

Charles William Cole

Eleri House

Inspection report

Eleri house
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Malvern
Worcestershire
WR14 1HD

Tel: 01684899176

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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

Eleri House provides accommodation and personal care for three people with a learning disability. On the day of our inspection there were three people living at the home.

The inspection took place on the 1 June 2016 and was unannounced.

There was a registered provider at this home. A registered provider is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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.

Relatives said they were happy about the care people living at the home received. They told us staff were caring and promoted people's independence. We saw people were able to maintain important relationships with family and friends and were encouraged to develop strong links with the community. People had food and drink they enjoyed and had choices available to them, to maintain a healthy diet. Staff knew the people who lived at the home well and were able to support them to eat and drink. People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage them. Relatives told us their family member had access to health professionals as soon as they were needed.

Staff we spoke with were aware of how to recognise signs of abuse, and systems were in place to guide them in reporting these. They were knowledgeable about how to manage people's individual risks, and were able to respond to people's needs. Staff had up to date knowledge and training to support people. We saw staff treated people with dignity and respect whilst supporting their needs. They knew people well, and were focussed on each person as an individual.

When people needed support with decisions, best interest decisions were made, involving family and health care professionals. Decisions were made in a least restrictive and lawful way, with applications to the local authority made appropriately.

Relatives said they felt included in planning for the care their family member received and were always kept up to date with any concerns. People living at the home saw their friends and relatives as they wanted. Relatives knew how to raise complaints and felt confident that they would be listened to and action taken to resolve any concerns. Staff and the registered provider knew people well and were aware if people were unhappy. The registered provider had arrangements in place to ensure people were listened to and action taken if required.

The registered provider promoted an inclusive approach to providing care for people living at the home. Staff were encouraged to be involved in regular meetings to share their views and concerns about the quality of the service.

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

People were supported by sufficient staff who understood how to meet their individual care needs safely. People had their risks identified and managed to ensure they were safe. People received their medicines in a safe way.

Is the service effective?

Good ●

The service was effective

Peoples best interests were protected in a least restrictive and lawful way. People had choices within a balanced diet. People had access to health professionals when they needed to.

Is the service caring?

Good ●

The service was caring

People were supported to maintain important relationships. Relatives said staff were caring and kind. We saw people were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive

People made everyday choices and had interesting things to do that they enjoyed. Relatives were able to raise any concerns with staff, or the registered provider and they were confident these would be resolved satisfactorily.

Is the service well-led?

Good ●

The service is well-led

People and their families benefited from staff that focussed on their needs and knew them well. The registered provider supported people with an open and inclusive culture.

Eleri House

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.

This inspection took place on 1 June 2016 and was unannounced. The inspection team consisted of one inspector.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required by law to send to us, to inform us about incidents that have happened at the service, such as an accident or a serious injury.

The people who lived at the home were not able to tell us in detail about their care and support because of their complex needs. However, we observed how staff engaged with people throughout our visit. We spoke with one relative and a close family friend.

We spoke with the registered provider, and three staff. We also spoke with a psychiatrist who regularly supported people living at the home. We looked at three records about people's care. We also looked at two staff files, staff rosters, complaint files, and minutes of meetings with staff. We looked at quality checks on aspects of the service which the registered provider completed.

Is the service safe?

Our findings

People were confident and relaxed with staff and we saw laughter and smiles during their exchanges. Staff we spoke with said people were safe. One member of staff said people were safe because staff knew them so well. Relatives and family friend we spoke with said people living at the home were safe. They explained there was an established staff team, the majority of which had known people living at the home for 16 years and more. They said staff knew people so well they knew how to keep people safe.

We spoke with staff about what actions they would take to ensure people were protected from abuse. They said they would report any concerns to the registered provider and take further action if needed. One member of staff told us, "We are always alert; when we are out in the community we are aware if there were any concerns." The registered provider explained how they would report any concerns to the correct authority as soon as they arose. Staff could explain what action they would take and were aware that incidents of potential abuse or neglect should be reported to the local authority. There were procedures in place to support staff to appropriately report any concerns about people's safety.

