

Salutem LD BidCo IV Limited

Ewer Court

Inspection report

Ewer Court
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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

About the service: Ewer Court provides accommodation in three individual flats and personal care for people with a learning and physical disability. The service does not provide nursing care. There was one person using this service at the time of the inspection.

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

People's experience of using this service:

The service had been developed and designed in line with the values that underpin the CQC Registering the Right Support policy and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning and physical disabilities using the service can live as ordinary a life as any citizen.

People using this service were safe. Staff understood safeguarding procedures and how to report concerns. Risks to people were assessed and managed, without restricting their freedom.

The service employed enough staff with the skills and knowledge to meet people's needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible: the policies and systems in the service supported this practice.

People were clear about who they should contact if they had any queries or concerns and were confident these would be dealt with.

Staff were aware of the vision and values of the company and applied these in their day to day roles ensuring people received person centred care.

Systems were in place to assess the quality of the service and ensure risks and regulatory requirements were being understood and managed. Where things had gone wrong, systems were in place to learn from such incidents and improve the service.

Rating at last inspection: This is the first inspection of the service since it was registered with the Care Quality Commission (CQC) on 30 April 2018.

Why we inspected: This was a planned inspection to rate the service.

Follow up: We will continue to monitor all intelligence received about this service to ensure that the next planned inspection is scheduled accordingly.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led

Details are in our Well-Led findings below.

Ewer Court

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection took place on 20 May 2019 and was announced. The inspection was carried out by one inspector.

Service and service type: Ewer Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

We gave the service 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office. There is currently one person using the service and we needed to be sure that they would be in.

What we did:

Before the inspection we reviewed information available to us about this service. The provider had completed a Provider Information Return (PIR). This is a document that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information provided in the PIR and used this to help inform our inspection.

We spoke with one person using the service and their relative during the inspection. We spoke with two support workers, and the registered manager. We looked at one persons care records, recruitment records

for two staff and reviewed records relating to the management of medicines. We also looked at records in relation to complaints, staff training, maintenance of the premises and equipment and how the registered person monitored the quality of the service.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse.

- The person using the service told us, "Yes, I do feel safe here." Their relative confirmed this, commenting, "Yes, I most defiantly feel [Person] is safe, they love it there."
- One member of staff commented, "I believe [Person] is safe, as they know all the staff well and gets on well with them, plus their relative lives nearby, and frequently visits."
- The registered manager and staff had a good understanding of processes to keep people safe and how to report concerns.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed well to keep them safe, yet ensured they had maximum choice and control to live their life as they chose.
- The person using the service told us they were involved in fire drills, and had an individual evacuation plan in place so they and staff knew what to do in the event of a fire.
- Systems were in place to keep the premises secure and ensure equipment, such as a reclining bath and hoists, were safe to use.
- An emergency contingency plan was in place. This provided staff with clear information of action to take should an emergency occur which would affect the operation of the service.
- Staff had a good understanding of how to manage people's anxieties and changes in behaviour. They described how they would manage these situations in a positive way, that protected the person's dignity and rights.

Staffing and recruitment

- The person using the service told us there was ample staff to meet their needs, as they were the only person there at present.
- The service employed, a team leader and three support workers. Staff told us, one member of staff was rostered per shift, including a sleep-in at night.
- Staff confirmed they were over and above what was needed at present and one member of staff was enough to meet the person's needs. They worked flexibly ensuring the rota was planned around the person's needs.
- The registered manager told us, they were currently assessing two new clients to fill the vacant flats. Once filled, they would review staffing numbers using a 'Staffing Establishment Tool' to assess the staffing hours needed to meet the three people's needs.
- The recruitment and selection process was managed well. Recruitment records reflected staff recruited were suitable for the post and had the right skills and experience.

Using medicines safely

- The person using the service told us, "Staff support me to manage my medicines."
- Staff followed processes in accordance with relevant best practice guidance to ensure [Person's] medicines were stored and administered safely.
- Staff completed a Medication Administration Record (MAR) each time they supported [Person] to take their medication. The person confirmed, and the MAR chart reflected they received their medicines, as prescribed by their GP.
- Where the persons medicines were prescribed on an 'as required' (PRN) basis, clear protocols were in place to guide staff when these should be administered.

Preventing and controlling infection

- The flats were clean and tidy. [Person] told us, "I do my own housework, washing and own ironing."
- Cleaning products were stored safely and were being used appropriately to ensure the risk of spreading infection was minimised.

