

Elysium Healthcare No. 4 Limited

Greenhill

Inspection report

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Date of inspection visit:
12 March 2018

Date of publication:
19 April 2018

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

Our inspection of Greenhill of took place on 12 March 2018 and was unannounced. This was the first inspection of the service since the provider changed in October 2016.

Greenhill 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. Greenhill accommodates up to five people who may have a mental health disability and no longer require hospital based care, in one adapted building. On the day of our inspection there were five people living at the home.

There was a registered manager deployed at the service. 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.

People told us they felt safe living at Greenhill and had no concerns about the service. Staff had been trained to recognise signs of abuse and we saw they treated people kindly and respectfully. Incidents and accidents were reported, investigated and actions taken where required. Assessments were in place and reviewed to mitigate risks to people.

Medicines were managed safely and some people were supported to administer their own medicines.

Communal areas of the service were clean and the service looked welcoming and homely. People were comfortable and relaxed in the presence of staff. They told us staff were kind and they enjoyed living at Greenhill. Good relationships had developed between staff and people who used the service.

Staff were recruited safely and checks were in place to ensure staff were suitable to work with vulnerable people. A programme of training meant staff were equipped with the required skills to provide effective care and support. Staff received regular supervision, observation and annual appraisal.

People's needs were assessed and plans of care put in place. These focussed on attaining reachable goals and maintaining/increasing people's independence. Records were clear and easy to follow. People were involved in the planning and regular review of their care.

The service was compliant with the legal requirements of the Mental Capacity Act 2005. People were supported in the least possible restrictive manner and their consent was sought. Independent advocates were used where people did not have anyone to speak on their behalf to ensure their viewpoint was represented.

Behaviours that challenge were effectively managed without the use of restraint. Staff had received training

on breakaway techniques and positive behavioural support.

People's health care needs were supported with input from a variety of health and social care professionals.

No-one who used the service had specific nutritional needs. People were supported to compile weekly menus using healthy options where possible and people assisted with food preparation.

Activities were planned according to people's preferences and focussed on encouraging independence as well as social interactions.

A range of checks were in place to ensure the quality of the service. People praised staff and the management of the service and told us they were approachable and they could raise any concerns. Meetings took place to gauge the opinion of people living at the service as well as staff.

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.

Medicines were managed safely.

Assessments were in place to mitigate risks to people with an emphasis on positive risk management.

A robust recruitment policy was in place to check staff were suitable to work with vulnerable people. Sufficient staff were deployed to keep people safe.

Is the service effective?

Good ●

The service was effective.

People were supported to receive a healthy diet and help prepare meals to increase their independence.

People's needs were assessed and plans of care put in place. People's health care needs were supported with input from a range of health professionals.

Staff training was up to date and equipped staff to provide effective care and support.

Is the service caring?

Good ●

The service was caring.

Staff treated people respectfully and knew people well. People were comfortable in the presence of staff and good relationships had developed.

We saw people were involved in the planning of their care.

Staff encouraged people to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

Care records were person centred and gave clear guidance about people's care and support needs. People were involved in the planning and regular reviews of their care.

People were supported with a range of activities according to their preferences.

Concerns were taken seriously and addressed. No formal complaints had been raised.

Is the service well-led?

Good ●

The service was well led.

A range of quality checks were in place to drive quality and improvements within the service.

People were engaged and involved in the running of the service. People's views about the service were sought.

Staff morale was good and staff told us they felt supported by the management team.

Greenhill

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 12 March 2018 and was unannounced. The inspection team consisted of two adult social care inspectors.

We used various methods to gauge the experience of people living at the service. Prior to the inspection we reviewed the information we held about the service. This included notifications we had received. A notification is information about important events such as accidents or incidents which the provider is required to send to us by law. We contacted the local authority commissioning and safeguarding teams for their views on the service and if they had any concerns. We reviewed the information sent to us on the 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.

During the inspection we spoke with four people using the service, two care staff and the registered manager. We observed care and support during our inspection and reviewed three people's care records, three staff recruitment files, training records, medicines records and other records relating to the day-to-day running of the service.

Is the service safe?

Our findings

People told us they felt safe living at Greenhill. One person said, "Feel safe...Nothing worries me about living here." Another person commented, "It's very safe here...food, medicine. I can come and go whenever...it's good." Safeguarding policies were in place and staff had been trained to recognise and report signs of abuse. Some staff had been trained as safeguarding leads to help advise and discuss safeguarding concerns with people. The registered manager was aware of their responsibility to make safeguarding notifications when required and we saw this had been done.

