Elysium Healthcare No. 4 Limited

82 Canadian Avenue

Inspection report

82 Canadian Avenue
Catford
London
SE6 3BP

Date of inspection visit:
31 October 2018
09 November 2018

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24 December 2018

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

This announced inspection took place on 31 October and 9 November 2018. We gave 48 hours' notice of our intention to conduct this inspection as it is a small service and we had been previously informed by the registered manager that the person who used the service wished to share their views with us about the quality of care and support they received. The service is registered to accommodate six people with mental health care needs and at the time of the inspection there was only one person living at the service.

82 Canadian Avenue 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 both were looked at during this inspection. This was the first inspection of this service since its registration with CQC on 8 November 2017.

There was a registered manager in post, who was present on both days of the inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff understood how to protect people from the risk of harm and neglect. Risk assessments were in place to identify and mitigate risks, to support the person who used the service to be as independent as possible while maintaining their safety. Systems had been developed to safely administer prescribed medicines, and the robust use of infection control procedures protected people from the risk of cross infection. The premises were well maintained although we noted that the current design of the ground floor office could be reviewed with people who used the service and their representatives, to ensure that it meets their wishes for a relaxed and homely environment. Sufficient staff were deployed and were recruited in a rigorous manner that ensured employees were suitable to work at the service.

Staff understood the needs of the person who used the service and supported the person to meet their health care and nutritional needs. The service supported the person to access community resources and maintain important relationships and friendships. The provider made sure that people's needs were assessed before they moved into the service, so that the provider could ensure the service was suitable for them. The person's care plan was kept under review and the objectives were discussed with the person during care planning review meetings.

The provider ensured staff received the training and support they needed to carry out their roles and responsibilities. Staff expressed that they felt well supported by the registered manager and felt the training was of a good standard.

The person who used the service was supported to make their own choices where possible and was provided with their care and support in a respectful way that upheld their entitlement to dignity. Staff understood the importance of seeking people's consent before they provided personal care and other

support. Systems were in place to ensure people knew how to make a complaint and they were supported to access independent advocacy if they wished to.

The registered manager was knowledgeable about the needs of people with mental health care needs, learning disabilities and autism, due to her nursing background and subsequent experience of working in different settings. She carried out regular checks to ensure that people were provided with a safe environment, and make sure staff adhered to the provider's policies and procedures. Monitoring visits were undertaken by the provider's quality assurance team to identify any improvements that could be made. The registered manager was supported by her line manager, who worked at an adjacent service operated by the provider.

We have not rated the service as there was only one person living at the service at the time of the inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

The service was safe.

Staff received appropriate training and guidance to protect people from abuse and harm.

Sufficient staff were employed to ensure people received a safe service. People who used the service were protected by the provider's robust recruitment practices.

Medicines were safely managed.

The care home was hygienic and well-maintained.

Is the service effective?

Inspected but not rated

The service was effective.

Staff received suitable training and support to effectively meet the needs of the person who used the service.

Systems were in place to support people with their health care and nutritional needs.

The person who used the service was provided with a comfortable and spacious home. However, the design of the ground floor office did not promote a homely ambience.

Staff were aware of how to meet their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Inspected but not rated

The service was caring.

We received comments that staff were kind and friendly.

Staff spoke with the person who used the service in a respectful way.

Independent advocacy was available for people who used the service and information was provided about people's rights.

Is the service responsive?

Inspected but not rated

The service was responsive.

The person who used the service was supported to discuss their care and support plan with the registered manager and their key worker.

The staff team supported the person to develop new skills and pursue their social interests.

The registered manager understood the importance of managing any complaints in an open and responsive manner.

Is the service well-led?

Inspected but not rated

The service was well-led.

The person who used the service was happy with the way the registered manager managed the service.

Staff felt properly supported and valued the registered manager's clinical and managerial knowledge.

The registered manager monitored the quality of the service, and sought support where necessary to improve the service from her peers and from the provider's senior management team.

82 Canadian Avenue

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. However, we were not able to rate the service as there was only one person using the service at the time of the inspection.

This announced inspection was carried out by one adult social care inspector on 31 October and 9 November 2018. We gave two days' notice to the provider as we needed to make sure that key staff were available and provide sufficient time for the registered manager to consult with the person who used the service in relation to when they wished to speak with us.