Learning lessons when things go wrong

- Staff were aware of their responsibilities to raise concerns, record safety incidents and near misses.
- Incidents were entered on the providers reporting and analysis computer system and monitored by the registered manager, to ensure oversight of health and safety in the service.
- Systems were in place to ensure lessons were learned and improvements made when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The person using the service showed us their care plan. They told us they had been involved in its development, with the help of their keyworker.
- Their care plan included their likes, dislikes, people important to them and information on how their physical and health needs were assessed and met.
- Staff confirmed they had received training to ensure they had the skills and experience to support people with specific health conditions, such as managing epilepsy.

Staff support: induction, training, skills and experience

- Staff had access to a range of training that gave them skills and knowledge to carry out their roles. Training included epilepsy, safeguarding people, and administration of medicine.
 - Staff told us, "We do a lot of training on line, but I have also recently completed a practical first aid course with St Johns Ambulance and manual handling" and "So much training, recently completed first aid and medication, and we are consistently revisiting online training, keeping our knowledge up to date."
- Staff have worked at the service for many years but confirmed when they first started working at the service they had had an induction to ensure they understood their role.
- Staff had completed work-based learning, such as National Vocational Qualification's (NVQ) in health and social care to ensure they had the knowledge and experience to deliver effective care and support to people using the service.

Supporting people to eat and drink enough to maintain a balanced diet

- The person using the service told us, "I do my own food shopping at a local supermarket and can choose what I want to eat. I really like stir fry, I eat quite healthily and manage to keep my weight stable."
- Staff told us, although they helped [Person] with their shopping list, they made choices based on their likes, dislikes and they were always open to trying new things.

Staff working with other agencies to provide consistent, effective, timely care.

- The registered manager told us, the service does not provide nursing care, therefore staff had worked well with other health professionals, including the hospice, district nurses and doctors to support a person who had required palliative care, due to terminal illness.
- The PIR states currently the service has no one using the service that is a malnutrition or dehydration risk, where previously this was identified the service had worked collaboratively with the community dietetic service.

Adapting service, design, decoration to meet people's needs

- Ewer Court has three individual flats. Each with its own living area, kitchen, bedroom and bathroom. Outside there is access to a shared garden.
- The person using the service, told us "It's a nice big flat and everywhere is The person's flat was well maintained, nicely decorated, and contained their personal possessions, making it a safe and comfortable environment for them to live.

Supporting people to live healthier lives, access healthcare services and support.

- The person using the service told us they had access to other health professionals, as needed, including their GP. They commented, "I have epilepsy and have regular check-ups with the consultant, however I haven't had one absence since I've been here, so it is well controlled. I am going to the dentist tomorrow."
- The persons records showed they had good access to healthcare services, including neurology, dentists, orthotics, wheelchair service, chiropodists, and opticians.

Ensuring consent to care and treatment in line with law and guidance

- 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 checked and found the service was working within the principles of the MCA. The person using the service had capacity to make their own decisions and was in control of their health, welfare and finances.
- Staff told us they had received training in MCA and Deprivation of Liberty Safeguards (DoLS), which had helped them to understand this legalisation and when it should be applied.
- The service had systems in place that would support people, who were deemed not to have capacity in the least restrictive way and ensure their rights were protected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: nPeople were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- The person using the service told us, "I have been here for about eight years, it's the best place for me. The staff are as good as gold, especially my key worker, they are like a sister."
- The persons relative confirmed this. They told us, "The staff are very kind and caring, they are all good. There is not one special staff, they are all good. The care and support [Person] receives is great, they are a great team."
- The service had a well-established staff team. All had worked in the service for 10 years or more and had developed a good relationship with [Person]. We saw positive interactions between them. Interactions were natural, and respectful.
- Staff had a good knowledge of people's personalities, including those that had recently left or passed away. They were aware of people's likes and dislikes and what they could do for themselves.

Supporting people to express their views and be involved in making decisions about their care

- We saw the person using the service was supported to express their views and make decisions about how they spent their day and what they had to eat.
- Staff supported [Person] to make decisions that put them in control of looking after their health and increasing their independence in line with goals and aspirations as set out in their care plan, such as managing their own bank account, benefits and paying bills.
- To help people make choices and decisions about their care and welfare the service had produced a range of information in an easy read format such as how to make a complaint and how to plan for end of life care.
- The registered manager told us people were supported by advocacy services where this was needed.

