

Number Seven Healthcare Ltd

St Elmos

Inspection report

7 Edenside Drive
Attleborough
Norfolk
NR17 2EL

Website: www.numbersevenhealthcare.com

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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

St Elmos 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.

St Elmos accommodates up to eight people. There were three people with a learning disability using the service when we inspected. The service consists of two buildings. One of the building consists of the main office and two apartments and the other building consists of six apartments and a communal dining area.

This announced comprehensive inspection took place on the 24 April 2018. This is the first inspection since the provider registered this location with the Care Quality Commission in June 2017.

This service requires a registered manager as a condition of its registration. 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. There was a registered manager in post who had been managing the service since its registration in June 2017.

People were kept safe and staff were knowledgeable about reporting any incidents of harm.

People were looked after by enough staff to support them with their individual needs. Pre-employment checks were completed on staff before they were assessed to be suitable to look after people. People were supported by staff who were trained and supported to do their job.

The provider had systems in place which assessed potential risks to people and guidance was put in place to minimise the risks.

People were supported to take their medicines by staff who were trained and had been assessed to be competent to administer medicines.

Staff were able to demonstrate their understanding of the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS); these provide legal safeguards for people who may be unable to make their own decisions.

People were supported by kind, respectful staff who enabled them to make choices about how they wanted to live. People participated in a range of activities within the service and in the community.

People were supported to prepare eat and drink sufficient amounts of food and drink. They were also supported to access health care services and their individual health and nutritional needs were met.

Care plans were in place detailing how people wished to be supported and had been produced jointly by staff and people living in the service. People were fully involved in making decisions about their care and support.

People and their relatives were given opportunities to attend meetings, to give their views about the service and how it could be improved. There was a process in place so that people's concerns and complaints were listened to and were acted upon.

The staff and people had strong links with the local community.

There were clear management arrangements in place. Staff, people and their relatives were able to make suggestions and actions were taken as a result. Quality monitoring procedures were in place and action was taken where improvements were identified.

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.

Staffing levels were sufficient to ensure that people received the care they required. Appropriate recruitment checks were carried out to make sure suitable new staff were employed.

Risks to people were assessed and managed by staff.

People were supported to take their medicines as prescribed

Staff understood their roles and responsibilities in safeguarding people.

Is the service effective?

Good ●

The service was effective.

Mental Capacity Act assessments and best interests' decisions had been made for people in line with the legal requirements. This ensured that people did not have illegal restrictions put on them

Staff were trained and supported to ensure they followed best practice.

People had choice over their meals and were provided with a specialist diet when needed.

People were supported to access all healthcare services that they required.

Is the service caring?

Good ●

The service was caring.

People were supported by caring, kind and respectful staff who knew each person and their individual needs well.

People and their relatives were involved in planning their care and support and staff showed people that they mattered. Visitors were welcomed.

Staff respected people's privacy and dignity and encouraged people to be as independent as possible.

Is the service responsive?

The service was responsive.

Support plans were in place for each person and the support provided met people's needs.

Activities and outings were arranged based on people's choices.

A complaints procedure was in place.

Good ●

Is the service well-led?

The service was well-led.

People were enabled to make suggestions to improve the quality of their care.

Staff were aware of their roles and responsibilities in providing people with the care that they needed.

Quality assurance systems were in place to review the quality and safety of people's care.

Good ●

St Elmos

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 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.

This inspection took place on 24 April 2018 and was announced. The registered manager was given two hours' notice because the location provides a service for people with a learning disability who may be affected by inspectors arriving at the service unannounced. This gave the registered manager time to reassure people using the service.

The inspection was carried out by one inspector.

We reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at information we held about the service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service. This included notifications. A notification is information about important events which the service is required to send us by law. We also asked commissioners for their views on the service.

We spoke with two people who were able to express their views but not everyone was able to communicate effectively and articulately with us. This was due to those people having complex care and support needs. Therefore, we spent time observing the care provided by staff to help us understand the experiences of people unable to tell us their views directly.

