

Care In Mind Limited

Elmhurst

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

About the service

Elmhurst is a residential care home providing regulated activity (e.g. personal care) for up to 4 people. The service provides support to younger adults living with mental health needs. At the time of our inspection there were 3 people using the service.

People's experience of using this service and what we found

People living at Elmhurst benefited from a service that was committed to empowering people by putting them at the heart of their own care and support.

Elmhurst was dedicated to providing both safe and high-quality care and support. Staff recruitment process ensured staff were safe to work with people.

Risks to people were managed and mitigated to lessen the risk of harm to people. People had input in how their risks were managed. A positive mindset was taken to risk management. People were not told they couldn't do something simply because it was too risky but were supported by staff to manage risks safely, and retain their independence as far as possible.

Staff demonstrated a strong commitment to driving the best possible outcomes for people, which were guided by people's own goals and aspirations. Staff told us how they had developed positive team dynamics with fellow staff members and trusting relationships with the people they supported.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service adopted and practiced a therapeutic and compassionate culture which was committed to delivering safe and high-quality care, unique to the person receiving it. This was underpinned by effective proactive governance and collaborative working to achieve the best possible outcomes for people whilst empowering advocacy. People had a genuine say in how their care and support was delivered.

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

Rating at last inspection

This service was registered with us on 28 September 2020 and this is the first inspection.

Why we inspected

As the service has been registered with CQC for over one year, we carried out this comprehensive inspection to award a rating for the service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Elmhurst

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Elmhurst is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elmhurst is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service one days' notice of the inspection. This was because the service was small, and we wanted to ensure the registered manager and people were available to speak with us.

Inspection activity started on 7 November 2022 and ended on 21 November 2022. We visited the service on 7 November 2022.

What we did before the inspection

We reviewed information we had received about the service since its registration. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We carried out a tour of the home to ensure it was safe and suitable to meet people's needs. We spoke with 3 members of staff, including the registered manager, the deputy manager, the deputy head of the provider's residential services and the 'in house' mental health nurse. We also spoke with 2 people who lived at the service.

We looked at records in relation to people who used the service including 3 care plans and systems for monitoring the quality of the service provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training and quality assurance records. We spoke with 2 members of staff on the telephone to help us understand their experience of working at the service. We also spoke with 3 external professionals who regularly worked with the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The service adopted a positive and proactive approach to risk taking so that people's right to choose was balanced with their right to be free from harm. People were not simply told they could not do something because it was too risky. The service was an ambassador for positive risk taking. Staff supported people to make choices in an informed way. An external health professional told us, "Positive risk taking, empowerment and community decision making is part and parcel of the practice."
- People were involved in the management of their risks, and risk assessments were person centred and constantly assessed and reviewed to enable appropriate support to be put in place to help mitigate any risks. Any restrictions were minimised, so people felt safe but also had as much freedom as possible. One person told us, "I feel safe living here."
- Staff were aware of the risks to people and how to manage them, in a way which respected people's choice and independence. The service shared information about risks through meetings and continually reviewed risks to ensure the service had a current and accurate picture of safety, at any one time. A member of staff explained, "Staff know how to keep people safe and how to manage risk. It's managed well."

Systems and processes to safeguard people from the risk of abuse

- People were adequately protected from the risk of harm and/or abuse. Any incidents or concerns were appropriately reported and shared with relevant safeguarding authorities. An external safeguarding professional told us, "The team are open and transparent, and work with us to escalate and overcome any barriers to safe, high quality care."
- Robust systems and processes enabled transparent investigations to take place in the event of any safeguarding concerns. Concerns were shared amongst staff to help further lessen the risk of harm to people.
- Staff were trained in safeguarding matters and knew what action to take to keep people protected. The service had an appointed safeguarding lead who acted as a point of reference and knowledge for other staff members.
- The service took a preventative approach to safeguarding and were aware of relevant risk factors and triggers. This approach ensured that people's human rights were protected as any decisions were taken in people's best interests, and with their input wherever possible. Safeguarding incidents were analysed to help identify any patterns and in turn, to inform policy changes.

