

# Milestones Trust

# Elysian Villas

## Inspection report

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## Ratings

### Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

The inspection took place on 20 February 2016 and was unannounced. The service was last inspected in 2013 and met with legal requirements.

Elysian Villas is registered to provide nursing care for up to 12 people who have a learning disability. There were 12 people at the home on the day of our visit.

There was a registered manager for 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.

Incidents and accidents that had happened in the home were reviewed by senior staff. Senior staff had been reviewing some records after incidents had happened. However there was no systematic management overview of these occurrences. This meant risks and emerging themes may not be properly identified.

People's legal rights were protected because the provider had a system in place so that the requirements of the Mental Capacity Act 2005 were implemented when needed. This legislation protects the rights of people who lack capacity to make informed decisions.

People's nutritional needs were effectively met and they were supported to eat a healthy and well-balanced diet.

People were able to take part in individual activities as well as group ones. Staff supported people to take part in a variety of community based activities that people enjoyed.

People's care records were personalised, up to date and accurately explained people's care and support needs. The care plans included information about people's likes, interests and life before they came to the home. Staff were fully aware of the content of each person's care records.

People were supported with their physical health care needs. Staff consulted with external healthcare professionals to get specialist advice and guidance when required.

Staff felt they were being well supported in their work. The staff felt they could approach the manager if needed.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

Some aspects of the service were not safe.

Risks and the actions needed to keep people safe were not always properly identified.

Medicines were managed safely at the home and people were safely supported to be given them at the times that they needed.

The staff knew how to recognise and report abuse if they were concerned about someone.

### Is the service effective?

**Good** ●

The service was effective.

People were assisted with their needs by staff who were competent to provide them with effective care and support.

Peoples' rights were protected because the provider had a system in place so that the requirements of the Mental Capacity Act 2005 were implemented when needed. This legislation protects the rights of people who lack capacity to make informed decisions.

People's nutritional needs were effectively met and they were supported to eat a healthy and well-balanced diet.

### Is the service caring?

**Good** ●

The service was caring.

People were supported by staff who were kind and caring in their approach towards them

Privacy was maintained and people and were treated in a way that was respectful.

People were able to use the support of advocacy services if they needed to

### Is the service responsive?

Good ●

The service was responsive.

Care records identified people's needs and how to support them. However not all care records had been reviewed to ensure they were up to date.

People were encouraged to take part in activities and interests they enjoyed.

Complaints were well managed and people felt able to raise any concerns they had with the registered manager or any of the staff.

### Is the service well-led?

Requires Improvement ●

Some aspects of the service were not well led

There were systems to assess the quality and safety of the service. However, audits had not picked up the lack of analysis of accidents and incidents or certain environmental health and safety risks.

The service was quality checked and monitored. People and their relatives were asked for their views of the service as part of this process.

# Elysian Villas

## **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.

Before our inspection, we reviewed the information we held about the service. This included statutory notifications. Notifications are information about specific important events the service is legally required to send to us.

The inspection team consisted of two inspectors. During the inspection we met 10 people. We also spoke with seven members of staff and the registered manager.

We saw how care and support was provided to people in their homes. We looked at the care records of four people, the recruitment and personnel records of three staff, training records, staff schedules and other records relating to the management of the service. We looked at a range of policies and procedures including, safeguarding, whistleblowing, mental capacity, recruitment, confidentiality and complaints.

# Is the service safe?

## Our findings

We reviewed the incidents and accidents records over the last six months. This information can be used in services to identify trends, and patterns and to improve safety and care as a result. For example if people had a fall regularly at a certain time of day. However over the last six months this information had not been being formally reviewed by management in the home. A senior member of staff had been reviewing some records after incidents had happened. However, there was no systematic management overview of these occurrences. Records were kept by staff when certain people became angry towards other people and exhibited behaviours that may challenge for example. However these occurrences had not been fully evaluated by the registered manager. This meant risks were not always picked up and properly identified. It also meant that management and staff might not put in place actions when needed to keep people safe.

