

Elysium Care Partnerships Limited

Elysium Care Partnerships Limited - 21b Upper Brighton Road

Inspection report

21b Upper Brighton Road
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Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

About the service

Elysium Care Partnership Limited – 21b Upper Brighton Road is a residential care home for up to seven young people with learning disabilities and/or autism. There were six young people living there when we inspected.

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

The service was safe for people to live and staff to work in. People's relatives told us that they enjoyed living at the home and the staff were kind, nice, and supportive. Risks to people were assessed and this enabled them to take acceptable risks, enjoy their lives and live safely. Accidents, incidents and safeguarding concerns were appropriately reported, investigated and recorded. Suitable numbers of trained and appropriately recruited staff were available to meet people's needs. Medicines were safely administered. Health care professionals felt the home was safely run.

The home's culture was open, positive and honest, with transparent management and leadership. The organisation's vision and values were contained in the statement of purpose and understood by staff. Areas of responsibility and accountability were identified, within the home and service quality frequently reviewed. The home carried out thorough audits and records were kept up to date. Good community links and working partnerships were established. Registration requirements were met. Health care professionals were positive about the way the home was run and staff provided care.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture. People received person-centred care in a setting that enabled them to have maximum choice, control and independence and promoted their dignity, privacy and human rights. The positive culture, ethos, values, attitudes and behaviours of leaders and care staff ensured people using service lead confident, inclusive and empowered lives.

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

The last rating for this service was outstanding (published 14 February 2019).

Why we inspected

The inspection was prompted by anonymous concerns received about management, staffing levels, people's best interest choices, medicine record keeping and people's care and safety. A decision was made for us to inspect and examine the risks associated with these issues.

The Care Quality Commission (CQC) has introduced targeted inspections to follow up on previous breaches and to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection. This is because they do not assess all areas of a key question.

We undertook a targeted inspection approach to review the key questions of Safe and Well-led where specific concerns were raised about management, medicine record keeping and people's care and safety.

We found no evidence during this inspection that people were at risk of harm from these concerns.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

As no concerns were identified in relation to the key questions is the service Effective, Caring and Responsive, we decided not to inspect them. Ratings from the previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can see what action we have asked the provider to take at the end of this full report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

At our last inspection we rated this key question good. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our safe findings below.

Inspected but not rated

Is the service well-led?

At our last inspection we rated this key question as outstanding. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Details are in our well-led findings below.

Inspected but not rated

Elysium Care Partnerships Limited - 21b Upper Brighton Road

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.

This was a targeted inspection to check on specific concerns we received about management, medicine record keeping and people's care and safety.

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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

Elysium Care Partnership Limited – 21b Upper Brighton Road is a residential care home for up to seven young people with learning disabilities and/or autism. There were six young people living there when we inspected. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. 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.

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. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection

We spoke with three people, seven relatives, four staff and the registered manager and their line manager. We also received feedback from four healthcare professionals.

We did not use the Short Observational Framework for Inspection (SOFI), as people were self-isolating. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at a range of records that included two care plans of people who received a regulated activity, risk assessments and other records relating to the management, staffing and governance of the service, including audits, accident and incident and medicine records.

After the inspection

We continued to seek clarification from the home to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included further accident and incident records, best interest meetings and audits. We received the information which was used as part of our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. We have not changed the rating of this key question, as we have only looked at the part of the key question we had specific concerns about.

The purpose of this inspection was to check specific concerns we had about medicine record keeping, staffing levels and people's care and safety.

Systems and processes to safeguard people from the risk of abuse

- People were safe living at the home.
- There was a whistle-blowing policy and procedure that staff were aware of and said they would be comfortable using.
- People's relatives thought the home was a safe place to live. People did not directly comment regarding feeling safe, during the inspection. Their positive body language and demeanour indicated that they felt safe. When asked if they thought the service was safe for people to use a relative said, "Yes, they do, [Person using the service] is happy there, when they are at home with us [Person using the service] is always happy to return to the house. If it is a longer time here at home, [Person using the service] writes down when they will be going back." Another relative told us, "[Person using the service] is a difficult person and staff have to work out what is wrong, [Person using the service] is non communicative and gets very distressed. There is a real mix of staff and some are more patient than others, they need to find the trigger of the frustration, generally staff are good with [Person using the service]." Health care professionals told us that the home was safely run.
- The training staff received enabled them to identify abuse and the action required to take, if encountered. Staff knew how to raise a safeguarding alert and when this was required. Policies and procedures regarding safeguarding and protecting people from abuse and harm were available to staff. A staff member said, "Very good training."
- Staff told us how they kept people safe and that specific concerns about people were recorded in their care plans. Staff were provided with health and safety information and training that they understood and followed.