Staff we spoke with said they received a full hand over of information about each person at the beginning of every shift. Staff told us that they would be aware of any concerns about people's health and well-being and this contributed to providing safe care. The registered provider worked alongside staff and reviewed identified risks with the support from the staff team. Staff told us immediate concerns were always actioned straight away. People had their needs assessed and risks identified. Staff said they were aware of how to mitigate these identified risks, and they were regularly reviewed in their staff meetings. For example, staff told us how they supported people when they were out in the community. They were aware of the risks for each person and the information was shared between staff. Staff had received clear guidance and were aware of what they needed to do to support people to remain safe in the community.

People's relatives and family friend said there sufficient staff on duty to keep people safe. They told us there is a consistent staff team, and there were always staff about to support people when they visited. We saw and staff told us there were enough staff on duty to meet the needs of people living at the home. One staff member said, "We all work together, we are like a small family and work in this way." The registered provider told us staffing levels were determined by what the people at the home wanted to do and what support they need to achieve this. For example, there were planned activities people enjoyed attending at different times of the day, and staffing levels were scheduled around these events. On the day of our visit we saw there was an extra member of staff arranged to support what people wanted to do.

We spoke with a new member of staff and they explained that they had a lot of support when they started working at the home. They said they did not work alone until they had completed the main part of their induction training and had spent time with existing staff getting to know people at the home. They spent time being introduced to people and shadowed experienced staff. This was to give people time to get to know them and for them to understand the people living at the home. We saw the appropriate pre-employment checks had been completed. These checks helped the registered provider make sure that suitable people were employed and people who lived at the home were not placed at risk through their

recruitment processes.

We looked at how people were supported with their medicines. Staff told us they were confident people received their medicines as prescribed and they were regularly reviewed by the local GP. All medicines checked showed people received their medicines as prescribed by their doctor. Staff said they were trained and assessed to be able to administer medicines. The registered provider ensured he regularly supported staff with their administration to observe how they used safe practice. We saw suitable storage of medicines and there were suitable disposal arrangements for medicines in place.

Is the service effective?

Our findings

We saw people were supported by staff who knew people well. Relatives and a family friend we spoke with told us staff knew how to support people living at the home.

Staff we spoke with said they were trained to support the people living at the home. One member of staff told us how the registered provider regularly provided additional training information for them to look at. This information kept them up to date with developments in areas specific to the people they supported. Staff were able to explain how their training improved how they supported people. For example, a member of staff said they had received additional support about autism which had increased their knowledge about the subject and improved their practice when supporting people's health and wellbeing.

The registered provider described how they held regular staff forums where they reviewed and updated relevant training to ensure people were up to date with their care practice. The registered provider and the deputy were arranging to attend training relating to the Mental Capacity Act 2005, to ensure they had up to date information to share with staff.

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.

We looked at how the MCA was being implemented. The registered provider described how they assessed what support people needed to make decisions. He explained how some people living at the home needed support with making some decisions. The registered provider was working with the local authority to ensure those people who needed support had appropriate relatives or advocates involved. He understood the need for best interest decisions and was reviewing them with support from the local authority.

Staff explained they understood the importance of ensuring people agreed to the support they provided. We saw they worked with people helping them understand information and supporting people with day to day decisions. For example, a relative told us, their family member would always make choices in a particular way. Staff were aware of this and would use a technique to ensure this person was offered choice effectively. We saw staff using this technique to support this person with decisions throughout our inspection.

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). We checked whether the service was working within the principles of the MCA.

The registered provider understood the legal requirements for restricting people's freedom and ensuring people had as few restrictions as possible. He had submitted appropriate DoL applications and the local

authority were in the process of assessing them. The registered provider understood the process and was accessing further support to ensure the appropriate DoLS were in place.