Environmental risks were not always being identified on the premises. For example in one office there was an electrical box fixed on a wall below head height which people just about missed hitting with their heads. We observed one person stood under the wall mounted black box who was just short enough in height to miss from hitting their head.

Care plans contained risks assessments which set out the measures in place to enable people to take part in activities with minimum risk to themselves or others. The individual risk assessments helped ensure people were supported to live their lives with the minimum necessary restrictions. For example, one person had a risk assessment based on his potential to choke whilst eating and the assessment explained to staff in detail the support they had to give to ensure the risk was kept to a minimum.

The service had taken steps to help ensure people were protected from avoidable harm and abuse. There were safeguarding and whistleblowing policies and procedures in place. Training records showed and staff confirmed they undertook training in how to safeguard adults. Staff we spoke with were able to identify different types of abuse and were aware of what action to take if they suspected abuse.

Staff told us they would report their safeguarding concerns directly to the registered manager, area manager, the police and the safeguarding team without any hesitation. One member of staff said, "even if I was unsure about something I saw, I would still speak out and be proven wrong." Staff told us that safeguarding people was also discussed with them at staff supervision sessions. This included making sure that staff knew how to raise any concerns.

Staff understood what whistleblowing at work meant and how they would do this. Staff showed they were protected by law if they reported suspected wrongdoing at work and had attended training to help them understand this subject. There was a whistleblowing procedure on display in the home. The procedure had the contact details of the organisations people could safely contact

A copy of the provider's procedure for reporting abuse was displayed on a notice board in a shared area in the home. The procedure was written in an easy to understand format to help to make it easy for people who used the service to use. There was also other information from the local authority advising people how

to safely report potential abuse. The registered manager reported safeguarding concerns appropriately. Referrals had been made when required to the Commission and the local safeguarding team were informed when required.

People were supported by sufficient numbers of staff to meet their needs in a relaxed and unhurried manner. We saw that staff spent their time interacting with people and keeping them company. Staff told us the use of agency and bank staff had reduced recently which helped ensure people were looked after by staff who knew them. Staff also said staffing numbers got adjusted to respond to people's choices, routines and needs. The staff team consisted of the registered nurse, who visited all three villas regularly, senior and support staff. The registered manager and deputy manager arrived during our inspection. Staff told us and we observed that there was always staff present in the day areas to support people. Staff told us "Yes we have enough staff today" and another said "it's all manageable and the agency staff we do get are regulars."

Risks of abuse to people were minimised because there was a robust recruitment procedure for new staff. This included carrying out checks to make sure they were safe to work with vulnerable adults. The recruitment records for staff showed that appropriate background checks for safer recruitment such as proof of identity and right to work in the United Kingdom had been obtained. Enhanced criminal record checks had been undertaken to ensure staff were not barred from working with vulnerable adults.

Medicines were managed safely and staff ensured people were given them at the times that they were needed. We saw the staff on duty give people their medicines by following a safe procedure. The staff checked they were given the right person their medicines. They also spoke to each person and showed what they wanted to give them and what it was for. The staff stayed with each person while they took their medicines. The staff who gave out medicines had been on training in medicines management to ensure they knew were competent to do so. Medicine administration records were accurate and up to date and they showed when people were given their medicines or the reasons why they had not had them. Medicine supplies were kept securely and regular checks of the stock was carried out.

Regular maintenance checks were undertaken and actions put in place when needed to make sure the premises were safe and suitable. Checks were carried out to ensure that electrical equipment and heating systems were safe. Fire safety records showed that regular fire checks had been carried out to ensure fire safety equipment worked. Maintenance staff were checking the fire alarms on the day our visit.

## Is the service effective?

### Our findings

Staff provided effective individual support and were attentive in their approach with each person. The staff prompted people with their personal care needs. They provide social support by going out with people into the community. Staff also assisted people who needed extra help to eat and drink enough. People were offered choices of food and drink which they told us they enjoyed. Every person we spoke with had positive opinions about the meals that were provided.

Care records contained guidance about how to support people with their nutritional needs and provide them with effective support to eat healthily. One person required a low fat diet for their specific health needs. People's likes, dislikes and requests were incorporated into the menu planning. The care records contained a detailed list of the food people enjoyed. Staff knew what people's different dietary needs were and told us how they catered for them.

