

Trident Reach The People Charity

Elms House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Elms House is a short-term residential care home providing personal care to up to a maximum of 14 people. The service provides rehabilitation support to adults with mental health needs. At the time of our inspection there were 13 people using the service.

The service is situated close to local amenities and has 11 bedrooms in the main house and 3 independent living flats. People have access to communal living space and a large garden.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Governance systems were in place. However, the provider did not always have oversight of the landlord's health and safety checks to ensure all the required areas were covered. Numerous in-house audits were completed but we found the actions identified were not always documented in an action plan which could be monitored.

Risks to people's safety identified at the previous inspection had been mitigated and actions from the previous fire safety report had been completed. Infection prevention controls were safely managed.

People received their medicine on time from staff who had been trained in safe administration and a better process was in place for people needing to take their medicine out of the home.

People were supported by sufficient staff who had received appropriate training for their role and showed dedication to helping people achieve their outcomes. Staff worked closer with the mental health trust and plans were in place to increase the support and training they received.

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.

Lessons were learnt when things went wrong and it was evident improvements had been made to several aspects of the service since our last visit. Roles and responsibilities were clearer, and the culture was positive.

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

Rating at last inspection and update

The last rating for this service was requires improvement (Published 16 November 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service. It was agreed we would carry out a focused inspection to review an historic breach of regulation 12.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Elms House

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.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Elms House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elms House 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 reviewed information we had received about the service since the last inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers

send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the inspection we spoke with 1 person who resided at the service and 1 witness to the care people receive. We reviewed 1 person's care plan and associated care documentation which included medicine records and plans for the future. We spoke with 8 staff members including the registered manager, team leaders, care staff and an agency worker. We also spoke to 2 professionals from the Mental Health Trust. We looked at audits carried out in the service alongside relevant policies and procedures.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure risks relating to the health safety and welfare of people were fully mitigated. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At the last inspection we raised concerns regarding fire safety. We found not everyone had a Personal Emergency Evacuation Plan (PEEPS) and that actions identified on the fire risk assessment had not been actioned by the landlord. At this inspection we found detailed PEEPS were in place and actions required to ensure the building was safe had been completed.
- Window restrictors and additional anti ligature screens were in place to prevent people falling from height or from harming themselves. However, these were not routinely checked as part of any audit, and we saw a staff member had undone one of the restrictors to allow air to circulate. The registered manager took immediate action to ensure the window was secure, they completed an audit of all windows and shared the findings with the landlord to action.
- Risks to people's safety were assessed and action was taken to mitigate the risk of harm. The provider worked closely with the NHS Occupational therapy team to encourage people to improve their independent living skills in incremental stages. This ensured any exposure to increased risk was safely managed.

Using medicines safely

- At the last inspection we found the guidance around 'as required' medicine was lacking essential detail and that staff had been secondary dispensing medicine when people went to stay with friends or family. At this inspection we found the practice of secondary dispensing had stopped and the guidance around the use of 'as required' medicine had improved.
- We found people had the capacity to decide themselves if they needed their 'as required' medicine. People understood the effect the medicine had and whether they wanted to take it. We discussed the action staff would take if a person's capacity was reduced and the registered manager agreed further detail on people's physical presentation of pain or anxiety would be beneficial. This would ensure staff knew when the person may need their 'as required' medicine but not think to ask for it themselves.
- People received their medicine on time by staff who were trained in safe administration.
- The management team audited the management of medicine on a regular basis. We discussed the audit tool used and found the service was not using it to its full potential which, if they did would ensure greater

oversight of potential medicine errors. The management team said they would review their process and use the tool fully.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from harm. People had access to information explaining what safeguarding was and how to report concerns. People's care was also overseen by a full multi-disciplinary team of health and social care professionals who were in regular contact with the person and able to listen to any concerns.
- Staff were trained in recognising and reporting abuse and told us they would be confident speaking up if needed.
- When people experienced symptoms of their mental health disorder, we found they were supported sensitively and discreetly. Staff prevented them from causing emotional distress to others and protected them from experiencing any negative reactions.