Respecting and promoting people's privacy, dignity and independence

- Staff treated [Person] with dignity, respect and kindness.
- We saw staff knocked on [Person's] door to their flat and waited to be invited in. It was very clear that the flats were regarded as people's own private spaces.
- Staff understood it is a person's human right to be treated with respect and dignity and to be able to express their views. We observed them putting this into practice during the inspection.
- A member of staff told us whilst [Person] could do a lot for themselves, they encouraged them to learn new skills to increase their independence. They told us, "[Person] was brought a coffee machine for their birthday. Staff helped them learn how to use this, and now they make their own coffee, whenever they want one."
- The person's relative commented, "I have seen a positive change in [Person] since being at the service, they are upbeat and really enjoys being there."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The person using the service told us they received care and support specifically personalised for them. Their care plan contained good information for staff on how meet their individual needs, including how they communicated and made decisions.
- [Person] told us they were supported to access the community when they wanted to. They decided what activities to take part in, based on their specific interests. These included, going to the cinema, shopping and going to Castle park to watch bands play in the band stand.
- [Person] told us, "I don't go to clubs, or college, that's my choice. I like spending time at home watching TV. I do go and visit my relative or they come here. My [Person] has moved here as well, so I have good contact with my family."
- The person's relative told us, "Staff do encourage [Person] to join in activities, and they have regular holiday. I've been away on holiday with them, and the staff to Blackpool, Bognor and last year Skegness."

Improving care quality in response to complaints or concerns

- Systems were in place to acknowledge and respond to complaints. There have been no complaints raised about the service since the service was registered under the new provider in April 2018.
- The person using the service and their relative were aware of who to speak with if they wanted to raise concerns.
- [Person] told us, "I would speak with the manager, they come here once or twice a week, but I can phone them, if I need to." Their relative told us, "If I have concerns I would make a complaint to the manager. I did raise concerns with the previous manager about the summer house which takes up [Person's] garden space. However, I am aware the manager is arranging for this to be moved."

End of life care and support

- Where a person using the service had sadly passed away, the registered manager told us this had been a very difficult time for people and the staff.
- Support was offered to the person using the service and staff. One member of staff told us, "[Person] was offered bereavement counselling, but they had declined."
- Staff had access to an employee support hub and counselling service for health and wellbeing, legal and financial support.
- Staff had supported [Person] to make decisions about their end of life care. The person had made a will and completed a funeral plan setting out their preferences, so that staff would be aware of their wishes at the end of their life.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Staff were aware of and knew the core principles and values set by the provider. These were to be supportive, ambitious, loyal, unique, transparent, engaging and meaningful. Staff told us, they applied these values to ensure people using the service received "The care and support they wanted and needed."
- Staff told us there was a good atmosphere at Ewer Court. Comments included, "We are a very good team," and "It is a very friendly place, we all get on well with [Person], their family and each other."
- The person using the service and staff told us, the registered manager was approachable, supportive and helped out when needed.
- Staff told us they would be happy for a family member to use this service. One member of staff commented, "Yes, defiantly, I think it is a very nice place."

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

- The registered manager and staff had a clear understanding of what was needed to ensure the service continued to develop, and ensure people received high-quality care.
- The registered manager had a good oversight of what was happening in the service. They knew the people using the service, their relatives and staff extremely well. They praised the staff team, commenting, "They have been fantastic, they support each other and are very communicative, they work really well together."
- Staff told us, they felt respected, valued and supported by the registered manager. Staff told us, and records confirmed they received regular supervision.
- The service had clear and effective governance arrangements in place to assess the ongoing quality of the service provided. Area managers and quality assurance visits were carried out on a regular basis and the findings fed into a service improvement plan.
- Regular audits of processes, such as weekly checks on medicines, finances and health and safety were carried out to identify and manage risks to the service, and drive improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Surveys had been carried out to obtain feedback from people using the service, their relatives and staff. Feedback was used to improve the service. For example, a person's relative raised concerns about security of the premises. A detailed risk assessment had been carried out and measures were in place to protect people from harm. The registered manager was in the process of liaising with the housing association to have a security key pad fitted on the rear gates, for extra security.

- The provider had recently initiated a nationwide staff survey, with more in-depth questions to obtain staff feedback. Additionally, when staff left employment the registered manager told us they were given opportunity to provide feedback using an online survey.
- The PIR states people's feedback is obtained through the review process. The person using the service confirmed they had an annual review to ensure they were receiving the care and support they needed and identify if any changes were required.

Continuous learning and improving care

- The registered manager told us they were directly managed by an area manager for the company. They had regular monthly meetings to discuss training, staff induction and identify any learning needs. They told us they felt supported by the company.
- The registered manager told us they attended regular meetings with other manager's and quality and compliance teams to share ideas and best practice, discuss services and issues in media. A recent issue with carbon dioxide monitoring had been raised in another service, and as a result new monthly testing had been implemented.

Working in partnership with others

- The registered manager told us they proactively seek advice and support with other relevant sources, as and when needed. For example, they had established good links with the local district nursing team and Southend hospital to support a person who had sadly passed away, following a terminal illness.
- The registered manager worked well with the housing association to ensure the premises were safe and well maintained.