People were supported with their healthcare needs when it was required. Care records confirmed that staff worked effectively with other health and social care services to help ensure people's health care needs were met. Referrals to health professionals including GPs, district nurses, dentist and speech and language therapists were made when they were needed. Guidance was seen in people's care records from GPs, dieticians and speech and language therapists.

Staff were able to tell us about the Mental Capacity Act 2005 and confirmed they had attended training. The Mental Capacity Act 2005 aims to protect people who may not be able to make some decisions for themselves. It also enables people to plan in case they are unable to make important decisions for themselves in the future. The staff told us how the principles of the Act included respecting the right of people in care to make unwise decisions and assuming they had capacity unless they had been assessed otherwise.

Staff understood about the Deprivation of Liberty Safeguards (DoLS) and how these applied to the people they supported at the home. DoLS are put in place to try and ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom. The safeguards should ensure that a person is only deprived of their liberty in a safe and correct way, and that this is only done when it is in the best interests of the person and there is no other way to look after them. We saw that, where applications for DoLS had been made and the records confirmed that best interest meetings were held.

When people were not able to communicate verbally, they were encouraged to make choices in their daily lives. These included deciding what to wear, eat, or how they wanted to spend their day. Staff told us how they supported people who were not able to give consent. They told us that people's likes and dislikes in relation to their care were written in detail in their care records. The staff also told us they always spoke with people and explained exactly what type of support they would like to offer. They said they did this to show they still involved the person even if they could not fully respond. Picture boards were available to help people to make choices when they were not able to directly make their views known. There was a menu for people in this format as well as a copy of the complaints procedure.



People were cared for by well-trained staff. Staff told us they were encouraged to attend regular training and development opportunities. The training records showed staff had completed training in safeguarding of adults, manual handling, infection control and food hygiene training. Staff had also received training in a variety of topics related directly to peoples' needs. These included understanding autism and responding to behaviours that may be challenging. Staff received regular supervision and an annual appraisal of their performance to support and monitor them. The team had met with the registered manager or a senior staff member to discuss their work and share their views.

## Is the service caring?

### Our findings

People were supported by kind and caring staff. Throughout the day, we saw positive interactions between people and staff. One person told us "The staff are very nice." Another person kept going up to staff for assistance and the staff always responded well to their requests. Staff told us they spent time getting to know the people in the home. One staff member said, "I know the service users here very well" whilst another member of staff told us "I want to treat clients here the same way as I would like to be treated."

People's privacy was respected and all personal care was provided in private. When we arrived, one member of staff was heard prompting someone and was asking and encouraging them to do as much as they could for themselves. The member of staff told us later "I respect his privacy and let him get on with it by himself whilst I stand outside the closed bathroom door until he calls me back in."

We observed staff knocking before entering people's rooms and one member of staff knocked before entering a bedroom he knew was empty and said "it's just habit." Staff told us "I knock before entering a person's room and make sure I close the door if I support someone with personal care".

People made choices about where they wished to spend their time. Some people preferred not to socialise in the lounge areas and spent time in their rooms. Staff supported people in choosing where they want to go and one staff told us "It's their home." When asked if they choose their own clothes to wear, one person told us "yes, I pick my own clothes." Whilst another person was constantly changing their clothes and staff assisted them as part of the normal daily routine.

Each person had their own single room, and this helped to give people privacy. Each room had been personalised with people's own possessions, photographs, artwork and personal mementoes. This helped to make each room personal and homely for the person. There was a secure garden where people could walk safely. There were quiet rooms and different lounge areas. People were able to sit in different communal areas in the home. The environment helped people to have privacy when they wanted it.

We saw information that confirmed that advocacy services were used when needed to ensure people's views were properly represented.

## Is the service responsive?

### Our findings

We saw that staff supported people as individuals and provided care and support according to people's individual needs. A staff member said the care provided was where "The service user comes first. We are here to support what they say and what they want."

