Partnerships in Care Limited

Elm House

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

Elm House is a 'care service'. People in care services receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Elm House provides care and support for up to four people with complex neurological needs following a traumatic or acquired brain injury. The service aims to provide short-term and long-term rehabilitation service to enable people to maximise their lives. At the time of our inspection there were three people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection. At this inspection we found the service remained Good.

The service was Safe. People their medicines on time and in the right way. Systems were in place to keep people safe and risks had been assessed and considered. Recruitment processes were in place which made sure that staff were recruited safely.

The service was Effective. Staff were given a robust induction when they started and had been trained to meet people's needs. They received regular supervision and appraisals. People had access to see a GP and other healthcare professionals when they needed to do so. 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.

The service was Caring. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. The care and support people received was individualised.

The service was Responsive. People's health and emotional needs were assessed, monitored and met in order for them to live well. The policies and systems in the service support this practice. A range of activities was on offer and people were supported to live day to day lives such as socialising and working. We have made a recommendation about the accessible communications standards.

The service was Well-Led. Audits were carried out on a regular basis, and surveys had ben carried out which looked at the quality of the service people received. The registered manager had a clear oversight of the service.

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? The service remains good.	Good
Is the service effective? The service remains good.	Good
Is the service caring? The service remains good.	Good
Is the service responsive? The service remains good.	Good
Is the service well-led? The service remains good.	Good

Elm House

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 comprehensive inspection took place 21 May 2018. It was unannounced and was carried out by one inspector.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events, which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

We also reviewed the information the provider had given us in their Provider Information Confirmation (PIC). This form asks the provider to give some key information about the service, what the service does well, and the improvements they plan to make. We also sought feedback from commissioners who had funded people to live there and monitored the service.

During our inspection, we spent time observing people to help us understand the experience of people who could not talk to us. We spoke to one person, two relatives, two support workers and the registered manager. Their feedback about the service has been included within the report.

We looked at the care records of three people to see whether they reflected the care given and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, minutes of meetings with staff and people who lived in the service and arrangements for managing complaints.

Good

Is the service safe?

Our findings

At our last inspection we found that the service was good, at this inspection the service remains good.

Systems and processes were in place to safeguard people from abuse. Staff had been trained in safeguarding and new how to report their concerns if they had any. One person said, "I feel safe here. The staff are really nice."

Risks had been assessed to make sure that people stayed safe. Risk assessments were centred around the needs of the person and identified any actual or potential risks to the individual or others in their daily lives. Detailed guidance was available for staff so they could be clear about how the person should be supported in a safe and consistent way which protected their dignity and rights.

At the time of the inspection there were a sufficient number of staff to meet people's needs. There were some vacancies and the registered manager told us they had been using agency staff to cover whilst they were recruiting to these posts. We found that recently staffing numbers had been increased to ensure that people could be supported to access the community more frequently.

People received their medicines at the right time and in the right way. The registered manager carried out regular audits and observed staff to make sure they remained competent to carry out this task.

We saw that all areas of the service were clean and tidy and people were protected by the prevention and control of infection. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. The service had a food hygiene rating of five. Staff were observed following good infection control practices to help reduce the spread of infection, including regular hand washing and wearing aprons to protect their clothes. One relative said, "They never know when I am going to visit, but [Name] is always well dressed and the house is always clean."

There were a range of checks in place to ensure the environment and equipment in the service was safe. These included a fire risk assessment, the testing of the fire alarm system, personal emergency evacuation plans, water temperature checks and regular servicing and checks on equipment. A monthly health and safety check of equipment and premises was also in place and health and safety was an agenda item at all staff meetings. The service had a system to record, monitor and manage accidents and incidents and learn from these.

One relative said, "This service meets [Names] needs. The staff understand them and all of their needs are met. They understand everything and [Name] is very happy living there."

Good

Is the service effective?

Our findings

At our last inspection we found that the service was good, at this inspection the service remains good.

People's needs and choices were assessed and these assessments had been linked to people's care plans. Assessments explored how the service would enable people to maintain a normal lifestyle, for example, like participating in activities they liked and accessing the wider community. People's or their representative consent had been as part of the assessment process.

Staff told us and the records confirmed that they had regular supervision and appraisals. People told us they felt that staff were well trained. One relative said, "The staff are on the ball, and have the skills to meet people's needs."

Staff had a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively. Training had been given on a wide range of topics which helped to ensure that staff had the correct skills to meet people's needs.

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). Detailed assessments to determine people's ability to make specific decisions and where appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been completed.
Staff were able to demonstrate they worked within the principles of the MCA and documentation supported this. Related assessments and decisions for people had been taken properly and it was clear from care planning records that appropriate strategies had been used to support people's ability to make a decision for them self where possible. We observed that people were given opportunities to make choices and decisions throughout the day and they were respected.

People were supported to maintain a healthy balanced diet. They were involved in planning menus and they made choices each day about what they wanted to eat, and when. Meals were freshly prepared and people were encouraged and supported to help prepare meals if they wanted to. One person said that the, "Food was good," and that they could, "Make themselves something at any time." One relative said, "[Name] likes Italian food, so they make it with them or go out to Italian restaurants."

The staff team worked well across the organisation, and had support from health professionals who worked in other service provided by the company. People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. The provider worked well with other health services to make sure that people could access the medical treatment they required. Hospital grab sheets were in place, which enabled staff to access people's information quickly if this was needed. One relative said, "They really meet [Names] needs well. I really believe in the staff and I praise them for doing such a good job." Another relative said, "[Names] health needs are met. If there is a problem they let me know."