Assessing risk, safety monitoring and management

- Risk to people was assessed, monitored and managed.
- Concerns had been raised about specific people's safety and being put at risk. These were fully documented, investigated and monitored by the provider.
- People who displayed behaviours that others may find challenging at times, had clear records of incidents and plans in place to reduce those incidences. People had positive behavioural personal plans if required. Records demonstrated that action was taken, when required and the advice of specialist professionals sought if necessary. Staff confirmed they had been trained in de-escalation techniques. There was a staff disciplinary policy and procedure.
- People's risk assessments were up to date and enabled their care plans to support them to enjoy their

lives safely by taking acceptable risks. Risk assessments were reviewed a minimum of annually or more frequently as people's support needs changed. They included relevant aspects of people's lives such as health, activities, history, details of their life and daily living. Staff knew people's routines, preferences, identified situations in which people may be at risk and acted to minimise those risks.

- People joined in with various task related activities around the home to improve their life skills. Their individual activities timetables had been adjusted to reflect lock down. These included helping with household tasks, baking, having a walk and drive, bingo, feeding the ducks, arts and crafts, movie night and table tennis. There were video care plans and photographs that showed staff supporting people to carry out various activities. The activities were risk assessed as part of their care plans. One relative told us, "There is a full calendar, plenty to do."
- People had separate individualised COVID-19 risk assessments with specific assessments for returning to day activities when lock down was being reduced.

Staffing

- The home's staffing was safe.
- Concerns were raised about the staffing levels, at the home. Staffing rotas commencing 10th May to 26th July demonstrated that the home had enough staff to meet people's needs. This was confirmed by staff, relatives and there were suitable numbers of staff on duty during the inspection. Staff received regular supervision, an annual appraisal and staff said they could always go and speak to the registered manager.
- Staff induction and mandatory refresher training was based on the 15 standards of the Care Certificate. They form part of the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social sectors. Staff files had a checklist that confirmed when the recruitment process and training had been completed and when it required refreshment. Staff told us that the training was good and meant they could do their jobs well.
- Staff were facilitated to discuss best outcomes for people, including things that didn't work for them, during handovers and meetings. A relative told us, "Because I can't visit as much as I'd like, they send me videos, pictures and we do video calls."

Using medicines safely

- People received their medicines safely.
- Concerns were raised regarding the recording of medicines administered to people. People's medicine records were fully completed and up to date. Records showed that where people had required medical assistance, this had been sought by the staff and people were supported to access health care services in ways that met their needs. Contact with medical professionals was clearly recorded with actions for the staff when this was required.
- Medicines were safely administered, regularly audited and appropriately stored and disposed of. Each person had an up-to-date medicine profile including allergies. Staff were trained to administer medicine and this training was regularly updated. Relatives did not report any concerns around medicines.
- People had up-to-date oral health care plans.

Preventing and controlling infection

- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using personal protective equipment [PPE] effectively and safely. PPE was also available for visitors use.
- We were assured that the provider's infection prevention and control policy was up to date, audits took place and appropriate government guidelines were followed for isolating after leaving and returning to the service. Staff received infection control, food hygiene and how to use PPE training that we saw they followed. One staff member said, "We have plenty of PPE."

- Staff, including bank staff were regularly tested, and no agency staff were used during the lockdowns with permanent staff covering each other's shifts, as necessary. The organisation was preparing to follow the Mandatory Vaccination of Care Home Workers regulations that was commencing on the 11th November 2021. People were supported to self-isolate in their rooms.
- The provider had appropriate risk assessments in place with clear strategies to mitigate risks. The premises were very clean, there was a comprehensive cleaning schedule and staff supported people to keep their rooms tidy while they were self-isolating. When visitors were restricted, the service made an area available outside, in which people and their relatives could meet while social distancing. A relative said, "I wasn't allowed in the house during the pandemic, I did report one staff member who wasn't wearing a mask I could see them through the window. The house has a large garden and that is good for [Person using the service], open space to use." Another relative told us, "When we visited to pick up [Person using the service], we had to wear a mask and we had to be tested each time, [Person using the service] has kept well in it all."

