

Community Homes of Intensive Care and Education Limited

Elliott House

Inspection report

Reading Road North
Fleet
Hampshire
GU51 4AW

Tel: 01252628588
Website: www.choicecaregroup.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 well-led?

Good ●

Summary of findings

Overall summary

About the service

Elliott House is a residential care home providing personal care to up to nine people who live with a learning disability, autism and/or associated health needs. At the time of inspection, there were eight people living in the home.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

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

Based on our review of safe, effective and well-led the service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. The service was maximising people's choice, control and independence. The care was person-centred and promoted people's dignity, privacy and human rights. The values and attitudes of the registered manager and staff ensured that people using the service lead confident, inclusive and empowered lives.

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.

Right Support

The registered manager considered people's needs when deciding on staffing levels. There were enough staff to support people to go out to undertake activities and enjoy hobbies, as well as support people with their needs in the home.

People were supported to eat and drink enough and to make their own meals if they chose to. People were able to eat together at the same time but could also eat alone if they wished.

Right Care

Risk assessments were in place regarding risks to people's health and safety. For example, risks were considered for people to undertake specific activities outside of the home. Systems were in place which ensured safety checks and maintenance were completed.

People were supported to access healthcare professionals, for example, their GP. People received their medicines as prescribed.

People's needs were assessed before the provider offered people a service. The provider had a training

programme in place which covered a range of topics, relevant to people's needs.

Right Culture

The new registered manager and provider had responded positively to the concerns we raised in our previous report. Action had been taken immediately and the ethos and culture of the service had changed for the better. Therefore, outcomes for people had improved and this was evident during our visit. The use of restrictive practices had been reviewed and people were no longer restricted in what they could do. Staff had received training in safeguarding and were aware of what to do if they were to witness or suspect abuse.

Staff were responsive to people's requests and people could choose how they spent their time. People enjoyed various home-based activities and regularly went out to local places such as cafes.

The culture in the home was positive, inclusive and empowering. People and their relatives were consulted and included in decisions made about daily life at the home. The registered manager had systems in place to ensure there was continuous learning in the home.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection and update

At our last inspection this service was rated requires improvement (published 11 June 2021). We found breaches of the regulations in relation to safeguarding, restrictive practices and governance. The provider met with us and provided an action plan after the last inspection to tell us what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We undertook this focused inspection to check if the provider had made improvements and if they were now meeting the legal requirements. This report only covers our findings in relation to the key questions Safe, Effective and Well-led.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elliott House on our website at www.cqc.org.uk.

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 well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Elliott House

Detailed findings

Background to this 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by an inspector and an assistant inspector.

Service and service type

Elliott House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and we looked at both during this inspection.

This 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. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection and the previous inspection report.

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 of this information to plan our inspection.

During the inspection

Inspection activity started on 19 May 2022 and ended on 8 June 2022. We visited the home on 19 and 24 May 2022.

We are improving how we hear people's experience and views on services, when they have limited verbal communication. We have trained some CQC team members to use a symbol-based communication tool. We checked that this was a suitable communication method, and that people were happy to use it with us. We did this by speaking to the registered manager and the person themselves. In this report, we used this communication tool with four people to tell us their experience. We sought their views about staffing, food, their bedroom and other aspects of their experience. The responses were all positive and no-one expressed any concerns.

We also spoke with three relatives, two staff and the registered manager. We looked at a range of records including three staff recruitment files and quality assurance audits.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk from abuse

At our last inspection we found the provider had failed to prevent the use of restrictive practices. The provider had also failed to ensure people were protected from abuse or improper treatment. This was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- The registered manager and provider had taken immediate action to address concerns regarding restrictive practices. The registered manager told us everything had been "stripped back" and the daily practices had been questioned as to whether they were meeting an assessed need. A bespoke training course was provided to staff and was based on people living in the home. This looked at the restrictions which were in place and considered whether these were the least restrictive options. Changes in daily practice were made and people were not restricted in ways they had been, for example, what they could drink and when.
- People were protected from abuse because staff had received training in safeguarding and were aware of what to do if they were to witness or suspect abuse. The registered manager had ensured staff were reminded of the need to report any incidents straight away. The importance of following safeguarding procedures was re-iterated at each team meeting.
- The registered manager referred safeguarding concerns appropriately to the local authority.
- A relative told us, "[My relative] is not restricted in any way, she can have what she wants. I'm very happy with the care and love she gets here, and she's safe."
- Another relative told us they felt their relative was safe at the home.