Some people were supported with the management of their finances. We saw people's money was kept in individual wallets, locked with a specially designed fob and stored in the office safe. Financial transaction sheets were in place to record any monies coming in or out. The registered manager or senior staff checked financial transactions were completed correctly and corresponding receipts kept. The provider also checked people's financial accounts twice annually. We checked the financial records and found records and receipts tallied correctly.

The service completed assessments to mitigate risks to people, including internal and external risk assessments and specific risk assessments for each person within the service. We saw a clear emphasis placed on positive risk management and increasing people's independence with goal setting a feature of the assessment process.

Staff recorded accidents and incidents on the service's computer system, accessible to senior managers. These included details, analysis, actions taken and lessons learned from the incident. We saw these were also discussed at monthly clinical governance meetings which looked at trends across the group.

Staff told us the service did not use restraint and we saw no indication of the use of restraint during our inspection. Staff explained they were trained in de-escalation techniques and positive behaviour support to avoid the need for restraint and we saw evidence of this in the training matrix.

Medicines were managed safely. Staff responsible for administration of medicines had been trained in the safe handling of medicines and their competency checked. On the day of our inspection we saw medicines were administered by a staff member in a calm and patient manner. Some people were responsible for their own medicines and we saw this was managed safely.

Medicines administration records (MARs) were printed by the pharmacy and kept in a medicines file which was stored in the medicines room. The medicines room was locked when not in use. We saw MARs were completed correctly with no administration gaps. The medicines file contained a list of people's medicines including 'as required' (PRN) medicines. These contained information about the medicine, dosage, why it was being administered and possible side effects. A system was in place to order and dispose of medicines safely. Medicines were checked weekly by staff team leaders. We completed a random check of medicines and found amounts tallied with what should have been present. Checks were in place to record temperature information for the medicines room and the medicines fridge and we saw these were completed and within

safe parameters.

We looked round the premises and saw communal areas were homely, clean and well maintained, although the registered manager agreed some areas such as the carpets and some paintwork needed minor refurbishment. They explained plans were in place to complete this. During our walk around the property we saw a window restrictor was missing in one of the upstairs bedrooms which allowed the window to fully open. This meant there was a risk that someone could fall out of the window. We spoke with the registered manager and they arranged for the provider's maintenance person to immediately rectify this. We saw this had already been identified during the previous monthly premises check and was marked down for repair. After our discussion the registered manager recognised the importance of ensuring faults such as this were immediately rectified. Supplies of protective equipment such as gloves and aprons were available for staff to use for personal care and we saw these were used where appropriate.

Staff told us and we saw from the rotas that sufficient staff were deployed to keep people safe. The registered manager told us they did not use agency staff and we saw there was a regular and consistent staff team in place. The provider had a robust recruitment policy and we saw checks were made to ensure staff were suitable to work with vulnerable people. This included receiving at least two satisfactory references prior to commencement of employment and Disclosure and Barring Services (DBS) checks. Where gaps in employment were seen on candidates' application forms, we saw these were discussed at interview.

Documentation confirmed safety checks were completed including water temperature checks, fridge temperature checks, gas and electrical safety checks. Regular fire safety evacuation drills were conducted as well as weekly fire alarm testing. Fire evacuation information was displayed throughout the building and personal evacuation plans (PEEPs) for each person were stored in an emergency 'grab bag' by the building entrance.

Is the service effective?

Our findings

People's needs were assessed to see if Greenhill was a suitable placement and could fulfil their care and support needs prior to admission. The service worked with a range of health professionals to develop care plans in line with current legislation and guidance. For example, staff told us how a range of health professionals had supported one person so they no longer needed to use restraint techniques. A staff member commented, "Their perseverance over time with input has paid off."

Staff received training and updates in a range of subjects including safeguarding, positive behaviour support, breakaway techniques, Mental Capacity Act (MCA), food hygiene and infection control. Staff new to care or those that did not have National Vocational Qualification Level 2 in health and social care were enrolled on the care certificate. This is a government-recognised training scheme, designed to equip staff new to care with the required skills for the role. We saw flash cards were displayed in the office which contained guidance on topics such as MCA and how staff should provide safe, effective, caring and responsive care and support. The registered manager told us these were used as a training aid for new staff and to refresh experienced staff members. We looked at staff training records and saw training was up to date and records indicated when training was due. Staff told us the training was good and had given them the skills and confidence for their role.

We saw staff were subject to regular supervision and appraisal. Staff told us they felt supported by the registered manager and were able to speak openly at these meetings and discuss any concerns and additional training requirements. A staff member commented, "Very open and honest discussions. No problem talking through any issues with [Registered manager]. She is a very supportive person."

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). DoLS requires care homes to make applications to the local authority where they suspect they are depriving people of their liberty.