Care records included information about the person, their history, preferences, interests and support needs. Staff told us they spent a lot of time using different forms of communication to ensure they found out what people's likes and dislikes were. We saw examples where people's needs changed and this was reflected in their care record. For example, one person's skin condition changed and this change was added to the care plan.

Care plans also included information about people's interests and preferred daily routines. This was to help ensure staff assisted people in a personalised way and took account of their differing needs. We also read information about people's religious and cultural needs. For example, people were supported to eat a diet that reflected their spiritual beliefs.

Staff we spoke with understood the needs of people they were looking after. The staff were able to explain to us about people's individual preferences and daily routines. These included when people liked to get up and how they liked to spend their day.

Staff told us how they saw that people were all different and showed how their approach to each person was different to meet their needs. For example, some people were given simple choices to make whilst other people's views were exchanged using Makaton, which was a form of non-verbal communication.

The staff we spoke with knew people's needs well and how to meet them. Staff were aware of their preferences and interests, as well as their care and support needs. This enabled staff to provide a personalised service. One staff member told us "we involve people in all decisions that are made about them."

People were supported to be able to choose where and who they sat with at meal times, how they spent time during the day, and what activities they wanted to take part in. The staff told us their roles included supporting people to have choice and control in their daily life.

People engaged in activities that interested them, for example one person enjoyed football and went to football as arranged on their activities timetable on the day we visited. The service assisted people to get to their activities by providing transport. The service had access to a minibus and on the day of our visit, people went out for walks with staff and staff confirmed that people regularly used public transport. We saw in the care records that people were encouraged to access their community and remain involved with their family and friends. Staff told us people were encouraged to do their own shopping, cooking and cleaning. Staff said and we saw other people were supported and encouraged to clean their rooms and with staff support, they prepare their refreshments.

None of the people we spoke with had any complaints about the quality of care they received. A complaints procedure was displayed around the home. There were easy read copies of the complaints procedures in people's care records. The guidance to staff described in detail how a person would present if they were unhappy and used phrases such as 'how he appears if he is unhappy.' A staff member said "We support people to tell us how they feel."

## Is the service well-led?

### Our findings

The system to assess quality and safety in the service had not picked up that accidents and incidents were not always being analysed and reviewed by management.

The safe quality audit conducted in December 2015 highlighted the need to review accidents and incidents forms monthly for possible action and to ensure proper and timely completion of accident and incident forms. In January 2016 the quality audit identified that some Incident and accident forms required signing off however this had not been carried out. Nor had audits and checks identified the environmental risks that were present which we highlighted during our visit.

There was a registered manager at the home. Staff told us they were available when they needed to see them. The registered manager demonstrated a good understanding of the care and support needs of people who lived at the service.

The registered manager told us they kept up to date with best practice by attendance at regular meetings attended by other professionals who supported people with learning disabilities. They said they shared information and learning from these meetings with the staff at team meetings. For example, the way that people were supported to eat the food that they liked had recently been changed. This was to support people to plan their own individual menus. They also kept up to date by reading articles about health and social care topics.

The staff had an awareness of the visions and values of their organisation they worked for. These included being respectful, being inclusive and the value of teamwork. They were able to tell us how they took them into account in the way they supported people at the service. One value staff told us was important was to care for people in a person centred way as unique individuals.

Staff meetings took place and staff told us they could make their views known about the way the home was run. We saw topics discussed at the meeting included the needs of people who lived at the service, health and safety matters, and staffing. Where required, actions resulting from these were assigned to a member of the team or the registered manager to follow up.

Senior managers visited the home regularly to meet people and staff and carry out quality checks on the service. Managers who worked in a very different sector of the provider's service carried out these checks. This was to ensure audits were undertaken by managers who were totally independent of the day-to-day running of the service. A report of their findings was sent to the home after the visit. Actions identified that needed to be addressed after the last visit included ensuring all care records were up to date, this had been addressed.

The provider sent out surveys to people's representatives on a regular basis. People were asked in the survey for their views of the service. The latest responses from people were overwhelmingly positive. However, social activities and menus had been revised after the last survey.