Assessing risk, safety monitoring and management

- The provider had appropriately managed the risks related to Legionella. This is bacteria found in water systems which can cause a potentially fatal infection. They had ensured relevant risk assessments and water quality tests had been completed. At our last inspection, records showed the temperature of the thermostatic mixing valves which should ensure a safe water temperature, fluctuated on a daily basis. Robust action had not been taken to address the reasons as to why the water temperature was too hot at some outlets or to reduce the risk. During this inspection we found records were maintained and action was taken to address any issues in a timely fashion.
- Risk assessments were in place regarding risks to people's health and safety. For example, risks were considered for people to undertake specific activities outside of the home.

- Systems were in place which ensured safety checks and maintenance were completed on gas and electric installations.
- A fire risk assessment had been completed by an external professional.

Staffing and recruitment

- The registered manager considered people's needs when deciding on staffing levels. People were supported by enough staff to be able to go out to undertake activities and enjoy hobbies. Staffing levels varied with what people were doing, for example, if people had gone home for a visit, fewer staff were needed in the home. The registered manager also said people had a range of things they liked to do in the evenings, such as going to the pub, so staffing levels ensured people could be supported to do this.
- There was a chef who worked five days a week, which meant people could be fully supported by staff at mealtimes.
- The provider followed a recruitment procedure which ensured pre-employment checks were in place before new staff started work at the home. This included Disclosure and Barring Service (DBS) checks which provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received their medicines as prescribed.
- Medicines were stored safely, and staff completed medicines administration records (MAR) after giving people their medicines. MARs were an accurate record of the medicines given.
- There were care plans in place for medicines which were prescribed, "as required" which meant people were supported in a consistent way with their medicines.
- People were supported with their medicines by staff who were trained and had their competency assessed by the registered manager.
- The registered manager ensured the use of prescribed medicines were reviewed by healthcare professionals. This meant people were only prescribed medicines when they were necessary and for the time they were needed.

Preventing and controlling infection including the cleanliness of premises

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was using personal protective equipment effectively and safely. A relative told us, "[Staff] have been very careful with keeping everyone safe."
- We were assured that the provider was accessing COVID-19 testing for staff, as per current government guidance.
- 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 was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The home was open to visitors.

Learning lessons when things go wrong

- The registered manager ensured accidents and incidents were recorded and audited on a monthly basis.
- The audit was used to identify any trends which may be emerging, for example, if a person started to fall regularly. A referral may be made to a relevant professional, if appropriate.

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.

At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection we found routine practices were in place for everyone, whether or not this was needed. This meant the care provided was the same for each person and therefore not person-centred. The lack of person-centred care was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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 had the appropriate legal authority and were being met.

- Some people needed extra monitoring, for example, regular checks on their wellbeing. These checks were undertaken when it was assessed that people needed these checks, not as a blanket practice.
- People were able to eat together at the same time but could also eat alone if they wished.
- We saw people could choose the activities that they wanted to do, and staff demonstrated a flexible approach to these if people changed their minds. On the day of the inspection, some people went into town to a café. On their return they told us they enjoyed their trip and had a drink and something to eat. People later chose what they wanted to do, and some took up the offer of a foot massage.