We checked whether the service was working within the principles of the MCA and if any conditions on authorisations to deprive a person of their liberty were being met. One person had a current DoLS in place which had no conditions attached. The registered manager had applied for a DoLS renewal for another person and was waiting reassessment from the local authority. From our discussions with the registered manager we concluded they understood their legal responsibilities under the Act and people were supported in the least restrictive way.

We saw good evidence in people's care records of their consent being sought and best interest processes followed. For example, we saw best interests meetings had been held to discuss key areas of people's care and support with representatives from the service, the person about whom the decision was being made, the person's clinician and a representative from the person's clinical commissioning group (CCG). We also saw independent mental capacity advocates (IMCAs) were used where people were not able to speak up for themselves to ensure people's rights were protected.

From speaking with staff and people who used the service and reviewing care records we concluded care was delivered in the least restrictive way possible. Staff were aware of why DoLS applications had been made and how these were in people's best interests.

We saw people were supported to consume healthy diets wherever possible. No-one at the service was currently at risk nutritionally. Information about people's dietary likes, dislikes and any actions to be taken were recorded in people's care records. For example, in one person's care records it stated, '[Person's] aim is to manage [person's] weight so it does not have an impact on [person's] physical health.' The care plan documented that the person wanted to lose weight and for staff to encourage them to eat healthily and exercise as much as possible. Staff we spoke with were able to give examples of how they encouraged this when planning the person's weekly shopping and activities. We saw evidence in another person's care records and from our discussion with staff how they had worked with one person to encourage them to eat fresh food instead of consuming tinned produce. The registered manager told us, "We've worked really hard with [person] to get [person] to where [person] is now. [Person's] trying everything (food). [Person] has a much better diet than ever before."

People and staff told us they had a meeting each Sunday to plan the following week's menus. We saw people were given a choice of what they wanted to eat and most meals were cooked together with staff and people who used the service. People were encouraged to complete their own food shopping, with support from staff where necessary.

People's health care needs were assessed and plans of care put in place to support these needs. We saw evidence of people being supported with visits from nurses, the person's consultant psychiatrist, outpatient appointments and discussions with specialist nursing teams such as the diabetic nurse.

We asked the registered manager how the service worked between services to ensure best practice. They explained staff moved between the services and some had worked at the provider's hospital so had a good understanding of various healthcare services. We saw input from a variety of health and social care professionals as well as support from the provider's nearby hospital.

Is the service caring?

Our findings

People told us they received good care at Greenhill and staff were kind and caring. Comments included, "Staff are kind. I like it. Staff know what I like and don't like. I'm happy here", "Most are kind" and, "The staff are good. I can ask them for anything I need."

From speaking with staff and our observations it was clear they knew people well including their likes, dislikes and care and support needs. This was confirmed by the people we spoke with. For example, one person told us, "Staff know me. They speak to me all the time." Another person said, "Think they know me and I know them." Another person told us about the activities they particularly enjoyed doing and staff we spoke with gave us the same information, confirming they knew the person well.

We saw most staff had worked within the provider's services for a number of years and there was a stable staff team. This meant staff had spent time developing good relationships with people and this was evident during our observations. People were comfortable and relaxed in staff presence and we saw staff and people chatting and sharing a joke together.

We saw staff respected people's privacy. For example, one person usually used the dining room area for completing personal correspondence. Staff ensured they requested permission to use it when we were speaking with staff and thanked the person when they agreed. One person told us, "(Staff) knock before they come into my room. I have a key and I can lock it."

We saw good evidence in care records of people being involved in the planning of their care. We saw where one person refused to take part in formal planning meetings and reviews, staff chatted with them informally about their care and goals. The provider also used independent advocates to speak on people's behalf when required and we saw information on advocate services displayed at the home.

Promotion of people's independence was evident throughout our inspection. Most people lived as independently as possible, with clear goals documented in their care records. People told us they were encouraged to clean their own bedrooms and assist with cleaning of communal areas and assisted with household tasks such as washing up and shopping where possible. We observed this took place during our inspection.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw people's religious needs were supported. For example, one person told us it was important to go to church every weekend and staff supported them to attend. We saw it was also part of the person's daily routine to spend some private time in their room to pray. Staff told us how they facilitated this by supporting the person to plan their day around this. Staff had received training in equality, diversity and human rights. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this.

Is the service responsive?

Our findings

People's care and support needs were assessed prior to admission and subject to regular review by staff with the person's input. We saw care records were clear, easy to read and gave detailed information about people's individualised care and support needs. These contained good information about the person, their likes, dislikes, goals and triggers for behaviours.

We saw staff used clear, uncomplicated language to speak with people and sought alternative ways of determining people's care and support needs. For example, one person did not want to take part in formal reviews and staff chatted with them in a relaxed manner, gaining insight and the person's views from this. This meant people received personalised care that was responsive to their individual needs.