We also contacted the local authority safeguarding and contracts teams to obtain their views about the service provided at St Elmos.

We looked at records in relation to two people's care. We spoke with the registered manager, a director and three care staff. We looked at records relating to the management of risk, minutes of meetings, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People when asked if they felt safe at St Elmos smiled and nodded at us. This helped us to come to the conclusion that they felt safe.

A safeguarding policy was in place. This policy supported staff with guidelines to follow if they felt that any person was at risk of harm or poor care. Staff had received safeguarding training. The staff demonstrated a good awareness of safeguarding procedures and who to inform if they witnessed or had an allegation of abuse reported to them. One member of staff said, "I would have no hesitation of using the policy and contacting the [registered] manager if I had a concern."

Systems were in place to identify and reduce the risks to people using the service. Staff understood the support people needed to promote their independence and freedom, yet minimise the risks. Staff focused on what the individual could do, and the support they needed so that activities were carried out safely. For example, when people were visiting the local community, staff helped them to understand the risks involved in crossing the road and ensured the appropriate control measures were put in place to enable them to remain safe.

There were personal evacuation plans (PEEPS) in place for staff to follow should there be an emergency such as a fire. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

The service had sufficient numbers of staff to meet the needs of people. People received support from a staff team who were knowledgeable and were able to deliver care safely. We observed staff were patient and unhurried in their duties. The registered manager told us that the staffing levels are based on people's needs following their assessment on admission and are reviewed each week. Staff told us they felt there was always enough staff on duty to provide care and support. They told us that additional staff are provided when people go out into the community to ensure their safety at all times.

All appropriate recruitment checks had been completed prior to new staff being employed. Checks included criminal record check (DBS), checks of qualifications and the staff members identity. References were also obtained.

Medicines were administered to people by staff who were competent to carry out the role safely. There were regular training updates to ensure that their practice was up to date. Each person had their medication kept in a locked cupboard in their room. Staff administered each person's medication from their room. When staff administered medicines, they gave people an explanation of what they were taking and why. Medicine that was given as required had detailed protocols in place so staff were clear when medicines should be given and the reason for them to be administered.

Medicines were stored appropriately and records showed that room and fridge temperatures were within an appropriate range. Medicine records had been completed appropriately.

All staff had received training in infection control. Each person had their own cleaning materials held in an appropriate locked cupboard. Staff supported each person to maintain their independence through supporting them with daily living tasks and they followed a daily cleaning routine. There were regular checks in place on cleanliness and staff used personal protective equipment such as aprons and gloves appropriately. Infection control audits were in place and the management team made regular checks to ensure cleaning schedules were completed.

Records were available confirming gas appliances and electrical equipment had been regularly checked to ensure they complied with statutory requirements and were safe for use.

Is the service effective?

Our findings

Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. This had included training to meet people's specific needs. This how to manage behaviour that challenges, first aid, infection control, moving and handling and safeguarding

Staff told us they had completed the Care Certificate as part of their induction. The Care Certificate was developed jointly by Skills for Care, Health Education England and Skills for Health. It applies across health and social care and sets a minimum standard that should be covered as part of induction training of new care workers. A new member of staff told us as part of their induction they had shadowed an experienced member of staff. They told us that this helped them to get to know the needs of the people using the service. Both staff spoken with told us they received regular supervision where they had the opportunity to discuss the support they needed and to discuss their training and development needs.

Staff told us that staff meetings took place regularly. Most staff told us they had received supervision. One member of staff commented, "I am supervised, it's helpful but I can go straight to the management if there are problems." Another member of staff said, "I feel very well supported here and can ask questions of any member of staff." The registered manager told us annual appraisals were to be held with each staff member over the coming months. The registered manager told us a record of appraisal meeting would be taken. It will be a two-way (joint) conversation meeting with the staff member and the appraiser. Staff would have the opportunity to contribute to their performance review as well as looking at their future learning and development needs.