Elm House was a detached house, which had been modified to meet people's individual needs. The registered manager ensured the environment was maintained and free from hazards. People had been encouraged to personalise their bedrooms and were involved in choosing the colour scheme in their room. Each room reflected the individual's personality and was equipped to meet their needs. There was an accessible garden space for people to use in good weather, and people had space for privacy when they needed it. One relative said, "[Name] has a lovely room."

Good

Is the service caring?

Our findings

At our last inspection we found that the service was good, at this inspection the service remains good.

During the inspection, we observed staff interactions with people were positive and kind. We saw numerous examples of positive interactions throughout the day. Staff knew people well and engaged with conversations of interest. For example, people spoke about their family, home visits or planned holiday. One relative described the staff as being nice and friendly. Another relative said, "[Name] is an educated person and they respect this aspect."

We observed staff treating people with respect and relatives told us that staff were kind. Staff understood the importance of making sure that people stayed connected to their local area. For example, people were supported to visit their previous home or to areas that held special memories for them. One relative explained, "[Name] can become very aggressive, but the staff handle them well. The staff know them and handle them with gentleness." Staff provided emotional support when this was needed. One relative said, "The staff go with them to [Names] grave, to spend some time there and take flowers."

An advocate visited the service on a weekly basis, and people were encouraged to access this service and meet with them regularly. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. People were also encouraged to express their views at resident meetings, surveys, key worker meetings, and support plan reviews.

Independence was promoted and staff provided active personalised support that enabled them to participate, where they were able, in day to day living activities such as shopping, cleaning, laundry, cooking and bed changing.

Care and support plans contained relevant and personalised information in relation to the individual's life history, and preferences, goals and aspirations. They showed that people and their representatives were involved in the care and support planning process. One relative said, "I am involved in [Names] care reviews. If on the odd occasion I am unable to make it they always send me the meeting minutes. I am fully involved and they keep me updated of any changes."

During the inspection, we found the atmosphere of the service to be welcoming, relaxed and homely. Relatives told us they visited at any time, and when they did the atmosphere was always good.

Good

Is the service responsive?

Our findings

At our last inspection we found that the service was good, at this inspection the service remains good.

People received care from staff who were responsive to their needs. One relative said, "The staff pick up on [Names] mood. They understand what they are and know how to get the best out of them. [Name] is very happy and they are encouraged to do things for themselves."

Staff understood people's emotional and mental health needs and was able to explain how their acquired brain injury had affected the person's moods and emotional well-being. They knew the specific support individuals needed to reduce their anxiety and were able to give examples of how to approach situations where people were becoming upset or anxious. Staff also understood what to avoid saying or doing that might raise the person's anxieties.

A variety of activities were on offer which included developing people's abilities in carrying out daily living tasks and activities. These ranged from basic self-care to more extended activities, for example meal planning, accessing the community, shopping, money management and meal preparation; work, classes, social and leisure activities. One relative explained, "The staff are very good, they go shopping, dancing, listen to music and take them on holiday."

The registered manager explained that there was wider specialist support available from Elm Park, which was an independent hospital where support and therapy from psychologists, occupational therapists and speech therapists was available.

The service was sensitive towards the needs of people in relation to end of life care and policies were in place. The registered manager explained that because the people living at the service were flourishing, most relatives did not want to consider this aspect. At the time of the inspection, no one required end of life care. The registered manager explained, that should the need arise, people's wishes would be discussed with them; their family, health and social care professionals, and staff to ensure their wishes were captured and planned for in the event of their declining health.

Information about how to make a complaint or provide feedback about the quality of the service was on display. People knew how to raise concerns with staff or the registered manager if they needed to. The provider had a process in place to deal with concerns and complaints, but none had been made. The registered manager told us that they listened to people and dealt with minor concerns promptly. One relative said, "I have had no cause to complain, but if there was anything I would raise this with the registered manager and they would deal with it."

The service was not actively identifying the information and communication needs of people with a disability or sensory loss, and no one at the service had been trained in the Accessible Information Standards. 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.

We recommend that the registered manager undertakes accessible communication standards training and looks at ways in which this can be applied across the service.

Good

Is the service well-led?

Our findings

At our last inspection we found that the service was good, at this inspection the service remains good. One relative said, "The service is managed well and I have no cause for complaint."

There was a registered manager in post. 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 registered manager also managed another similar service provided by the organisation, which was in close proximity to Elm House. The registered manager split their working time between each location. Staff told us the registered manager provided effective day to day leadership and that staff worked well as a team which was focused around delivering care and support, centred on the people using the service.

Staff told us that the registered manager was respected and that they valued their involvement and feedback. The registered manager was consistently described by staff as; supportive and approachable. Staff at all levels of the organisation was encouraged to uphold the service values, and staff told us these were to always empower others.

People, staff and relatives were asked for their feedback through surveys and care reviews. Staff told us that they had regular staff meetings which were conducted in an honest way to learn when things were working well and when things had gone wrong or could be improved.

In addition to the registered manager having good systems in place for auditing the quality of the service, the regional manager and governance team worked closely with the registered manager, supporting them and providing a thorough oversight of these processes. This information was fed into regular reports about the service; this also looked at any risks. Objective feedback was given with recommendations for improvements.

People benefited from a service that had forged strong working relationships with the local authority and other professional groups within the community and the local hospital.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed us of events including significant incidents and safeguarding concerns.