Learning lessons when things go wrong

- The service embraced a practice of learning from incidents, accidents and other relevant events. Records were reviewed to monitor any safety related themes. Findings were discussed with staff to ensure the correct action was taken to help prevent any future recurrence. Following incidents, 'Debrief' sessions were held

which involved the person providing feedback as to how the risk/incident was managed and what could be done more effectively in the future. One member of staff confirmed, "There is a lesson learnt culture, and it's not just about staff, we include people at every opportunity."

Staffing and recruitment

- Recruitment systems ensured staff were recruited to support people to stay safe. Staff files were organised and contained all required information.
- People received a reliable and consistent service as the service ensured there were enough staff to meet people's needs, and that staff were competent and had the right skills. New staff members completed a thorough induction process which included training and shadowing more experienced staff members, so they were able to get to know the needs and preferences of people before providing support. One staff member told us, "My induction prepared me very well, I had the time to read people's support plans so I felt I knew them before I met them."

Using medicines safely

- Medicines were managed safely. Although staff met good practice standards and were trained and competent to administer medicines, the service encouraged people to manage their medications independently where possible, to aid with the development of life management skills.
- Where people managed their own medicines, a secure medicines storage unit was available in their own room, where medicines could be stored safely.

Preventing and controlling infection

- The service managed the control and prevention of infection well. Staff followed policies and procedures on infection control which met current and relevant national guidance. Risk assessments for the management of COVID-19 were in place for both people and staff employed in the office.
- Staff were trained and understood their role and responsibility for maintaining high standards of hygiene in the home. This included managing risks of COVID-19 by the use of effective infection prevention techniques and the use of appropriate PPE. One staff member told us, "We keep cleaning records and have a complete deep clean once a week."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

Although people frequently returned to their family home to aid their emotional well-being, the service also facilitated visits in line with people's wishes and safe infection control practices. One person told us, "I get to see family and they are supportive; staff support me with this."

Is the service effective?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Care and support was delivered in line with evidence-based guidance and relevant legislation, which was monitored to ensure consistency of good practice. The service completed a comprehensive initial assessment of people's needs before their arrival and at regular intervals during their time at Elmhurst.
- People were directly involved in setting out expected outcomes and goals wherever possible. Staff worked collaboratively with people both from the point of assessment and during their transition into community-based settings, to identify their goals and develop individualised care plans and effective risk management strategies. Plans were reviewed regularly, ensuring they remained relevant and meaningful for the person and to help provide a sense of continued progress and achievement.
- The service ensured that people's needs were met in the best possible way. In addition to making appropriate referrals to external services and professionals, the service had access to 'in-house' professionals such as a nurse, to ensure that support led to good outcomes for people and promoted a good quality of life. Staff worked effectively and collaboratively with the 'in-house' team, through regular multidisciplinary meetings and reviews, to ensure the highest quality of evidence-based care was consistently delivered.

Staff support: induction, training, skills and experience

- Staff had the right skills, knowledge and experience to carry out their roles. In addition to mandatory training, staff also received more bespoke training to help meet the specific needs of people. One person told us, "Staff are trained and know how to handle situations." An external health professional commented, "Staff are well trained."
- Where staff belonged to a professional governing body, for example nurses, the service ensured staff maintained their professional registration and standards of practice.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked in collaboration with the most appropriate services to meet people's needs in the best possible way. The service also helped direct and guide people to external agencies who were best placed to deliver care and support in line with people's support needs and preferences.

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

- The service helped ensure people experienced positive outcomes regarding their care and support. People and their relatives were provided with options and information about their likely outcomes so that people made choices which were right for their care and support requirements. Where necessary, staff acted as advocates for people when liaising with other health professionals, enabling people to make genuine

choices.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service was focused on empowering people, and ensured they were directly involved in decisions about every aspect of their care and support wherever possible, so their human and legal rights were upheld.
- Assumptions were not made about people's capacity, staff regularly assessed whether people had capacity to make decisions and involved relevant others when required such as health professionals and relatives. One person told us, "I can do things independently, staff are not restrictive, and they listen to me, they encourage me and are respectful of decisions." A member of staff confirmed, "We empower them [People] to collaborate and empower them to make own decisions."
- Where people were deemed not to have capacity to make decisions, the service worked closely with advocates and family members (where appropriate) to ensure that any decision made was in the person's best possible interests and supported them in the least restrictive way possible. An external professional told us, "They [Staff] place the client's [Person's] direct wishes at the forefront."