This was the first inspection of the service since it registered with the Care Quality Commission on 8 November 2017. Prior to this inspection we reviewed the information we held about the service. This included any notifications sent to us by the registered manager about significant incidents and events that had occurred at the service, which the provider is required to send to us by law. We also reviewed the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

During the inspection we spoke with one person who used the service, one support worker and one senior support worker, an administrator and the registered manager. The service is located close to a 24-bedded mental health hospital, which is owned and managed by the provider. We met the hospital director, who is the line manager and clinical supervisor for the registered manager at 82 Canadian Avenue, and were also joined by the provider's regional manager on the first day of the inspection.

We read the care and support plan of the person using the service, and the accompanying risk assessments. We also looked at a variety of documents including health and safety records, staff recruitment, training, supervision and appraisal records, medicine administration record (MAR) sheets and a range of policies and procedures. The registered manager gave us a tour of the premises on the first day of the inspection and the person who used the service invited us to look at their room on the second day.

Following the inspection visit, we spoke with two relatives of the person who used the service. We also received written comments from a local health and social care professional with knowledge of how the provider had supported the person who used the service.

Inspected but not rated

Is the service safe?

Our findings

The person who used the service stated they felt safe living at their home. They told us the registered manager had created a safe, stable and welcoming atmosphere which had helped them feel relaxed and comfortable, "[Registered manager] is an approachable manager. She has been amazing. I can go to her about anything, she has really made this place better and staff on the floor have done really well."

There were systems in place to protect people from the risk of abuse or harm. The staff we spoke with had received safeguarding adults training and were familiar with the provider's policies for whistleblowing and safeguarding. Whistleblowing is when a worker reports suspected wrongdoing at work. The provider's whistleblowing policy contained information about how to report any concerns within the provider's own management structure and externally to other organisations if required, for example the Care Quality Commission. There were also details for staff to contact an independent charity for support and guidance if they were considering whether to whistle blow. One member of the staff team said, "If I had any concerns about a person's safety I would speak immediately with the registered manager or [registered manager's line manager]. We talk about safeguarding in our team meetings and one-to-one supervisions, and the importance of always being observant is emphasised." Another team member spoke with us about different types of abuse and the signs to observe for that could indicate a person was being abused, or was at risk of abuse. Staff had also undertaken WRAP (Workshop to Raise Awareness of Prevent) training. WRAP is a specialist workshop, designed by HM Government, to give staff an introduction to the Prevent strategy and an individual's role in safeguarding vulnerable people from supporting terrorism or becoming involved in terrorism themselves.

Risk assessments had been carried out to identify actual and potential risks to people's safety and welfare. As there was only one person using at the service at the time of the inspection this report does not discuss individual risk assessments we looked at, to maintain the person's confidentiality. Where specific risks were identified, risk management plans had been developed and were kept under review. The person who used the service confirmed that the registered manager and staff had spoken with them about risks to their safety and discussed useful strategies that could be implemented to minimise these risks while enabling the person to make meaningful choices and maintain as much independence as possible. The registered manager had developed a Personal Emergency Evacuation Plan (PEEP) for the person who used the service. A PEEP is a bespoke 'escape plan' for a person who may not be able to reach an ultimate place of safety unaided or within a satisfactory timescale in the event of an emergency. The records for the fire drills demonstrated that the person was familiar with the necessary safety procedures to follow.

We observed that there were sufficient staff deployed to ensure the safety and wellbeing of the person who used the service. The person told us that staff were always available to speak with if they had any concerns or wished to have a chat, and where required staff could accompany them to health care appointments and social excursions. We spoke with the registered manager about their plans to increase the staffing levels when more people moved into the service. The registered manager explained that staffing would be arranged in a flexible manner that recognised people's individual needs and aspirations.

The staff recruitment files that we looked at showed that a safe and detailed approach had been implemented to ensure that staff were suitable to work with people who used the service. The provider obtained a minimum of two relevant references and checked that prospective employees had proof of the right to work in the UK and proof of identity. Checks were carried out with the Disclosure and Barring Service (DBS) before prospective employees were approved to commence employment at the care home. The Disclosure and Barring Service provides criminal record checks and a barring function to help employers make safer recruitment decisions.

