

Elysium Care Partnerships Limited

# Elysium Care Partnerships Limited - 1 Lichfield Lane

## Inspection report

1 Lichfield Lane  
Twickenham  
TW2 6LA

Tel: 02088672715

Website: [www.elysiumhealthcare.co.uk](http://www.elysiumhealthcare.co.uk)

Date of inspection visit:  
07 March 2023

Date of publication:  
31 March 2023

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### About the service

Elysium Care Partnerships Limited - 1 Lichfield Lane is a care home for up to 8 adults with learning disabilities and autistic people. The service is managed by Elysium Care Partnerships Limited, a national provider of health and social care services. At the time of our inspection 8 people were living at the service.

### People's experience of using this service and what we found

The service was not able to demonstrate how they were meeting some of the underpinning principles of Right support, right care, right culture.

**Right Support:** People's medicines were not always managed in a safe way. Systems for monitoring this had not always been implemented effectively. Decisions were made in people's best interests, but there were not always recorded assessments or agreements for some restrictions. The environment was clean, but improvements were needed to make sure it was always stimulating and interactive to meet people's needs. Staff supported people to make choices and be independent where possible. People were supported to pursue their interests. Staff enabled people to access specialist health and social care support in the community. Staff supported people to play an active role in maintaining their own health and wellbeing.

**Right Care:** Staff knew people well and were able to provide support which met their cultural needs and reflected their interests. People received kind, compassionate care. Staff respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service had enough skilled staff to meet people's needs and keep them safe. People could communicate with staff and who understood their individual ways of communicating. Interactions were positive and supportive. People were enabled to make choices and try a range of different activities to reflect their interests and help them develop skills. Staff supported people to take risks and provided care in the least restrictive way.

**Right culture:** People received good quality care and support and their views were considered when planning care to make sure they felt safe, comfortable and happy. Staff were trained and worked with others to provide personalised care. Staff felt well supported and able to speak up when things went wrong. Staff understood about best practice and had clear direction and guidance from managers.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture.

#### Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** 

# Elysium Care Partnerships Limited - 1 Lichfield Lane

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by 2 inspectors.

#### Service and service type

Elysium Care Partnerships - 1 Lichfield Lane is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. Elysium Care Partnerships - 1 Lichfield Lane is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We looked at all the information we held about the provider. This included notifications of significant events. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

## During the inspection

We met people who lived at the service and staff in the registered manager, deputy manager, team leaders and support workers. We observed how people were being cared for and supported. We telephoned and spoke with the relatives of 7 people and 5 members of staff following our visit.

We looked at the care records for 3 people, how medicines were managed and other records used by the provider for managing the service which included audits and meeting minutes.



# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines were not always managed in a safe way. Some medicines which were being used had passed their expiry date. Some other medicines, which the registered manager said were no longer in use, were stored alongside current medicines.
- Medicines administration records had not always been completed so it was not clear whether medicines had been administered as prescribed.
- Some people were prescribed medicated creams. There were no directions about when, how or where these should be applied to people. Some of the creams were highly flammable and the buildup of these on clothing and bedding meant there was an increased risk of these items catching fire. There were no recorded assessments of the risks relating to the use of these or information about how to reduce these risks.
- Some people were prescribed 'as required' medicines, such as painkillers. There were protocols to help staff decide when these should be administered, but these were not detailed enough or personalised. Therefore, they may not always have been administered at the right time or when needed.
- One person was prescribed eye drops with the instructions they needed to be disposed of after a specific time of being opened. The staff had not recorded when the eye drops had been opened and therefore would not be able to judge when they needed to be disposed of.
- The labels and packaging of some medicines had been damaged, ripped or were missing meaning expiry dates and administration instructions were not always visible.

We found no evidence people were harmed. However, failure to safely manage medicines was a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Preventing and controlling infection

- There were systems to help prevent and control infection. Sometimes these were not always followed. For example, we found opened packets and containers of food which was not labelled with the date of opening or when it was cooked. Staff did not always check or record the temperatures of cooked food or food storage areas. This meant there was an increased risk of food being unsafe to eat. We discussed this with the management team who agreed to address this with staff to make sure systems for safe food handling were always followed.
- The environment was clean and there were schedules for regular cleaning and infection control checks and monitoring. Staff received training to understand about infection control and food hygiene.
- There was enough personal protective equipment (PPE) available for staff to use when needed to help

reduce the risk of cross infection. Staff had information and training about PPE.

- The provider had updated and reviewed their COVID-19 procedures in line with government guidance and best practice.