We saw there was a relaxed atmosphere during the meal time and people were offered choice. Staff offered healthy options and plenty of drinks. Relatives told us people ate well and had a balanced diet. Staff we spoke with said people were monitored regularly to ensure they were maintaining a healthy diet with both food and drink. Staff explained people were encouraged to eat a balanced diet and they were aware of what people preferred to eat and provided this on a regular basis. Staff told us people living at the home enjoyed regular meals out or picnics when they liked to make their own choices about what they ate.

Relatives told us their family member had access to health care professionals when they needed them. Relatives said they were always kept up to date with any concerns and felt involved in their family member's care. Staff we spoke with told us how important it was to monitor the health of each person. They explained that each person had a regular review from their local GP. One relative we spoke with said they were confident their family member regularly had their health checked and they were reassured by this. We saw there was regular input from specific health care professionals. For example, mental health team had been involved in supporting one person. This assisted staff to support people at the home.

Is the service caring?

Our findings

Relatives and a family friend told us they were happy with the care provided to people living at the home. One relative explained that for their family member, "It's like going from one family to another." They went on to say how kind staff were towards their family member. We saw a relaxed atmosphere at the home and staff told us they enjoyed supporting people who lived there.

Staff said it was like working in a family home. One member of staff said, "We are all like family, you take the time to enjoy everybody's company." The staff were friendly and patient when they provided support for people. The staff took time to speak with people as they supported them. We saw people were confident to communicate with staff. One person told us about a visit they had recently enjoyed. We saw staff were able to communicate effectively with people living at the home. Three of the staff had supported the people living at the home for sixteen years and knew them really well.

Relatives said they were involved in the care planning for their family member. Relatives confirmed staff knew the support people needed and their preferences about their care. One relative shared with us that if their family member was out and about with staff, near their family home, they would pop in for a visit. Staff said they contacted relatives regularly, or spoke with them when they visited. Staff were knowledgeable about the care people required and they were able to describe how different people liked their support to be given. This was confirmed in records we looked at.

We saw staff promote people's independence, and respond to each person with knowledge of them as an individual. For example, staff supported one person to watch a DVD, whilst they knew the other person preferred to listen to music in their room on their own. We heard staff calling people by the names they preferred. One person showed us their bedroom, which was personalised with things that reflected their interests. People had a choice of different communal rooms to spend time in, and we saw people were confident to go where they wished.

We saw people were treated with dignity and respect. For example, assistance was offered discreetly and in a kind manner. Staff told us that treating people with dignity and respect was important to them. For example, one member of staff said they always encouraged people change their clothing when they needed to, which supported their dignity. People had been supported with their appearance where needed and were dressed in clothes which reflected their personalities and what they were doing for the day.

Relatives and friends said they were able to visit whenever they wanted to support their links with their family member. They told us they were made welcome whenever they visited, they could also call and speak to their family member if they wanted to. One relative told us about taking their family member out and how they were always happy to return back to the home afterwards. They said they felt involved and included in the care for their family member.

Is the service responsive?

Our findings

Relatives said they were included in decisions about their family members care. The relatives we spoke with told us they were regularly involved in reviews of their family members care and were confident that staff listened to their views. We saw that staff gathered as much information as possible about each person living at the home, their interests, and preferences. All of the people living at the home had been there a long time and we saw staff knew them well.

Staff we spoke with told us how well they knew people living at the home and that helped them to support people and improve their health and well-being. People were supported by a small consistent staff team. Staff said they were confident that people living at the home would show them if they were unhappy about anything. People's care plans contained information about how to support and communicate with people. For example we saw in one care plan there was clear guidance about how to recognise when the person was in pain. The registered provider acknowledged that care plans needed additional improvements and was working with the deputy manager to update them. However all staff were aware of how to meet people's needs and shared information regularly with each other about supporting people's needs.