Although we did not see care records in place about people's wishes at the end of their life, the registered manager explained this was due to the unique nature of the service and the majority of people who used the service were younger adults. However, they told us if this became a need they would ensure this was discussed and implemented.

People took part in a range of activities according to their personal preferences. For example, we saw people took part in swimming, pampering sessions, baking and socialising. One person told us a staff member had supported them to build their own computer. They told us, "[Staff member] helped me to build a computer. I used to have a laptop but [staff member] knew how to build one from scratch so we got all the parts and built it. It took about a year and cost quite a lot but it's worth it." They also told us, "I do charity work on Tuesdays and Thursdays. I usually go food shopping on a Monday with [person] and [person]." Another person told us, "I like to go shopping," and a third person commented, "I cook once or twice a week...sometimes I do the washing up...We go food shopping. I can come and go whenever."

We saw appropriate equipment was put in place to ensure people remained as independent as possible. For example, one person's mobility needs had increased and staff assisted them to use a stand aid to facilitate as much independence as possible. The registered manager told us they had considered using a mobile hoist but a best interests process was followed with the person's input that concluded this was the least restrictive option for them at present and respected their preference to remain as independent as possible.

At the time of our inspection, the service did not support anyone with a specific sensory loss. However, the provider had a policy in place regarding accessible information. We saw key information such as complaints and safeguarding processes were written in easy read format and kept in the service user file within the home.

No formal complaints had been raised during the last 12 months. However, we saw low level concerns were documented, investigated and addressed. People told us they knew how to raise a complaint and we saw information about this was displayed at the service. One person told us, "I would speak to staff if there were any problems." This gave us confidence that people's concerns and complaints were taken seriously and used to improve the quality of care.

Is the service well-led?

Our findings

We reviewed the provider's statement of purpose and saw information in this tallied with what we found on the day of our inspection. However, the document contained the details of the previous registered manager. We spoke with the registered manager who immediately arranged for this to be updated and sent the amended document to us the day following our inspection. Through our observations, discussions with staff and people who used the service and review of care records we concluded there was a clear vision and strategy of empowerment and independence for the people who used the service.

A range of checks were in place to ensure the quality of the service. These included checks made on medicines, care records, the environment and health and safety checks. We saw where required improvements were identified, actions had been taken within a stated time frame. Checks were made by senior staff as well as the provider. The registered manager told us they attended the provider's monthly clinical governance meetings and were invited to monthly provider audit meetings. These were an opportunity to share and discuss audit results, accidents/incidents and analyse trends. This showed a robust governance and quality assurance process was in place to monitor and drive improvements within the service.

We saw an overarching regional development plan was in place to look at improvements throughout the provider's services. We spoke with the registered manager who told us plans were underway to make these more service specific. The registered manager also told us they attended the provider's regional care home meetings as a way of sharing best practice and discussing any updates and changes in guidance and legislation. They commented on the effectiveness of this engagement and told us, "I found it really useful." They also commented on the good support and guidance they had received from the provider.

We saw the service worked in partnership with other agencies to provide effective support for people such as specialist nurses, psychiatrists, clinicians and social care professionals. For example, we received positive feedback from a social care professional about how the service had worked with a person to increase their independence and confidence.

We saw people were involved to ensure the effective running of the service. For example, people assisted staff with household tasks and cooking meals and participated in regular planning and update meetings with their key worker. Weekly house meetings were held to discuss and plan menus and organise shopping accordingly. Monthly service user meetings were held as an opportunity to provide feedback about the service at Greenhill and ask for things to be changed/done differently. We saw from the minutes of these meetings that people were asked their views regarding various matters. These included what they thought of the home environment, if they wanted any different or additional activities, what they thought of the care they received, if they are happy with the service in general and if they felt the service was of high quality. We saw responses were generally positive, such as, "Yes I get to go out," and, "Happy with the food choice."

Staff we spoke with praised the effectiveness of the registered manager and told us they felt supported and able to discuss any concerns with them. They told us the team worked well together and morale was good.

We saw there was a stable and consistent staff team employed at the service. Comments included, "My manager is great; always there when I need them...It's a good team, really good. I think the support network is really good. There's a support helpline if you need it...Think the service is managed well; things get done. This is good," and, "No problems talking through any issues with [registered manager]; she is a very supportive person...I think morale is good. I never feel down. We've got a good staff team here now. Staff are focussed on helping the service users."

We saw staff meetings were held monthly and staff told us they felt able to speak during meetings. They told us these were a good opportunity to discuss concerns and share updates in best practice.

We found there was a positive and open culture within the home. The registered manager was open and approachable and we saw people who used the service came to the office to talk with them and staff during the inspection.