- People's requests were listened to by staff who were responsive, for example when a person said they wanted to listen to music, the staff member asked what they wanted, then used a smart speaker to play the music. People enjoyed this and were observed singing along.
- People benefitted from personalised routines which they enjoyed. For example, one person enjoyed domestic tasks such as the washing and vacuuming, so this was built into their typical daily routine.
- People could choose how they spent their time and there were various home-based activities people could take part in.
- A relative told us, "[Person's name] is always out. They go into town, have coffee, go to the cinema and the parks." Another relative said, "Staff are very kind to [my relative] here."
- During the inspection we observed positive interactions between people and staff. Staff responded to people quickly and knew them well. There was positive 'banter' and a relaxed friendly atmosphere. When people returned from their trip to a local cafe, other staff members asked them about it.
- A staff member told us, "I've seen more independence in the house and the house seems 'lighter'."
- The provider complied with the Deprivation of Liberty Safeguards when people were at risk of being deprived of their liberty and applied to the Local Authority for the relevant authority.
- Where mental capacity assessments were needed for specific decisions, these were completed in line with the MCA and its code of practice. Where people were assessed as not being able to make a specific decision, records showed decisions had included the relevant people and had been made in the person's best interests.

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

- People's needs were assessed before the provider offered people a service.
- The assessment process involved the person and included information from people's relatives and professionals involved in their care and support. The information was used to create their support plan.
- People were supported with moving to the home through the use of a planned transition period. For example, people could spend a few days at the home at a time. This gave them the opportunity to see if they liked the home.

Staff support, training, skills and experience

- The provider had a training programme in place which covered a range of topics, relevant to people's needs.
- New staff completed an induction which was based on the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Five staff were being supported to study for further vocational qualifications.
- Staff were supported through the use of supervision, where they were able to discuss their work with a member of the management team. Supervisions are opportunities for two-way conversations.
- A staff member told us the training was "100% good and useful. It makes me confident in my job and given me a chance to progress."

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

- People were supported to eat and drink enough and to make their own meals if they chose to.
- People were involved in choosing the menu and could have something different if they did not want what was on the menu for that day. People had attended a meeting to discuss menus and they had a "tasting session." This meant people could put forward new ideas and try different foods.
- Some people liked to prepare or cook their own meals and snacks and one person had their own kitchen. On the day of the inspection a new cooker was being fitted.

- We heard two people asked for some biscuits, but one person needed a pureed diet. However, staff pureed the biscuits with liquid and the person enjoyed eating them independently with an adapted spoon. This meant their needs were met and they had their choice of snack.
- People had access to drinks when they wanted them. One person did not ask for drinks, so staff kept records to ensure the person was offered enough liquid.
- A relative told us the staff ensured their relative had food presented in the way which met their needs based on their risk assessment.

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

- Staff contacted relevant professionals when people's needs changed, for example, speech and language therapists if people were finding it hard to swallow.

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

- Since our last inspection, there had been changes to the decoration of the building. In the hallway, people's artwork decorated the walls to make the area more welcoming. The lounge had a new layout and new furniture which was bright and there were cushions on the sofa with the photos of people who lived there. A pool table had been put in a communal area which we were told people "loved." Equipment bought by a family member had been accommodated. The television had been moved so more space was available in front of the screen to exercise or dance. There was sensory equipment in a place where it could be more easily accessed. The outside 'bungalow' had now been utilised to meet one person's individual needs.
- The garden was being developed as a space to be enjoyed by people. People were involved in making plans to enter a garden competition run by the provider.

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

- People were supported to access healthcare professionals, for example, their GP.
- The registered manager told us they were starting to be able to access dental care, following difficulty during the COVID-19 pandemic.
- People were supported to understand the need to eat a healthy diet and why this was important.
- A relative told us, "The staff do a very good job, [relative's name] appears healthy and well looked after."
- Another relative told us their relative was, "always clean, wearing clean clothes, their personal hygiene is given great attention."

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. At our last inspection we rated this key question requires improvement. At this inspection we have rated this key question good.