#### Learning lessons when things go wrong

- There were systems to learn when things went wrong. These included requiring the accurate recording of all incidents and how these were responded to. The registered manager explained that staff did not always do this and therefore, it had sometimes been difficult to analyse triggers for incidents. One relative we spoke with also raised this as a concern. The registered manager told us they were working with staff to address this and to make sure they understood why this was important.
- The registered manager was introducing a new way of supporting people following incidents where they became agitated. This included helping the person to discuss what had happened and learn from this.
- The staff had worked with external professionals to help develop support plans which were designed to reduce incidents based on their knowledge of the person. These plans were followed and there had been a reduction in the number of incidents of aggression.
- Staff regularly discussed things that had gone wrong with managers so they could learn from these.

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

- There were systems and processes designed to safeguard people from the risk of abuse. The staff were familiar with these and knew how to recognise and report abuse. The registered manager explained they had worked with staff to help them understand the importance of speaking up and having an open culture. The staff demonstrated this through our discussions with them and explained how the support from the registered manager in this area had helped them to recognise and report poor practice.
- The staff had worked closely with other professionals to reduce restrictive practices. They did not use any form of physical restraint and each person had a care plan designed to provide the least restrictive response when they became agitated.

#### Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were assessed and planned for. The staff worked closely to share information about risks and to look at how these could be mitigated. There were clear assessments which recorded how people should be supported. These were regularly reviewed and updated.
- Staff knew people well and recognised signs of emotional distress. They implemented agreed plans to help reduce people's distress and keep them safe. They regularly liaised with other professionals to make sure plans were suitable and followed best practice guidance.
- The environment was safely maintained. Staff carried out checks on the safety of the environment and equipment. Action had been taken when environmental risks were identified to help keep people safe.

#### Staffing and recruitment

- There were enough staff to support people to stay safe and meet their needs. Whilst there were some staffing vacancies, the provider made sure these were covered by familiar staff who knew people well.
- People were able to participate in a range of different activities and were able to make choices because there were enough staff to facilitate this.
- The provider had systems for recruiting staff to help make sure they were suitable and had the skills needed for their roles. The registered manager was involved in interviewing staff and there were a range of other checks on their suitability. New staff took part in training and an induction so they could get to know the service and people living there. The registered manager assessed their knowledge, skills and competencies.



# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty.

- The provider had imposed some restrictions without proper assessment or agreement. For example, there were locks on some food cupboards and the kitchen meaning no one living at the service could access these without staff.
- Whilst the staff had undertaken training about the MCA and DoLS, they were not able to give us clear information about this.
- We discussed the above with the registered manager and they were aware of where improvements were needed and were taking necessary action.
- The provider had undertaken assessments of people's mental capacity regarding some decisions. People's families told us they had been involved in best interest decisions.

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

- Some improvements were needed to the décor, design and adaptation of the environment. Some of this was being addressed through planned works, although there needed to be further work to help meet the individual needs of people. For example, improving information and signage to help people make choices. Additionally, some windows did not afford people enough privacy and needed to be equipped with some form of privacy screening.
- Staff told us there was often problems with the boiler meaning the heating did not always work effectively.
- People had their own bedrooms which they had personalised.
- There was a programme of repair and redecoration and the registered manager had identified where

environmental improvements were needed and requested for these to be addressed.

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

- There were suitable systems to make sure people's needs and choices were assessed. These included close work with others who supported people, their families and healthcare professionals to create a holistic assessment and plan.
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs.

Staff support: induction, training, skills and experience

- People were cared for by staff who had the support and training they needed. The provider supported staff to undertake a wide range of relevant training, including training in autism, learning disabilities and communication needs. The registered manager told us they could also access bespoke training when a person had a specific need they required more information about.
- The staff felt well supported and worked well as a team. There were good systems for communication between staff and regular meetings with the registered manager.
- The registered manager worked closely with staff, observing their practice and offering guidance and supervision.

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

- People had enough to eat and drink. The staff understood their nutritional needs and knew their likes and dislikes. Menus were planned according to people's needs and tastes, although there was some flexibility to enable people to make choices each day.
- Staff monitored people's weight and dietary intake. They made referrals for specialist help and support when people needed this.
- The staff had information about people's food intolerances and special dietary requirements, such as cultural requirements.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to stay healthy and to access healthcare services. There was detailed information about people's health including action plans and information to be shared with healthcare professionals about their communication needs.
- People regularly saw other healthcare professionals when needed. People's relatives told us they were involved in helping to monitor, plan for and meet people's health needs.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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; respecting equality and diversity

- People were well treated and supported. Staff knew people well and had good relationships with them. They engaged with them in a positive and friendly way and people were relaxed, happy and comfortable with the staff.
- People's relatives spoke positively about staff. One relative said, "The staff are lovely, patient and do a fantastic job."
- Staff spoke enthusiastically about people and showed genuine fondness for people as well as telling us they enjoyed their jobs.
- Staff were patient and sensitive to people's needs. They provided comfort, reassurance and encouragement when needed.