There were well-organised processes in place to ensure that the person who used the service was safely supported to meet their prescribed medicine needs. The registered manager was a qualified mental health nurse and had prior experience of managing medicines in different hospital and community settings. Daily checks were carried out to ensure that medicines were safely stored at the appropriate temperatures and the medicine administration record (MAR) was also checked every day to make sure that medicines were administered in line with the prescriber's instructions. The registered manager showed us the documentation used to check that required medicines were received from the dispensing pharmacy and the records used to demonstrate any surplus medicines were safely returned. The registered manager understood how to safely support people to manage their own medicines, which included careful planning and clear consultation with people, their representatives and external health and social care professionals involved in their care and support.

The premises were clean and tidy with no malodours. There were housekeeping checklists in place to ensure that staff were aware of their tasks to maintain a high standard of cleanliness and comfort for the person who used the service. The registered manager explained that although there was a designated employee who carried out housekeeping duties, she was in the process of adjusting their role and responsibilities. The plan was for the staff member to also work directly with people who used the service to support them to gain independent skills for tidying their rooms and attending to their own laundry. The registered manager stated that individual risk assessments would always be conducted to ascertain if this arrangement was suitable for people who moved into the service. Staff were provided with personal protective equipment (PPE), for example disposable gloves and aprons. The staff we spoke with confirmed they had received infection control training and stated that PPE was readily available at the service.

The provider had an efficient system to record, monitor and manage accidents and incidents. The registered manager carried out her own analysis of these events to determine whether there were any learning points and identifiable trends that could be addressed.

Inspected but not rated

Is the service effective?

Our findings

The person we spoke with expressed positive views about how staff understood and met their needs. They told us, "There is a gradual plan to support me to be entirely independent. Staff go with me to [specific health care facility] and I go into the appointment by myself."

The care and support plan we looked at evidenced that there were structured processes in place to assess people's needs before they moved into 82 Canadian Avenue, to ensure that the service could effectively meet their needs. The provider planned people's care and support in a manner that applied evidenced based practice, for example the Mental Health Recovery Star. This is a recognised model used by mental health services and clinical teams for supporting people to develop a recovery-focused care and support plan with their key worker which covers different elements of people's lives, including managing mental health and physical health, friendships and relationships, activities for personal fulfilment and social networks.

Through our discussions with staff and by looking at training records, we found that staff were supported to acquire and update the skills and knowledge they required to suitably meet people's needs. Records showed that staff had attended a range of relevant training, which included induction, basic life support, first aid, health and safety, moving and handling, equality, diversity and human rights, fire safety and food hygiene. Other training sessions had been designed to understand the health care needs of people who might use the service, for example staff were taught about mental health legislation that impacted on their work, conflict resolution and breakaway techniques. We noted that there was also training for staff to understand the needs of people with diabetes, which demonstrated that staff were being supported to consider how people's general health care needs, nutrition and activity levels impacted on their overall wellbeing. Staff told us they received regular one to one supervision, which was confirmed by the records we looked at. Some staff had also received an annual appraisal from the registered manager as they had commenced employment with the provider over a year ago, before the service formally opened. Staff told us they felt well supported by the provider to meet their training and development needs, including any aspirations to progress to different roles within the organisation in the future.

The person who used the service told us they had learnt new skills in the kitchen, which included how to make Chinese noodle dishes and omelettes with different fillings. They told us that one member of the staff team had been particularly supportive, as they had formerly trained and worked as a chef. The person's care and support plan contained information about their likes and dislikes, and whether there were any dietary or cultural needs. The person told us they liked eating out from time to time at Nando's and Chinese restaurants. We noted that the kitchen was spacious and well equipped to enable people to cook independently or with staff support, in line with their individual needs and wishes. There was a choice of beverages, healthy snacks, salads and different fruits available to access in between meals. The registered manager spoke about the importance of working in partnership with health care professionals where necessary to support people to meet their nutritional needs, for example GPs and dietitians.

The person who used the service told us they felt they received an appropriate level of support to meet their

health care needs. Members of the staff team told us they would take an individual approach to determine how much support people needed, for example one person might want their support worker to accompany them to an appointment and then discretely wait outside a treatment room and other people might require more intensive support. The registered manager told us that she always accompanied people to their Care Programme Approach (CPA) meetings, as these meetings sought the views of people, their relatives where applicable and staff representatives if they used a registered service. CPA is a package of care that is used by secondary mental health services, which ensures that people have a care plan and a health and social care professional to coordinate their care. We noted that the person who used the service was registered with a local GP and information was displayed on a noticeboard about local health services, for example opticians and podiatrists.

