

Inspire Care Outreach Limited

Ellens Court Care Home

Inspection report

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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

Ellens Court Care Home is a residential care home providing personal care for eight people with a learning disability. People could also have additional needs including mental health needs or an acquired brain injury. The service can support up to nine people. It is also registered to provide personal care to people living in their own homes. However, it was not providing this service at the time of the inspection.

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

People's experience of using this service

Staff knew people well and communicated in a way that made people feel safe. The staff team continued to understand how to recognise and report potential abuse to safeguard people.

People received their medicines when they needed them. Medicines continued to be managed safely. People were supported to access health care professionals to be able to maintain their physical and mental well-being. Meals were sociable occasions and people and staff sat together to discuss their day.

Staff continued to receive the training they required to be able to support people living at the service. Staff felt well supported by the management team.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. There continued to be a balance between keeping people safe from harm and maintaining their independence.

Staffing levels ensured people led active lives and could follow their interests. People also had opportunities to spend time relaxing in their rooms or chatting to staff. People continued to be involved in all aspects of home life. This included cooking, furnishing their rooms and how they spent their time. People benefited from being supported by a staff team who understood their needs and preferences.

Systems to monitor and improve the quality of the service had been further developed. Their views and those of their relatives were sought about how the service could improve.

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

Rating at last inspection

The last rating for this service was Good (published 17 March 2017).

Why we inspected

This was a planned inspection based on the rating at the last inspection.

Follow up

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

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.

Ellens Court Care Home

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

The inspection was carried out by one inspector.

Service and service type

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

Since the last inspection, Ellens Court Care Home has registered with CQC as a domiciliary care agency and supported living service. These services provide personal care to people living in their own homes, flats or specialist housing. However, no one was receiving the regulated activity of personal care at the time of the inspection.

The service had a manager who was registered with the Care Quality Commission. This means 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

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with five people and four relatives about their experience of the care provided. We spoke with five members of staff. This included the registered manager, team leader, a senior care worker, cook and maintenance person.

We looked at one person's care plan and multiple medicines records. We looked at a variety of records relating to the management of the service including, staff training, health and safety records, meeting notes and audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We sought feedback from the local authority and professionals who work with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were relaxed and at ease with staff and sought their company. Staff knew people well and understood how to recognise any changes in their behaviour that would give them cause for concern.
- Relatives were reassured their loved ones were cared for in a safe way and by people who knew them well. One relative told us, "She is in a safe place. She is happy and safe." Another relative said, "It is a stable environment. A lot of staff have been there a long time and he is familiar with them. He also knows the other guys he lives with well."
- Staff continued to understand their responsibilities in keeping people safe. Staff felt confident that if they reported any concerns to the registered manager that they would act on them. They also knew how to report any potential abuse to external agencies.
- The registered manager was aware when to report and seek advice from the local authority safeguarding team.

Assessing risk, safety monitoring and management

- Risks to people's safety continued to be assessed, monitored and managed. Control measures minimised risks, so people were supported to stay safe while their freedom was respected.
- Guidance was available to staff about the best ways to support people when they became anxious. Staff understood how to recognise any triggers and to follow strategies that reassured people and maintained their safety.
- Regular health and safety checks and servicing of utilities and equipment continued to ensure the environment was safe. The gas supply was being changed from bottled to a fixed supply which required the electricity and gas to be turned off. There were plans to make sure people were cared for and kept warm when this event took place.
- There was a programme of fire drills, so staff knew how to evacuate people safely in the event of a fire. A grab bag was kept by the main door. This contained information about the support people needed should they need to exit their home in an emergency.

Staffing and recruitment

- People's care and support needs had been assessed jointly with the person's funding provider. Most people had shared care and a specified number of one to one hours each month. This meant people could spent time doing what they chose at home and could go out and on holiday.
- During the inspection people's needs were met by the numbers of staff on duty. People went out and spent time chatting with staff. There was always a minimum of two staff available during the day until the early evening.

- There were arrangements to deal with emergencies to ensure everyone's safety. Members of the management team were on call for advice and could attend the service at short notice.
- At the last inspection, checks had been completed to make sure new staff were of good character to work with people. No new staff had been employed at the service since this time.

Using medicines safely

- People continued to be protected from the risks associated with the management of medicines. They received their medicines when they needed them.
- Staff completed training in medicines administration. They were observed to make sure they continued to practice safe medicines administration.
- Staff understood how to follow medicines guidance. Protocols directed staff when people should be given medicines prescribed to be given 'only when needed'. Staff knew to which part of a person's body a topical cream should be applied.
- A relative explained how staff supported their family member with their medicines. They said staff made sure they took the medicines they needed at the right time.

