used the service. People were encouraged to make decisions about meals, and were supported to go shopping and be involved in menu planning. We saw people were involved and consulted about all aspects of their care and support, where they were able, including suggestions for activities and holidays.

People had access to a wide range of activities that were provided both in-house and in the community. People were able to access walking groups, local pubs and meals out. They were also involved in social events such as birthday parties. These sometimes involved other services that were part of the registered providers group.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. People were given appropriate support to enable them to take their medication by themselves.

People told us they were aware of the complaints procedure and said staff would assist them if they needed to use it.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager. The reports included any actions required and these were checked each month to determine progress. The registered manager was supported in her role by a representative or the registered provider who visits the service regularly. They oversee the systems and processes are to the standards expected by the registered provider.

Further information is in the detailed findings below.

## 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 ●

There were enough staff to meet people's needs. Recruitment procedures ensured appropriate checks on new staff were made. Staff knew how to keep people safe.

Medicines were managed safely. Accidents and incidents were appropriately reported and acted upon. Risks were assessed and strategies to reduce risk put in place.

The premises were well maintained and all safety checks and tests were carried out.

### Is the service effective?

Good ●

The service was effective. People's health needs were monitored and access to healthcare supported.

People's dietary needs were understood and supported in accordance with the requirements of their health condition.

New staff were provided with appropriate induction and all staff received training to give them the skills and knowledge for their role. Staff performance was monitored and they had opportunities to meet with their supervisor.

Strategies were in place to guide staff support when people were anxious. Staff worked to the principles of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and patient; they respected people's privacy and treated them with dignity. People said they liked the staff that supported them.

People trusted staff and were comfortable and relaxed with them. Staff were able to spend social time with people.

Staff supported people to maintain contact with the important

people in their lives.

### Is the service responsive?

Good ●

The service was responsive.

People were provided with an easy read complaint procedure and their informal concerns were recorded and acted upon.

New people were assessed and given opportunities to come for short stays to see if their needs could be met.

Detailed care plans guided staff in the support they gave to people.

Staff understood people's different methods and styles of communication. People had individual activity planners and were consulted about what they wanted to do.

### Is the service well-led?

Good ●

The service was well-led.

Quality assurance systems were in place with robust record keeping.

Staff, people and relatives found the registered manager approachable; staff felt supported and listened to by her.

Staff were provided with opportunities to meet together to discuss events that may affect the running of the service.

Policies and procedures were kept up to date to inform staff practice. The Care Quality Commission was informed appropriately of any notifiable events.

# Hurstfield

## 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 22 January 2018 and was announced. The provider was given 48 hours' notice because we needed to be sure that someone would be in.

The inspection was undertaken by an adult social care inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. At the time of the visit there were six people using the service and we spoke with four of them. We also spoke with support staff and the registered manager. We observed how staff interacted and gave support to people throughout this visit.

Before the inspection we reviewed the information we held about the service. This included statutory notifications about incidents and events affecting people using the service. The registered manager had completed the Provider Information Return (PIR) and sent it to us. The PIR is a form that asks them to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local council commissioners who also undertake periodic visits to the home.

We looked at documentation relating to people who used the service, staff and the management of the service. We looked at three people's written records, including their plans of their care. We looked at the systems used to manage people's medication, including the storage and records kept. We also looked at the quality assurance systems to check if they were robust and identified areas for improvement. We telephoned and spoke with two relatives. They gave us their views about the staff and the care of their family members.

# Is the service safe?

## Our findings

We spoke with four people using the service during this inspection. They felt they were safe in the care home, would be listened to and any problems they had would be acted upon quickly. They all felt their personal property was safe and they were fully respected. One person said, "I have no problems here. The staff help us feel safe. I feel safe being part of the community." People we spoke with told us there were enough staff to meet their needs and they were treated as an individual.

We looked at risk assessments and saw they were managed well. We saw that accidents and incidents were closely managed and near misses were recorded and shared so that future incidences could be reduced or avoided. For example, the registered manager told us that additional daily audits had been introduced to minimize medication errors.