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

- The service had a calm and homely feel. People had decorated their own bedroom in accordance with their personal taste. Staff assisted people to shop for furniture and decorations of their choosing. For example, one person had added mood and sensory lighting to help calm them when they were feeling anxious.
- People had access to information about various forms of external health and care support through a dedicated information board in the communal hallway. People had also pinned life quotes which were significant and meaningful to them on the wall to help with a more positive mindset.
- There was a secure rear garden which provided access to outside space. The service planned to install an outdoor shelter in response to people's feedback given in a meeting, that they would like to enjoy the garden and nature in all weathers.
- Although there were some areas of the home which required attention, this had been identified by the management team and refurbishment plans were in place to address this.

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

- The service helped protect people from the risk of poor nutrition, dehydration, and any other medical conditions that affected people's diet and fluid needs.

- Staff supported people to maintain a balanced and nutritious diet. People were afforded choice and encouraged to plan meals, which included shopping for ingredients, and cooking the meal. This also helped people build on their confidence by developing their budgeting skills and accessing shops either independently or with the support of staff.

Is the service caring?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with respect, kindness and compassion. One person told us, "Staff listen, they are kind and caring and familiar to me." One member of staff explained how staff shared a common goal to care for people well, "Staff are definitely caring. It's at the forefront of our minds to care and look after people well."
- The service did not view people's disability or limitations as a barrier, but placed a positive value on those differences. Staff helped enable people to take up opportunities on offer so that they were able to fulfil their potential.

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

- People's ability to express their views and make decisions about their care was not undermined by their support needs or protected characteristics. People were supported by staff with sensitivity to express their views in all aspects on their care and support. One member of staff told us, "We work in a therapeutic way, it's about the least restrictive option and empowerment, we work together, so the person is involved in all decisions."
- Staff took the time to get to know people and understand their needs and choices around their support. This knowledge of people enabled staff to use the most accessible means of communication when working with people and external professionals, to help people shape their own care and support, goals and aspirations. An external professional told us, "I have seen the way they [Staff] and the service users [People] interact – it is inclusive, respectful and restorative."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was adhered to. The service utilised technology to minimise any risks to people's confidentiality. We saw how in response to people's feedback for more privacy, background music was played in communal areas to enable people to have conversations with staff, without the worry and anxiety of being overheard by others.
- People were treated with dignity, respect and without discrimination and were afforded as much choice and control as possible in their lives. Despite some people living with conditions which sometimes impacted on their independence, the service encouraged and respected people's independence at every opportunity.
- Staff were given the time to build trusting relationships with people. This helped provide reassurance for people by providing a consistent level of care and support from staff who were familiar to them and knew their care and support requirements well.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service placed people at the heart of their own care and support plan. People were consulted to ensure their needs were identified, and they had genuine choice and preference on how their needs were met. Where people's conditions limited their ability to make choices, staff offered support and guidance to people in a way which respected their choices and best interests as far as possible.
- The service ensured people's care and support plans were holistic and focused on people's goals and abilities and their preferences in managing their own support needs. People were encouraged to set their own goals which were measured against progress on a regular basis.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The service presented information in a way that people understood. This included information in large print or pictorial format, to ensure people were able to make appropriate choices based on options which had been presented to them in an accessible way. Therapeutic goals were set out in a pictorial format helping people to identify their goals and understand what action was required to meet them. The use of the Mental Health Recovery STAR system provided a structure for person-centred care planning so that the person worked towards their individualised goals throughout their recovery pathway.
- Technology such as virtual meetings were utilised, to ensure the service was accessible to people who used it. Adjustments were made to reduce any barriers in communication. For example, staff were trained in how to recognise people's body language and behaviours to help to respond to their needs in a timely way.

Improving care quality in response to complaints or concerns

- Although the service had not received any complaints, a robust and accessible complaints policy was in place to ensure people knew how to give feedback on their support and that any feedback would be acted on.
- People were able to make a complaint in a formal way or an informal and anonymous way if they so preferred. The service adopted a positive and proactive approach to complaints and viewed them as opportunities to help further drive improvements.
- People told us the service was open and accessible and they felt confident that if they did need to complain, it would be treated seriously, and they would be listened to.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service took care to involve those who were important to the person part of their support to help maintain good relationships. Staff also supported people to make frequent home visits to enable important relationships with family and friends to be maintained.
- The service facilitated links with people's local communities, including the provision of health care needs but also activities, to help people feel a sense of belonging and avoid any feelings of social isolation.
- Staff supported people to maintain their hobbies and interests and facilitate new opportunities where appropriate. For example, we saw how staff were assisting a person with a volunteering opportunity in a field they had expressed an interest in.