Learning lessons when things go wrong

- A record was made of any accident or incident detailing what had occurred, and the resulting actions taken by staff.
- The registered manager reviewed each event and had a clear overview of any ongoing patterns or themes. For example, one person had had a number of falls. Professional advice had been sought and factors identified when the person was at greater risk of falling.

Preventing and controlling infection

- Staff had the overall responsibility of making sure the service was clean. People were involved in making sure their bedrooms were clean and tidy.
- Staff were trained in the prevention and control of infections and had access to personal protective equipment.
- There was a separate laundry room. People put their dirty washing in the laundry room and collected and hung up their clean washing during the inspection.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- Before people moved to the service, they met members of the management team and visited the service. Relevant information was also obtained from the funding authority. This gave a clear picture of people's physical, social, emotional, cultural and religious needs and how they could be met.
- Assessment were undertaken in line with best practice and considered any associated risks to people's health and welfare.

Staff support: induction, training, skills and experience

- People continued to be supported by staff who had the skills, knowledge and experience to deliver effective care. A programme of refresher training had been developed which staff accessed so they kept up to date with their practice.
- When people had specific needs, staff were provided with specialist training to effectively care for them. For example, staff had received training in specific mental health conditions.
- Staff said they received the training and support they needed for their roles. Staff said they had opportunities to discuss and reflect on their practice and performance. This was achieved through day to day discussions, team meetings and supervisions.

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

- The cook regularly spoke with people about their food choices and preferences. They understood how to support people to eat a balanced and healthy diet. The cook was employed three days a week. At other times care staff were responsible for cooking and preparing meals.
- Mealtimes were sociable occasions where people and staff sat together and chatted about their day.
- People were protected from the risk of poor nutrition. People's weights were monitored, and their GP contacted if there were any significant changes.

Supporting people to live healthier lives, access healthcare services and support; Staff providing consistent, effective, timely care within and across organisations

- People continued to be supported to maintain their health. They were referred to healthcare professionals when needed. People were accompanied to medical appointments during the inspection. A record was made of all medical appointments and outcomes, so their needs could be met.
- People attended regular dental appointments. The last team meeting had highlighted the need for assessments to include people's oral health needs.
- Relatives said they were kept up to date and consulted about changes in people's health conditions. One relative told us, "I don't want X to go to hospital unless they have to, and the registered manager

understands this."

- Each person had a hospital passport which set out people's medical needs, communication and preferences. This would make it easier for hospital staff to care for people if they were admitted to hospital.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- People had been assessed as having the capacity to consent to their care, to where they lived and to make day to day decisions.
- People did not have any restrictions and had freedom of movement. Some people needed staff to support them to go out. These people had been assessed as having the capacity to understand they needed this support to remain safe.
- The registered manager understood when to make DoLS applications, but none had been needed. They kept this under review in line with legislation.

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

- Two people proudly showed us their bedrooms. They had decorated their rooms according to their interests of sea life and westerns. They explained how they had collected items on days out to fit in with their preferred theme.
- The provider had plans to redevelop the service to better meet people's needs. These plans were ongoing and included taking into consideration people's changing health and mobility needs. Also, so people could access the laundry room and dining room without having to go outside, under a covered walkway.
- There was a large garden. It contained a number of places to sit and space for growing vegetables.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people 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

- People continued to be treated in a kind and caring manner. There was a stable staff team who knew people well and with whom trusting relationships had been developed.
- People and staff chatted to each other throughout the day. They shared jokes and talked about things they had enjoyed doing together.
- Feedback from people and relatives was that people were treated well. One person described a member of staff with affection. "He is the man. Everything here is perfect." Comments from relatives included, "I feel the staff are caring and treat people well." and, "The staff are all very committed."
- People were supported to maintain important relationships with family members. Relatives said there was regular communication, so they knew the important things in people's lives. One person was supported to use social media to send pictures of what they had been doing with their relative.

Respecting and promoting people's privacy, dignity and independence

- People continued to be treated with dignity and respect.
- Staff valued people's individual character and contributions. A staff member explained how one person's unique characteristics had benefitted the staff team and other people.
- People's independence was promoted. People continued to help with shopping and meal preparation according to their interests. Some people had one to one sessions with the cook and undertook online training to develop their skills. This person made the inspector a drink at coffee time.