Staff we spoke with talked about the people who lived at the home in a way that showed they cared for them and knew them well. We saw staff were familiar with people's likes and dislikes. For example, one member of staff chatted with one person about their weekly visit to a local shelter for stray animals; the person confirmed they enjoyed their visits. One relative told us that staff tried to fulfil their family member's wishes as much as possible.

The home also had a separate building which was called the Snoezelen. A Snoezelen is a controlled multisensory environment that can be used as a therapy for people with autism or developmental disabilities. This room was specially designed to deliver stimuli to various senses, using lighting effects, colour, sounds, music and scents. There was a large room with games, arts and crafts materials and musical instruments. A separate room held the multi-sensory equipment including a special chair, lights and music. Staff explained that people used both rooms most days particularly in the evening. They said that one person particularly enjoyed the special chair.

Staff told us people could choose what they wanted to do. Some people did activities together and others chose things to do on their own. For example one person chose to play the piano at the home, whilst the other two people went out for a walk. This person then went for a walk with another member of staff later in the day. We saw a mixture of organised activities and pastimes that were specific to the individual. For example there were trips out to local areas of interest and pub meals. Relatives told us that their family members had interesting things to do with their time that were individual to them. They told us how some people went out regularly to events in the community which their family members always enjoyed. One relative said, "They are always busy, out and about enjoying themselves."

The registered provider explained he sought feedback through one to one conversations with relatives and friends. There were regular gatherings arranged for family and friends to have informal conversations with staff. There were also reviews of how people were supported completed regularly involving peoples relatives

and advocates.

Relatives told us they were happy to raise any concerns with the registered provider. One relative said they had raised a minor concern and the registered provider had taken action. The registered provider explained he had not received any complaints since the service started. He said he would investigate and action if any complaints were received.

Is the service well-led?

Our findings

We saw people who lived at the home were comfortable with the registered provider. The registered provider told us he worked alongside staff with people who lived at the home and knew them all well. Relatives told us they were confident with the registered provider and staff at the home. Relatives told us that any ideas they had would be listened to and acted upon where possible.

Staff told us they were like a family at the home. They said the culture of the home was open and inclusive, and centred on each person as an individual. One member of staff told us about people living at the home, "They are the most important, with everything we do." They said the registered provider was available when they needed to speak to them; he worked alongside staff and really knew people well. Staff also told us they would raise any concerns with the registered provider and they could talk them through and resolve them together. They said they felt listened to by the registered provider. For example, one member of staff had made suggestions about improvements for the gardens. The registered provider had listened and taken action in a timely way.

Staff we spoke with told us there were regular staff meetings where they discussed any concerns, updated training through practice discussions and plans for events at the home. These ensured that staff received the information they needed and were given an opportunity to voice their opinions. Staff we spoke with said they felt these meetings were useful and they felt supported. All the staff we spoke with said they had regular one to one time with the registered provider. They said this was very helpful in their development. The staff we spoke with said they felt valued by the registered provider. One member of staff we spoke with said, "We all work the same way, they [people who lived at the home] always come first."

The registered provider worked alongside staff to monitor how care was provided. For example, the registered provider worked with staff and reviewed documentation regularly to ensure checks were completed. They regularly spoke with staff, people and their relatives to obtain feedback. This was to ensure the quality of the care they provided. The registered provider acknowledged that some documentation needed improving. For example, capacity assessments and best interest decisions. However the registered provider was working with the local authority to improve these, and would attend updated training to ensure he worked within the legislation. Care plans were also in need of updating however because of the established staff group there was no impact to people living at the home, because all staff knew people so well.

The registered provider told us about improvements they were making to the home. They had improved the garden so all the people living at the home could access this when they wanted to. The registered provider acknowledged that some areas of the home were in need of further cleaning and refurbishment. The registered provider had plans to improve the environment and was in the process of updating them.

The registered provider completed checks to ensure the quality of care provided. He told us there were external audits completed on how care was provided. For example there were regular audits completed by the local pharmacy. We saw from the last pharmacy inspection completed in August 2015, and there were

no actions that needed to be taken at that time.