There were emergency plans (PEEPS) in place to ensure people's safety in the event of a fire. These were stored in a 'grab bag' in the entrance to the home. The registered manager pointed out to us where the evacuation point would be in case of any emergency.

The provider had robust safeguarding procedures and these had been followed by staff trained in the subject. We saw safeguarding referrals had been recorded and appropriately investigated by the registered manager who followed procedures to help keep people safe.

We looked at the recruitment files for four staff. We found application forms had been completed, two written references had been obtained and formal interviews arranged. The registered manager told us that people who used the service were involved in interviewing applicants. Applicants also spent time with people who used the service. This enabled the manager to see how they interacted with people.

The service was staffed by a consistent staff team who had all worked for the provider for a good period of time. We looked at the rotas and saw that staffing levels were maintained and the people who lived at the home always knew who would be supporting them. Staff worked flexibly to ensure they provided a good person centred service to people who used the service. Person-centred care is about ensuring the person is at the centre of everything staff do with and for them. This means that staff need to take account of people's individual wishes and needs; their life circumstances and health choices. The registered manager told us that additional staff were made available if people needed to attend hospital or social care appointments. For example, additional staff escorted people who used the service on holidays. The registered manager had responsibility to undertake risk assessments before people were accompanied on holidays. Checks included ensuring the accommodation is suitable for people before the holiday is booked.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medication was securely stored with appropriate storage for controlled drugs, which the Misuse of Drugs Act 1971 states should be stored with additional security. We checked records of medicines administration and saw that these were appropriately kept. There were systems in place for checking medicines stocks and for keeping records of

medicines which had been destroyed or returned to the pharmacy.

The home was clean and well maintained. The registered manager told us support workers were responsible for general housekeeping and supporting the people who lived at the home with cleaning their bedrooms and managing their personal laundry. Systems were in place to check and ensure the safety of the premises and we saw certificates in relation to gas, water and fire safety. Risk assessments were in place to cover any maintenance work at the home. Cleaning records were maintained for all areas and this included deep cleans where appropriate.

The spread of infection within the building was minimised with appropriate cleaning schedules and colour coded equipment. There were procedures and equipment to deal with any spillages.



# Is the service effective?

## Our findings

People were supported to live their lives in the way that they chose. The registered manager told us that people living at the home were encouraged to maintain their lifestyles with the support and encouragement of staff. People told us staff helped them to develop their person centred plans which detailed the support they would need to undertake certain tasks. For example, assistance with personal care and things that was important to them. People we spoke with told us that they thought staff were well trained. One person said, "The support from staff is excellent, they know what they're doing." Another person said, "If I need to see a doctor they (staff) are on the ball and they call straight away."

People who used the service were able to clearly communicate their wishes. Staff were knowledgeable about people's needs and knew how to support them. People's nutritional needs were assessed during the care and support planning process and people's needs in relation to nutrition were clearly seen documented in the plans of care that we looked at. We saw people's likes, dislikes and any allergies had also been recorded.

We spoke with people who used the service about how menus were devised. Staff supported people with shopping for meals and they were encouraged to help in the meal preparation. One person said, "The food here is excellent, I can eat what I want." Another person said, "We help plan the menu. I can have a snack when I want to. I wouldn't want to live anywhere else."

We looked at how people were supported with their health. Each person had a detailed and thorough health action plan, which provided information about past and current medical conditions as well as records of all healthcare appointments. People were supported with routine screening and healthcare appointments. The registered manager and staff had very good links with social and healthcare professionals in order to ensure people received a coordinated service. We found good examples of how staff were committed to maintaining and improving people's health and well-being. For example, the staff had supported one person who required extensive dental care and had arranged for follow up visits by the dentist to take place at the home.

Detailed plans were in place for people who displayed behaviour which challenged the service. The service took a positive approach in this area ensuring the safety of the person and of others in the service. For example, one person fully understood the implications of their behaviours that were challenging and they had agreed to have random checks to ensure they were compliant with the agreement. Health professionals had been involved with the strategies used within the home.