Each person had a menu which was prepared each week with support from staff. People were encouraged and supported to go for their shopping on weekly basis. People each had their own kitchen. Staff supported each person with the preparation and cooking of meals and snacks as appropriate. Menu were planned with each person. Staff told us they encourage healthy eating. The registered manager told us that if there were any concerns in relation to people's diet they would seek the advice of a dietician. There were no concerns about people's weight or food and fluid intake at the time of this inspection.

Information in the PIR stated All (people) have a health action plan, hospital passport and emergency grab sheet. 'We work closely with the dentist, nurses and specialist services as we recognise that (people) have anxieties around appointments and treatments. We would work with (each person) to assist with anxiety reduction using creative story work where this was necessary.' We saw from the records that this was the case and people attended a range of health services. One person had received advice and support from the local dietician service.

The building was well maintained, with a good standard of decoration. The environment met peoples diverse care and support needs and each room had been personalised with people's preference and choices.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). They showed a good understanding of promoting people's rights, equality and independence. We saw that an appropriate DoLS authorisation was in place to lawfully deprive the person of their liberty for their own safety.

Is the service caring?

Our findings

During our inspection we saw caring and respectful interactions between staff and the people using the service. We saw staff assisting people to prepare their meal and noted that they chatted with the person throughout the task to make them feel involved and to make it a joint and pleasant experience.

People were relaxed and comfortable with each other and the staff around them. People were assisted by staff in a patient, respectful and friendly way. Staff frequently checked on people's welfare, especially those that had chosen to remain in their own rooms. Records documenting any daily interventions supported this.

Staff told us they would be happy with a family member receiving care and support from this service. One staff member said, "[Staff] all understand the needs of the [people who live at the service]. We are very supportive of their choices and it is their choice what they do. The [people who live at the service] are at the heart of everything we do. We [staff] just need to help and support them."

Staff told us that it was important to them that they treated people with respect, dignity and promoted their independence. One staff member told us, "Whilst we try to promote people's independence by involving them as much as possible in their choices. Some choices are made on what we know about them." One member of staff said, "[People] are always asked what they would like to do and we wait for some response from the person before going ahead with the activity." Staff respected people's privacy and dignity. We saw that staff took people to their rooms to undertake personal care and we heard staff knock on people's room doors before entering. People's privacy and dignity was respected and staff engaged with people in their preferred way. Staff would ask people for their consent and input even if communication was limited.

Staff clearly understood people's needs and preferences and gave examples of how they supported people in their care. For example, they were able to describe people's care and support needs. Also, what action and prompts that might be taken if people were in an anxious state of mood. This showed staff understood the care and support people needed.

People's rooms were decorated in a way personal to them with various personal objects and pictures. Staff took pride in how the service looked and wanted to make it a pleasant environment for people to live in.

The staff had produced lots of pictures and photographs that they were able to show to people about what food and activities were available to support them in making their choices.

The registered manager told us and showed us the information available if people required an advocate. Advocates are people who are independent of the service and who help support people to decide what they want and communicate their wishes. One person is receiving support from a local advocate.

Is the service responsive?

Our findings

The health and wellbeing of each person was valued and staff worked in close partnership with the persons multi-disciplinary team when co-ordinating regular reviews of care. The service has introduced a safety review tool. This tool allows the staff to clearly highlight the strengths and any concerns for the person. This then provided information to assist in the setting of goals and aspirations for the future.

Care plans and the reviewing of them involved all relevant people including family and care managers. Their input, comments, concerns and suggestions were all recorded and care plans were changed if a person's needs changed.

Staff told us they had recently undertaken training in person centred care. Care plans seen were person centred. Staff were able to clearly describe the content of people's care plans and knew the needs of the people well. Where changes in a person's behaviour was having an impact on the service, the registered manager arranged for the person to receive additional support and they sought advice from the external multi-disciplinary team. Following the advice, new plans were developed and additional staff provided one to one staff support for the person. The additional support and development of a communication plan had resulted in a significant reduction in incidents of behaviour that was challenging and enhanced the person's quality of life.