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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. At the time of inspection no one was subject to a DoLS.
- People's capacity to make decisions was considered and people had access to advocacy services where required.
- Staff had an understanding of fluctuating capacity and were aware of the fact people could make unwise decisions. Staff helped people explore their understanding of various subjects and extensive information was available in the service to enable people to make informed decisions. For example, access to community health services, future housing options and employment opportunities.

Staffing and recruitment

- People were supported by enough staff. We spoke to 1 person who knew the service well. They told us, "The staff are good and there is always someone to support people. I have never seen anyone waiting for support."
- Staff confirmed there was enough staff on shift although some staff were concerned about the staffing numbers should they have to support people with more complex needs in the future. One staff member said, "We work well as a team and know changes may happen, but we do need reassurance the staffing will be increased if and when needed."
- Staff had received increased training since the last inspection and plans were in place to deliver further training by the local Mental Health NHS Trust.
- People were supported by staff who had been safely recruited. Checks were made to ensure candidates background, character and qualifications were suitable before they were offered a position. This included the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safe recruitment decisions.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- People were able to receive visitors. However, the majority of people preferred to visit friends and family away from the service.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. A process was in place to ensure staff recorded any accident or incident and these were reviewed by both the provider and the multidisciplinary team. People's care plans were adjusted if deemed necessary.
- The registered manager was responsive when concerns were identified and took steps to ensure any learning was communicated to staff and shared with other services managed by the provider. For example, the required health and safety checks.

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 requires improvement. At this inspection the rating has remained requires improvement. This meant the service needed to improve on the overall governance of the service to ensure all potential risks were being mitigated.

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

- At the last inspection we found concerns with the management of risk in the service, especially around the accommodation. At this inspection we found there had been considerable improvement. However, we did discuss with the registered manager the need to ensure they had oversight of all the health and safety checks needed, as set out by the Health and Safety Executive. This was because the landlord took responsibility for a number of checks, but we found these did not include areas such as window restrictors. Immediate action was taken to address this concern.
- The provider supported the registered manager. However, staff told us the provider had limited presence in the service and we found there had not been a provider level quality audit for some time, meaning the provider was reliant on what they were being told as opposed to seeing for themselves. One staff member told us, "It would be good if senior managers did visit more so we knew who they were and they could see the work we do."
- Audits were completed in the service and considerable progress had been made around people's care plans and joint work with the Mental Health Trust. However, some audits were completed sporadically, and were not all used to their potential. The registered manager was knowledgeable of what actions were needed following any audit they did but they did not always document them. We discussed how having an overarching action plan that all audits fed in to, would ensure actions did not get forgotten and others could better track the progress being made.

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

- The culture in the home was positive and focussed on supporting people to achieve good outcomes. Staff were all able to articulate the rehabilitation model being adopted and understood their role in supporting people alongside the multi-disciplinary team.
- We spoke with a staff member from the Mental Health Trust who was positive about the joint work which had been carried out, the development of shared processes and the development of additional training for the staff team. These were areas of concern at the previous inspection. They told us, "The contract is a lot clearer now, we have a shared vision and work together so much more to ensure people get a service which benefits them and enables people to move back into the community."

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 provider understood their duty of candour. We found no incidents during the inspection where it had been necessary for this to be applied.

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

- People were engaged in discussions about the service and were consistently able to share their views on subjects which were of interest to them.
- Staff were well supported and had regular supervision and discussions. A recent team meeting had been held where future developments were discussed, and staff could share their feelings about the proposals. All staff showed a dedication to the people they supported and were proud of the services achievements.

Continuous learning and improving care

- The service was able to evidence considerable improvement since the last inspection and the registered manager demonstrated an eagerness to adopt best practice and drive the service forward.
- There was also a commitment shown by the Mental Health Trust to work alongside the service and share the responsibility for embedding any necessary improvements.

Working in partnership with others

- There was clear evidence of the service working with others in a collaborative and constructive way. People's care was joined up and people were supported to transition both into the service and out of the service when appropriate to do so.
- Information was available to people and relationships had been formed with stakeholders and agencies who would be able to support people in the future such as, housing providers and employment services.