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

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

At our last inspection we found there was a lack of robust accountability and oversight of the service. Restrictive practices and the provision of care and support which was not always person-centred, were not identified or challenged within the service. Whilst there was a system of monitoring the quality of care provided, this had not identified the concerns we found during the inspection. Safeguarding procedures had not been followed. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The new registered manager and provider had responded positively to the concerns we raised in our previous report. Action had been taken immediately and the ethos and culture of the service had changed for the better. Therefore, outcomes for people had improved and this was evident during our visit.
- The registered manager told us they felt supported by the regional management structure and said their line manager was, "very active, responsive and supportive."
- Notifications to the Care Quality Commission had been received as required.
- We received positive feedback from people living at the service and from relatives. People were involved in how the service was run on a day to day basis.
- Staff spoke positively about working at the home and the support they received from the registered manager.
- The registered manager told us, "I am present 'on the floor', I do a walk around and I am there for everyone."

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

- The culture in the home was positive, inclusive and empowering. People and their relatives were consulted and included in decisions made about daily life at the home.
- The registered manager had sought the views of relatives about whether they would like a monthly newsletter to be sent to them. Families had thought this would be helpful, so the registered manager had

started to send them newsletters. The information was general about the home, such as information on any changes or upcoming activities.

- A relative told us there was a good level of contact from the home, which was regular and not only if there was a problem. They said they received the newsletter. They also told us they had known the registered manager for a long time and said, "[The registered manager] knows what I want and expect for [my relative]", and these expectations were being met.
- Another relative said their relative had been, "Very happy. [The registered manager] is very good, she keeps us informed of everything. I am delighted with the care they receive here. They have come on very well, their communication and speech is better."
- Another relative told us they were, "very satisfied" about the care and support their relative received from staff.
- Staff told us the registered manager was supportive. One told us, "It's 100% a supportive place to work. You can go to [the registered manager] or the person in charge straight away [if you need to]. You can give suggestions or feedback, you can tell other staff if something needs doing and it is taken well. It is nice to come into work, it's like a second home. It has changed since I first worked here." Another staff member said, "[The registered manager] is service user focussed, is a hands-on manager which motivates you."

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 registered manager understood the process they needed to follow if something went wrong, which included an apology.

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

- The registered manager ensured people and their relatives were engaged and involved.
- People attended monthly 'service user meetings'. The meetings were for people to be involved in discussing ideas which would affect the whole home. For example, menus and the garden competition.
- People felt they would like a pet in the house and various options were considered. People agreed on getting fish and were involved in choosing the fish and their names.
- People liked to do some social activities together and were involved in deciding where to go, for example, a concert or a holiday. A relative confirmed this, saying, "They have talked about choosing outings and a holiday."
- The provider had undertaken a staff survey to seek the views of staff working at the home and we saw the responses were positive.
- The registered manager had made changes to the existing seating in the garden. Some people had found the previous benches uncomfortable. New seating was sourced and the registered manager said there were now, "chairs for everyone which meet their needs."

Continuous learning and improving care

- The registered manager had systems in place to ensure there was continuous learning in the home.
- The registered manager held team meetings to ensure staff were up to date with people's needs and any changes in the day to day management of the home.
- A staff member confirmed they attended regular team meetings as well as one-to-one supervision sessions. They said, "We give our thoughts, we discuss anything, we were asked to write down what we thought wasn't working, for example, communication. This helped, it was good and we discussed how to take it forward. Changes are made and we monitor if the changes are implemented."
- The provider had sent staff a survey to seek their views about the home. The results were positive and the registered manager had addressed an area where some staff had been unsure about procedure.

- The provider had a system of audits to monitor the quality of the care provided. For example, there was an annual audit of health and safety and monthly audits for infection control.
- The registered manager attended an in-house forum every two months, where they discussed company changes and the company direction.

Working in partnership with others

- The registered manager and staff team worked in partnership with other health and social care professionals.
- The registered manager told us they had good relationships with professionals such as learning disability nurses.
- The registered manager also worked with relevant clinical commissioning groups and attended training organised by them.