People did not face discrimination or harassment. People's individual equality and diversity was respected because staff had completed training and put their learning into practice. Staff completed the 'Care Certificate' and confirmed they covered equality and diversity and human rights training as part of this on-going training. The 'Care Certificate' looks to improve the consistency and portability of the fundamental skills, knowledge, values and behaviours of staff, and to help raise the status and profile of staff working in care settings. The registered manager told us that staff work alongside more experienced staff until they are deemed competent and confident to work with people who used the service.

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), and to report on what we find. This legislation is used to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in their best interests and protect their rights. The Deprivation of Liberty Safeguards (DoLS) is aimed at making sure people are looked after in a way that does not inappropriately restrict their freedom.

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 were being met. There were policies and procedures to support staff with the MCA and DoLS and all staff had received training in this subject.

The staff we spoke with told us about the training they had received which was specific to the service provided. The training covered all aspects of supporting people with complex needs. It was clear from our observations that the training staff received was fully integrated into the way people were supported. Relatives we spoke with told us that the staff really understood how to treat people as an individual. One relative said, "Staff enable my relative to lead a fulfilling life, which includes taking part in activities of their choice."

Systems to support and develop staff were in place through regular supervision meetings with the registered manager. These meetings gave staff the opportunity to discuss their own personal and professional development as well as any concerns they may have. Staff we spoke with told us that the registered manager was very supportive and always available if needed for guidance and advice.

# Is the service caring?

## Our findings

During our visit we observed good relationships between people and staff. Interaction with people was caring and friendly. Some people were unable to respond to our questions and we observed positive interactions from staff and saw people's enjoyment in response to this. People we spoke with said, "I have all my things in my room. This is my home." Another person said, "My friends and family are welcome to visit me, which they do and he (pointing to a member of staff) is very nice."

We received positive feedback from a visiting professional who said, "When visiting the placement I have observed staff interacting with residents in a skilled manner. Specifically, I have observed staff distracting a very distressed client and supporting them effectively and I have also seen staff implementing boundaries with clients in a skilled manner. I feel the staff have always put the clients at the centre during their 'Care programme approach' (CPA) meetings."

People benefited from staff that had a caring approach to their work and were totally committed to providing high quality care. All the staff spoken with were enthusiastic about their work. We observed staff supporting people in a positive encouraging way. People were asked what they wanted to do during their spare time and there was lots of encouragement given to people to undertake household tasks. For example, people were preparing to go out for lunch as it was someone's birthday. We saw another person returning from a walking group which they liked to attend each week.

The registered manager told us that people did not currently need to use advocacy services and they were able to make important decisions about their care. She told us that if the need arose she would support people to obtain a suitable advocate. Information about how to access advocacy services was displayed on notice boards.

We saw that staff attended to people's needs in a discreet way, which maintained their dignity. Staff also encouraged people to speak for themselves and gave people time to do so. They engaged with people in a respectful and encouraging way, to help them to be as independent as they could be.

Communication between staff was seen to be very good. Daily records completed by staff were written with sensitivity and respect. These were electronic records which gave extra security of data. People received a paper copy of their care plan which they were encouraged to sign to confirm the agreement about what was written about them. People had been informed in the service user guide how the service would respect their right to confidentiality and how this was achieved, including which professionals might access their electronic records. This meant people using the service could be confident their right to privacy was respected with their personal information kept confidential.

People, or their relatives, told us they were involved in decisions and discussions about care and support and their views were always taken into account. One relative we spoke with told us they had been invited to attend a care plan review for their family member the following week.

Each person had a single bedroom with en suite facilities. People were encouraged to choose the décor of their bedroom; we noted each bedroom reflected the tastes and choices of the person. People could also access a main lounge and kitchen areas if they wanted to be with other people who used the service.

## Is the service responsive?

### Our findings

People who used the service received personalised care and support. They were involved in planning the support they needed. Health action plans, which included information medical staff should know if the person became ill and needed hospital attention, were in place.