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

- People were supported to make choices and be involved in decisions. The staff understood people's individual communication needs and barriers to communication. They presented information in a clear way for each person, allowing them to understand and make choices.
- People's known likes and preferences were recorded and well known by staff. Families were involved in helping to plan people's care and told us they were consulted about decisions.

Respecting and promoting people's privacy, dignity and independence

- People were treated respectfully. Female staff were employed to support women with intimate personal care. The registered manager assigned staff who had good relationships with people to provide their care and individual support.
- People received care and support in private and staff demonstrated a good understanding of this, discreetly attending to people's needs.
- People were supported to develop independent skills and to do as much for themselves as possible. The registered manager helped staff to find personalised ways to support people to be as independent as possible. One person's family explained that the person had not always been supported to access community activities in the past because of the way they sometimes reacted in shops and public places. They told us the registered manager had worked hard to promote independence and help ensure they accessed the community in a safe way.

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People received personalised care which met their needs and reflected their preferences. The staff worked closely with the person, their families and others to help develop personalised care plans. They had a good understanding of people's individual needs.
- Relatives confirmed this, with one relative explaining how certain information and structures were important when caring for their relative. We saw their care plan clearly recorded this and also that staff were aware of these and supported the person in this way.
- The staff regularly met to discuss how to provide consistent support.
- The staff were responsive to changes and made sure care and support reflected changes in people's needs and wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. The staff used different ways to help communicate with people who did not speak, including different forms of sign language, pictures and objects of reference.
- The registered manager had introduced systems to help increase staff skills with using Makaton (a type of sign language) with regular practice together.
- Staff worked with families to help understand about people's communication needs and languages spoken at home.
- Some information for people was available in easy to read format including pictures and simplified words.
- People's sensory needs had been assessed and planned for. Staff understood the importance of supporting people to feel safe, stimulated and calm within their environment and how they required different sensory stimuli and support.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a range of different social and leisure activities. The registered manager and deputy manager had worked with people and their families to help develop structured plans which reflected their interests.

- People regularly accessed local parks, external leisure activities and helped with shopping.
- People's families were able to visit whenever they wanted and were involved in helping plan for and provide care and support.

#### Improving care quality in response to complaints or concerns

- There were appropriate systems for responding to and learning from complaints. People's relatives felt able to speak with the management team and that concerns would be addressed.
- The provider had made changes to the service and made improvements following past complaints.

# 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 our last inspection we rated this key question outstanding. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

- The provider's systems for identifying risks and improving quality had not always been implemented effectively. We found medicines were not always managed in a safe way and some records had not been completed consistently. For example, records of incidents and checks on food safety. We discussed this with the registered manager who was aware of where improvements were needed.
- There were a range of audits and checks the management team were required to carry out each month. These included an analysis of different aspects of the service and sharing information with senior managers within the organisation.

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

- The provider liaised with families and other professionals to help them meet people's needs and to understand about people's experiences. Family members generally felt this engagement was positive and helpful, although some families wanted more opportunities for regular updates about how people spent their time each day, for example photographs, feedback about how they were feeling and what they had eaten.
- Some relatives also commented they were not always told when new staff started or given information about this.
- There were regular meetings for people using the service and staff.
- The staff worked closely with families to help understand and meet people's cultural and religious needs.

### Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture at the service. Staff were happy working there and demonstrated this through positive engagement with people and close working relationships with families.
- The registered manager explained they had worked hard to develop a better culture where staff were open and transparent when things went wrong. The staff confirmed this and explained they felt empowered to speak up and to challenge poor practice.
- People's families felt there was open communication and they were involved in important decisions.

### 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

- The registered manager understood about their responsibilities under duty of candour. They shared

information with families and other professionals. They apologised when things went wrong and worked with others to make improvements.

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

- The registered manager was suitably experienced and qualified. Staff and relatives spoke positively about the registered manager and the changes they had made. They explained that these had a positive impact on people's wellbeing.
- Staff felt supported and had the information they needed. They had regular meetings and opportunities to train and develop their learning.
- There were a range of policies and procedures which were regularly reviewed and updated. These reflected legislation and good practice guidance.

Working in partnership with others

- The staff worked closely with other professionals to assess, monitor and meet people's needs.
- The registered manager liaised with other managers to learn from each other and to keep updated with changes in guidance and legislation.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered persons did not always ensure care and treatment was provided in a safe way for service users.</p> <p>Regulation 12</p>