We have also signposted the provider to resources to develop their approach.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Safeguarding concerns, accidents and incidents were regularly reviewed to identify themes and take appropriate action. Where people had sustained minor injuries, body maps and incident reports had been completed with actions. One relative said, "Nothing major, it is all recorded and staff phone and let me know."

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 the last inspection this key question was rated as Outstanding. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check a specific concern we had about the home's management and decisions made regarding people's best interests.

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

- The culture of the home was open, positive, honest and person centred.
- Concerns were raised regarding decisions being taken that were not always in people's best interests and staff not being treated equally.
- During the inspection we saw everyone being treated equally, in a caring, friendly and professional manner, with appropriate behavioural boundaries in place. This was confirmed by relatives who said people were supported to make their own decisions. Staff listened to people and did their utmost to meet people's needs. Some staff had worked at the service for a very long time, which assisted in consistency of support people received, although there were also new faces. A relative told us, "There is always staff around, and when I phone them, it is always answered. The staff seem happy working there." Another relative told us, "The staff are lovely respectful and kind." A further relative said, "I think the staff do the job as best they can, I do feel more training would be helpful to understand [Person using the service] complex needs. I think Autism training is needed. I have heard staff say, 'Oh that is [Person using the service] just being [Person using the service]." Another relative commented, "The [Registered] manager is very approachable, they are fairly new and has given a lot of help to [Person using the service]. If they are on duty they always come out and greet us when we arrive at the home." Health care professionals were very positive about the way the home was run and how staff supported people and delivered care.
- The National Autistic Society awarded an advanced status accreditation award, to the organisation in October 2020.
- There was a clear vision and values, that staff understood, and people and their relatives said were reflected in staff working practices. We observed this during the inspection with staff putting people and their best interests first. This was also reflected in the inclusive atmosphere with friendly banter and laughter between people and staff. The vision and values were explained at induction training and revisited during staff meetings. There were clear lines of communication and specific areas of responsibility regarding record keeping.

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

- The quality performance checks were effective, and the registered manager and staff were clear about their roles, responsibilities and its importance.

- The quality assurance systems contained performance indicators that identified how the service was performing, any areas that required improvement and areas where the service was achieving or exceeding targets. Monitoring and quality assurance audits took place at appropriate intervals.
- Audits were carried out by the registered manager and staff and were up to date. They included people's personal monies, monthly keyworker reports, support plans, risk assessments, medicine administration records, complaints and staff supervision.
- The records kept and notifications we received demonstrated that safeguarding alerts and accidents and incidents were fully investigated, documented and procedures followed correctly including hospital admissions. Our records told us that appropriate notifications were made to the Care Quality Commission in a timely way.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics Working in partnership with others

- The registered manager and staff engaged and involved people and the public. They made sure that people had access to local professionals that provided advocacy and advice, if required. A relative said, "I have no complaints about the service, there isn't any concerns in the way it is managed." Another relative told us, "I do think it [The service] is managed well."
- A concern was raised about decisions made regarding people and if they had been conducted in their best interests. The provider had a system in place to ensure the requirements of the Mental Capacity Act [MCA] were met. People were assessed regarding their capacity to understand and make decisions about their care, as well as day-to-day life decisions. Where people had been assessed as not having capacity, records demonstrated that comprehensive consultation and best interest meetings had taken place prior to decisions being made. They were attended by people and their relatives, if appropriate, health care professionals and decisions were made in people's best interests.
- Relatives told us they had frequent contact with the home, were kept informed and adjustments were made from feedback provided. A relative told us, "I am listened to if I have any recommendations or comments, I don't think there would be any come back about feedback." Another relative told us, "It is the best care [Person using the service] could have." The organisation sought views of people, their relatives, staff and health care professionals. People's views were taken on a daily basis and staff as a group or individually during staff meetings, supervision and on an informal daily basis. Relatives were frequently contacted, staff and health care professionals also received surveys with suggestions acted upon.