The care home occupied original premises that had been adapted and some parts of the care home had been purpose built. The premises were well maintained, and tastefully decorated and furnished. There was a room that could be used for private meetings and a large rear garden. The person who used the service showed us their bedroom, which they had chosen. The room was large and had been personalised to reflect the person's interests in music and sports. We noted that there was a ground floor office area that directly overlooked the lounge, which was described as the "nurses' station". We discussed this with the registered manager on the first day of the inspection, as the title of the room appeared clinical rather than homely. On the second day we found that this office had been renamed as the "support station", following consultation with the person who used the service. One of the person's relatives told us that this office room did not promote a relaxed environment for people who used the service, as it meant that people sitting in the lounge felt that they were being observed by any staff in the office when they were trying to relax. We understood the relative's perspective about how this office could cause discomfort to some people. During the inspection the registered manager spoke about how the service would develop as more people moved in and she presented positive ideas in relation to reviewing current practices. For example, the registered manager was looking forward to establishing residents' meetings so that people could be consulted about menu planning, activities and their living environment. We envisage that the registered manager will engage in discussions with people who use the service and their representatives in relation to any future adjustments that could be made to the layout of this office.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 found that the registered manager and the members of the staff team we spoke with presented with a competent understanding of MCA and DoLS. The registered manager had checked the Care Quality Commission website for up to date information about her responsibilities and explained the actions she would take in the future if any people moved into the service who required a DoLS application. During the inspection we observed that the staff consistently sought the consent of the person who used the service, for example they were asked when they wished to speak with us and if they were happy to show us their bedroom.

Inspected but not rated

Is the service caring?

Our findings

The person who used the service told us that the registered manager and the staff team were caring and kind. For example, the person explained that when there was refurbishment work taking place at the service, the registered manager took them out for lunch so that they could enjoy a sociable experience away from the temporary noise and disruption. An external health and social care professional told us, "The staff were friendly, supportive, empathetic and seemed knowledgeable in caring for…individuals."

The administrator stated that they sometimes spent time chatting with the person who used the service if support staff were otherwise temporarily occupied. Our discussions with the registered manager confirmed that she appointed administrative and housekeeping staff with an interest in people and good communication skills as it was important the entire staff team demonstrated a warm and inclusive approach towards people.

The staff we spoke with all had a good knowledge of the needs and interests of the person who used the service. Staff told us about the person's keen hobby of attending football matches and about conversations that had taken place when the person sought support and reassurance. The person's care and support plan demonstrated that they were encouraged to be as independent as possible and make their own decisions where possible. We saw that staff had consulted with the person about whether they would like support to engage in college courses and/or participate in any sporting activities, for example attending a gym or going to the local swimming pool.

During the inspection we observed that staff spoke with the person who used the service in a respectful manner. Staff knocked on the person's door and waited for permission to enter. The person told us they did not have any specific cultural or religious needs, however they liked the location of the service as the local area was culturally diverse in relation to the choices of cafés, shops and other amenities. They were also within walking distance of a well-known and historic Catford pub that they sometimes visited with a family member. The person told us about the pub, which they described as "a cool and hip place to go."

The registered manager and staff team supported the person to maintain contact with family members and friends. The person told us they went back to their family home every weekend and liked doing so. They also received a visit from other relatives at the time of the inspection. We observed that staff were aware that this visit was due to take place and spoke with the person in a supportive manner about their plans, for example they asked the person if they had a favourite restaurant in mind to suggest as a lunch venue with their relatives and wished the person a pleasant time.

The provider enabled people to meet privately with an advocate, if they wished to. An advocate works for a local advocacy service and can offer independent support to people to assist them to express their views and wishes. An advocate can also support a person to make a complaint about the standard of their care and support from the provider or any other organisation providing them with health and/or social care services. The person who used the service told us, "[The advocate] goes to the hospital (the nearby hospital owned by the provider) and comes here. [He/she] will pass things on if you want [him/her] to. They listen but

can't give advice. I have found [the advocate] good."