Regular recorded meetings, such as 'residents', management meetings and staff meetings took place to promote reflective practice and to discuss the continual development and improvement plans for the service. These meetings ensured that all staff and people who use the service had the opportunity to contribute and to share what was working well and what needs improving.

The communal notice board, office and each person's apartment had a copy of an easy read pictorial poster detailing how to make a complaint. Those staff who use sign language were able to assist people who relied on this method of communication to understand more about how to make a complaint. No complaints had been received since the service registered in June 2017.

People were provided with a number of community based activities and events which provided variety and opportunities. The service was a very short walking distance from local shops, bars, restaurants, and cafes. People at the service enjoyed being able to access these facilities. One person went into the town during the inspection. There was access to public transport which was helping to promote social inclusion, social skills and reduce isolation.

Photographs were taken at every opportunity of the activities that people take part in. These were then placed in a book so people were able to look back on the activities and events they have attended. One person was very keen to show us their photographs of places they had visited. The staff told us this has helped by providing a communication aid, we also use pictorial aids and objects of reference to promote service user understanding. There was also a passport to independence workbook which enabled where possible, people to develop their daily living and life skills and promote their care pathway to a more

independent future.

People could be assured that at the end of their lives they would receive care and support in accordance with their wishes. Where people had been prepared to discuss their future wishes in the event of deteriorating health, these directives had been clearly identified in their care plans. The information included how and where they wished to be cared for and any arrangements to be made following their death. This helped to make sure staff knew about people's wishes in advance. At the time of the inspection no one at the service was receiving end of life care.

Is the service well-led?

Our findings

The service is required to have 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 2008 and associated Regulations about how the service is run. The service had a registered manager in post and they were available throughout this inspection. Staff told us the registered manager was approachable, listened to and acted on information that was presented to them. One person said, "[Name of registered manager] is always available. There is an on-call system. She's very approachable. They, always deal with your concerns. They are very supportive."

The registered manager was dedicated to providing a good service and was passionate about the people living there. They described the culture in the service as open, transparent, friendly and one that treated people with dignity and respect. They worked alongside staff to assess and monitor the culture in the service, which helped them to identify what worked well and where improvements were needed. Staff had a clear understanding of the vision and values and were observed treating people with respect and dignity throughout the inspection.

Services are required to notify CQC of various events and incidents to allow us to monitor the service. The service had notified CQC of any incidents as required by the regulations.

There was a management structure in the service which provided clear lines of responsibility and accountability. The registered manager and the staff understood what was expected of them. The registered manager and staff team told us they were very proud to be part of a team that delivered a good level of care to people.

People and their relatives had the opportunity to give their views on the quality of the service provided. There were regular meetings for them to attend and minutes were taken and made available.

The registered manager worked in partnership with other organisations to make sure they were following current practice, providing a quality service and people in their care were safe. These included social services, district nurses, GP's and other healthcare professionals.

Staff meetings took place regularly for all staff. These were an opportunity to keep them informed of any operational changes. They also gave an opportunity for staff to voice their opinions or concerns regarding any changes. A staff member told us, "There is an expectation if you can you attend the meeting you do. If we can't make it, minutes are available so we don't miss anything." There were handovers between shifts and during shifts if changes had occurred. This meant information about people's care could be shared, and consistency of care practice could be maintained.

The provider had a system in place to monitor the quality of the service being delivered to people by the staff. The director and registered manager undertook a number of audits of various aspects of the service to

ensure that where needed improvements were made. Audits covered a number of areas including medication, health and safety, environment, and care plans. Discussions with the director and the registered manager showed that they were always looking at new practice and making sure the people who lived at the service were first and foremost in any decisions that were made.