The registered manager told us that care programme approach (CPA) meetings were held every six months to discuss the progress of each person. Multi-disciplinary team (MDT) meetings were also held with consultants and the care management team where any concerns about individuals could be discussed. A relative we spoke with told us they were also invited to such meetings

Support plans showed us the activities that people were involved in and what was working well and things that may have changed. Staff told us people were encouraged to maintain life skills like helping with cooking and cleaning. People could also undertake voluntary work. For example, work in a charity shop, gardening and helping at coffee mornings

Staff we spoke with told us they worked flexibly to ensure people who used the service could take part in activities of their choice. They said activities such as attending social events and going for meals were arranged around people who used the service. People were encouraged to attend religious events such as midnight mass at Christmas. One person told us, "A group from my church comes to see me here once a week. I go to church three times a week. It's very important to me."

People were provided with information about the service in a 'Service User Guide'. The information was set out in an easy read format with photographs and pictures used to illustrate the main points.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was available to those who needed it in that format. They told us they had received one formal complaint in the last 12 months. This had been appropriately responded to. The registered manager told us that she met regularly with staff and people who used the service to learn from any concerns raised to ensure they delivered a good quality service.

We were told by the registered manager the staff team worked very closely with people and their families so that comments and minor issues were dealt with before they became a concern or complaint. People who used the service and their relatives were encouraged to discuss any concerns during review meetings, during day to day discussions with staff and management and also as part of the annual survey. This helped increase their confidence and awareness of making complaints.

People we spoke with did not raise any complaints or concerns about the care and support they received. The relatives we spoke with told us they had no concerns but would discuss with the staff or the registered manager if they needed to raise any issues.

Staff told us if they received any concerns about the services they would share the information with the registered managers. They told us they had regular contact with their manager both formally at staff meeting and informally when the registered manager carried out observations of practice at the home.

## Is the service well-led?

### Our findings

The staff members we spoke with said communication with the registered manager was very good and they felt supported to carry out their roles in caring for people. They felt confident to raise any concerns or discuss people's care at any time. They said they worked well as a team and knew their roles and responsibilities very well. One member of staff told us, "It is a lovely home to work in." Another staff member said, "We work well as a team, if anything needs improving or we have any ideas we tell the manager and we sort it as a team. We are always looking for ways to improve the service."

The manager had been registered with the Care Quality Commission (CQC) since October 2017 and was described as a leader who placed people at the heart of everything they did. People and staff made positive comments about the registered manager. The registered manager told us that the provider had a clear vision and set of values that the service worked towards. These involved treating people with dignity and respect and enabling people who used the service to be independent while ensuring their rights and choices were maintained. The registered manager was supported by representatives of the organisation. She said, "I know where to get support if needed. I have regular meetings and they (registered provider) oversees the monitoring of the service and undertake quality audits. We review any actions required to ensure progress is maintained."

Observations of interactions between the registered manager and staff showed they were inclusive and positive. All staff spoke of strong commitment to providing a good quality service for people living in the home. They told us the registered manager was approachable, supportive and they felt listened to.

Staff were able to attend regular meetings to ensure they were provided with an opportunity to give their views on how the service was run. Daily handovers were also used to pass on important information about the people who lived at the home.

The registered manager and her line manager ensured there were effective and robust systems in place to monitor and improve the quality of the service provided. The monitoring included gaining the views of people living at the home and also looking at how the registered manager audited areas such as health and safety, infection control and medication.

Accidents and incidents were monitored by the registered manager to ensure any trends were identified. We were told that no accidents or incidents had occurred since the last inspection. The registered manager confirmed they were aware of the type of notifications that should be reported to the Care Quality Commission.

Comments received from health professionals confirmed they had confidence in the registered manager's ability to provide a good service. One health professional said, "I would say the service is well led. The registered manager has always very quickly accommodated any requests for care programme approach (CPA) meetings, returned telephone calls, assessments and anything relating to the clients we place there." CPA meetings is a way that services are assessed, planned, co-ordinated and reviewed for someone with

mental health problems or a range of related complex needs.