The registered manager understood her responsibilities in relation to the Accessible Information Standard (AIS). From 1 August 2016 onwards, all organisations that provide NHS care and/or publicly funded adult social care are legally required to follow the AIS. The AIS sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services and their informal carers with a disability, impairment or sensory loss. We noted that the person who used the service was happy to receive standard written information about the service, their entitlements and how to make a complaint.

Inspected but not rated

Is the service responsive?

Our findings

The person who used the service told us they felt consulted about their care and support plan, and understood the aims and objectives. They told us, "I go home at the weekend with [my relatives]. I was reluctant at first to do things but now I have an agreed timetable. I have been seen by the social inclusion team and would like to go to the gym. I do my own laundry but struggle with the deep cleaning of my room, staff support me."

The care and support plan demonstrated that the person's needs had been assessed by the provider before they moved into the service. Other assessments and information were gathered prior to admission, so that staff at the service could obtain a satisfactory understanding of the person's needs before they moved into the care home. At the time of the inspection the care and support plan had been reviewed and changes had been made to reflect new circumstances as they arose.

The registered manager informed us that the service was preparing to support a new person to move in. They explained that prospective residents visited the service and stayed for short periods until they felt ready to move in for a trial period. We received comments from the person who used the service, their relatives and a health and social care professional about certain difficulties due to the service only having one person, which included feelings of isolation for the person living at the care home. The person told us, "It would be stimulating for me to have more than one person." The registered manager and staff team expressed that they were keen for the service to find new people to move in and hoped that people who used the service would share some interests and develop friendships.

The person who used the service confirmed that they knew how to make a complaint and felt confident that the registered manager would respond in a helpful way if they spoke to her about any concerns. The relatives of the person told us they had raised issues with the registered manager, for example they had found that sometimes information that they needed to know wasn't communicated to them promptly.

Inspected but not rated

Is the service well-led?

Our findings

The person who used the service informed us they had a good relationship with the registered manager and liked the way they managed the service. The person explained to us that as they were interested in all things nautical, they likened the registered manager to "a sound captain who has steadied the ship" since her arrival at the service. A health and social care professional told us the registered manager demonstrated positive leadership skills and kept outside agencies informed about how they supported the person who used the service.

The registered manager had commenced their management role at the service earlier this year, having taken over from a previously appointed manager. The staff we spoke with were enthusiastic about the changes the registered manager had achieved since her arrival and felt they benefitted from her professional knowledge. Staff reported that they felt supported. The registered manager continued to maintain her expertise and skills as a mental health nurse by facilitating a group for patients at the nearby Elysium Healthcare mental health rehabilitation hospital. We were informed that people who used the service could participate in this group session or other groups at the hospital if this was in line with their assessed needs and wishes. At the time of the inspection the registered manager was supporting staff to develop their knowledge of how to support people with a learning disability so that the service could broaden its scope in relation to meeting the needs of people with a dual diagnosis of mental health needs and a learning disability.

The provider's stated aim was to "bring together a unique approach to the delivery of care where the individual is embedded in the heart of all aspects of care." We were informed by the registered manager that the provider mainly operated hospitals although there were some care homes for adults with mental health conditions, learning disabilities and autism. The registered manager had opportunities to meet with the managers of the provider's other care homes, which enabled the participants to share information and ideas. The registered manager was also interested in attending any local forums for care home managers to develop her regulatory knowledge and professional networks.

The registered manager was supported in her role by the hospital director. We noted that the provider's regional quality assurance team had carried out visits at the service although the registered manager was given verbal feedback as opposed to written documentation about their recommendations. We discussed with the registered manager how the written documentation would enable her to provide a clear audit trail of how she addressed any shortfalls in the quality of the service. The registered manager told us that one of the verbal recommendations was to adapt a nationally used policy for lone working so that it was tailored to the needs of the service, and this had been achieved.

We noted that the registered manager maintained detailed records to show that she undertook checks within the service, for example medicine audits and environmental checks to ensure that the safety and cleanliness of the premises was being maintained. The records we looked at showed that staff carried out routine checks which included water temperatures, food probe temperatures, fire alarm tests, first aid equipment, and fridge and freezer temperatures.

The provider was aware of the legal requirement to inform the Care Quality Commission about notifiable events and to display their current rating prominently at the care home and on their public website.