End of life care and support

- For people who required end of life care, the service helped ensure people, relatives and care staff were involved in the development of appropriate treatment plans and were sensitive to the needs and wishes of the person, including any religious and cultural needs.
- The service worked in conjunction with health care professionals and providers to ensure people were treated with dignity and that any specialist medicines or equipment was made available.
- We saw how the service offered support with bereavement after the loss of a person. People were empowered to express their feelings by holding a memorial service and celebrating significant anniversaries.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager implemented a culture dedicated to empowering people to ensure they received person centred care and support underpinned by values of respect, collaboration, innovation and compassion. This ethos was understood, shared and practiced amongst staff so that people using the service received a service that was inclusive and empowering.
- People knew who the registered manager was and spoke highly of them. One person told us, "[Manager's Name] is good and lovely and always good at listening." An external professional told us, "Staff appear to have a great deal of respect for [Manager] and I would say that [Manager] leads the service well."
- The service promoted equality, diversity and inclusion to remove any barriers to people's access to the best possible care and opportunities. Staff promoted these values to help people feel a sense of belonging and identity.
- This positive ethos, openness to feedback and direct involvement of people helped lead to positive outcomes for people. In addition to providing direct care and support, the service helped people access appropriate stakeholders and professionals to provide people with care and support which met their needs and goals.

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

- The registered manager understood the importance of their role and understood their legal and regulatory requirements. Staff were supported using performance feedback and provided with opportunities for further learning and development to help further enhance the delivery of good care and support.
- The service demonstrated effective oversight, governance and accountability processes and practices. Both the management team and staff had a clear understanding of their roles and responsibilities and were both committed and motivated to deliver the best possible service for people. Staff were positive about their team members and the registered manager. Staff shared the same values, work ethic and need to provide a quality service. One staff member explained, "We work well as a team together to provide care which is unique to people, what works for one person won't necessarily work for the other."
- Governance systems were well embedded and effective at identifying risks to the safety and quality of the service provided to people. Audits were also reviewed at provider level and incorporated into monthly operations meetings to provide an overview of the service and allow for additional support to be designated if required.

- The service used an incident monitoring and analysis tool. This helped identify opportunities to identify patterns. This was also reviewed by the senior management team to determine any areas of concern, or a need, such as additional training, staff etc, and allowed for constant lines of discussion around how to manage any areas of concern within a service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service encouraged and facilitated people to be heard. Various methods were used to obtain feedback from people about all aspects of their care and support, including a 'Grumble box', where people could 'post' anything that was bothering them. People were also invited to attend feedback groups and 'house' meetings to ensure inclusion and collaboration. This process also provided an opportunity for the service to make changes to people's support plans as their needs changed.
- The registered manager engaged with staff to enable them to have a platform to voice their feedback and views. Feedback was used to help shape the service further. Staff told us they had ample opportunity to feedback and felt 'valued' by the management team. Staff were also keen to tell us how much they enjoyed their role. One told us, "It just couldn't improve here, I love my job. People are very well looked after."

Continuous learning and improving care

- The service had robust quality assurance processes in place to capture the views and experience of people using the service. The service placed great emphasis on the perspective of people to help understand quality issues and challenges.
- The service demonstrated a commitment to sustained and improved care at all levels. The service fostered a best practice learning culture which helped drive up the quality of the service. 'Reflective practice' took place monthly and acted as a tool for staff to identify where they may need more support and learning. An external professional told us, "The service has a culture of continuous learning for both staff and service users. There are regular reflection groups."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The service welcomed any feedback even if critical, and adopted a transparent and open approach. Any concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared and acted on.

Working in partnership with others

- The service worked in partnership with external organisations to support holistic care provision and support, helping to ensure people received a seamless experience based on best practice outcomes and their choice and preference.
- The consistently positive feedback we received from external professionals confirmed the service was highly regarded in its field.