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

- Staff continued to support and involve people in daily decisions about their care. This included what they wanted to wear, how to spend their money and what to do with their time.
- Each person had a keyworker. A keyworker is a staff member who takes the lead in planning a person's care. People said they chatted with their keyworker about the things they wanted to do. One person told us their keyworker had helped them to buy the things they liked for their bedroom.
- Resident meetings were held where people talked about things they wanted to do and anything they wanted to change.
- People had access to advocates. Advocates help people to express their needs and wishes, and weigh up and take decisions about the options available to them.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People continued to be supported to follow their interests. One person told us they had grown tomatoes and potatoes in the garden. Another person told us of their passion for fishing which was shared with the registered manager. They enthusiastically told us about the many fishing trips they had been on together. People also told us about trips out for coffee, of breakfast at a local pub and their annual holidays.
- Feedback from relatives was that people led active lives. Comments included, "People do the stuff we all like to do" and "They take her out on trips and give her a life. She is engaged, and it has made such a difference."
- Care plans set out the information staff needed to know, to care for each person. Staff knew about people's interests and preferences which helped them to provide care in a personalised way. One relative said, "Although my relative can be difficult, staff understand their history, which helps."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were provided with information using pictures and symbols to help them understand their content. For example, the menu was written in an easy read format.
- One person had a document in easy read format which helped them to understand their medical condition.

Improving care quality in response to complaints or concerns

- People said they could talk to staff about things that were important to them.
- The registered manager and staff continued to understand how to follow the provider's complaints policy. They endeavoured to sort out any complaints or niggles before they escalated. During the inspection, one person was not happy with an aspect of their care. The registered manager spoke to them privately to resolve their concerns.
- Relatives said they were in regular communication with the registered manager and therefore felt confident to raise any concerns or complaints. A relative told us, "I would have no qualms about talking about anything I was not happy with."

End of life care and support

- Relatives said they had been consulted about people's wishes and choices at the end of their lives. This

information and that of people who used the service, was being updated in people's plans of care.

- The registered manager had worked with healthcare professionals, so people experienced a comfortable, dignified and pain-free death. They understood the importance of providing emotional support to people, their relatives and staff.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People were at ease in the company of the registered manager. The registered manager led by example and demonstrated they enjoyed spending time with people.
- Relatives described the culture at the service as supportive and making a difference to people. One relative said, "Since being at the service she is 100 per cent better in herself." Another relative told us, "It is such a support to me, to know he is looked after, and people care about him."
- Everyone said they would recommend the service to others. One relative said, "I would recommend it. It really is a home for people. People are well looked after, and the staff are lovely." Another relative told us, "I would recommend it. I trust the registered manager. He is amazing."
- The provider had a duty of candour policy, which outlined how they should respond when something went wrong. The registered manager understood the need to be open and honest and these values had been disseminated and were understood by the staff team.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was supported by a deputy manager. Managers and senior staff were clear about their roles and responsibilities. They understood the importance of communicating effectively with team members to provide consistent care.
- Staff felt supported by and were confident in the management team. The head of care led by example, supporting people and they and the manager had a good understanding of the strengths of people and the staff team.
- The programme of checks and audits had been strengthened since the last inspection. Quality checks included all areas of the service and highlighted areas for improvement and lessons learned. The registered manager said they had learned to be clear about the aims, objectives and outcomes when planning people's care.
- The registered manager understood their role and responsibilities to notify CQC about events and incidents such as abuse, serious injuries and deaths. They were in regular contact with the providers. The registered manager kept up to date with guidance and ensured best practice was disseminated to the staff team.

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

characteristics

- People's views continued to be sought and acted on. At the last resident meeting in August 2019, people discussed what things they wanted to eat and do. One person wanted to visit a heritage railway. This person was wearing a sweatshirt with a picture of the railway. They told us they had enjoyed their visit.
- People were involved in making sure their home was safe. One person assisted staff when they were carrying out health and safety checks.
- Relatives said they felt involved and kept up to date with their family member's care. They told us they had been invited to the annual Christmas buffet. This gave family and friends the opportunity to meet with people, staff and the registered manager. From time to time relatives were asked to complete a short survey about the quality of care the service provided. One response had been received in October 2019. This person had commented, 'The staff are very helpful, friendly and caring. I feel they are more like family as they put the residents needs first and nothing is too much for them they go above and beyond.'
- Staff said the management team were easy to talk to and listened and acted on their views. Staff communication was facilitated through informal conversations and formal staff meetings.

Working in partnership with others

- The provider worked in partnership with other social and health care professionals such as GP's, and mental health professionals.
- People continued to be supported to use local services with which they could become familiar and build up relationships.