

Elysium Healthcare No. 4 Limited

Ghyllside

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

Our inspection of Ghyllside took place on 4 October 2018 and was announced. This was the first inspection of the service since the provider changed in October 2016.

Ghyllside 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. Ghyllside accommodates up to four people who may have mental health needs and no longer require hospital based care, in one adapted building. On the day of our inspection there were two people living at the home.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff were being recruited safely. There were enough staff to take care of people and to keep the home clean. Staff were receiving appropriate training and they told us the training was good and relevant to their role. Staff were supported by the registered manager and were receiving formal supervision where they could discuss their ongoing development needs.

People who used the service told us staff were helpful, attentive and caring. We saw people were treated with respect and compassion.

Care plans were up to date and detailed what care and support people wanted and needed. Risk assessments were in place and showed what action had been taken to mitigate any risks associated with people's care. People felt safe at the home and the registered manager told us appropriate referrals would be made to the safeguarding team if necessary to protect people from harm.

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's healthcare needs were being met and medicines were being stored and managed safely.

Staff supported people with dietary needs and preferences. People told us there was a good choice of meals and said the food was very good. There were plenty of drinks and snacks available for people between meals.

Activities were on offer to keep people occupied both on a group and individual basis. People told us visitors were made to feel welcome and could have a meal at the home if they wished.

The home was spacious, well decorated, clean and tidy. All bedrooms were single occupancy with en-suite toilets and showers.

The complaints procedure was displayed. Records showed no formal complaints had been received but the registered manager told us any complaints would be dealt with appropriately.

Everyone spoke highly of the registered manager who they said was approachable and supportive. The provider had effective systems in place to monitor the quality of care provided and where issues were identified action had been taken to make improvements.

There were appropriate governance systems in place to ensure quality of care was monitored and improved. The service engaged positively with people using the service and people felt they were listened to and their contributions were valued.

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.

Staff were recruited safely. There were enough staff to provide people with the care and support they needed and to keep the home clean.

Staff understood how to keep people safe and where risks had been identified, action had been taken to mitigate those risks.

Medicines were managed safely and kept under review.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to meet people's needs.

Staff understood and followed the principles of the Mental Capacity Act 2005.

Consent to care and support was clearly recorded and people had access to a range of other professionals to maintain good health.

Is the service caring?

Good ●

The service was caring.

People using the services told us they liked the staff and found them attentive and kind. We saw staff treated people with kindness and patience and knew people well.

People looked well cared for and their privacy and dignity was respected and maintained.

Staff understood the importance of helping people maintain and build relationships with others.

Is the service responsive?

Good ●

The service was responsive.

People's care records were easy to follow, up to date and being reviewed every month.

Staff and management understood the importance of maximising opportunities for people. People were supported with a range of activities according to their preferences.

A complaints procedure was in place and people told us they felt able to raise any concerns. No formal complaints had been received.

Is the service well-led?

The service was well-led.

A registered manager was in place who provided effective leadership and management of the home. Staff morale was good and staff told us they felt supported by the management team.

Effective quality assurance systems were in place to assess, monitor and improve the quality of the service.

People were engaged and involved in the running of the service. People's views about the service were sought.

Good ●

Ghyllside

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 4 October 2018 and was carried out by one adult social care inspector. The inspection was announced. This was because we needed to make arrangements to ensure people were home to speak with us.

Before the inspection we reviewed the information we held about the service. This included notifications from the provider and speaking with the local authority contracts and safeguarding teams.

The provider had completed a Provider Information Return (PIR). The PIR is a document which gives the provider the opportunity to tell us about the service. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked around some areas of the building including bedrooms, bathrooms and communal areas. We also spent time looking at records, which included both peoples care records, two staff recruitment files and records relating to the management of the service.

We spoke with both people who used the service, one care worker and the registered manager. We also spoke with two additional care workers by phone.

Is the service safe?

Our findings

We saw that the systems, processes and practices in the service safeguarded people from abuse. People we spoke with confirmed they would not hesitate to speak with a member of staff if they had any concerns about their safety.

The registered provider had appropriate safeguarding policies and procedures in place and staff were aware of the actions that needed to be taken if they had any concerns. Staff understood how to recognise the signs of abuse and had a good understanding of how a safeguarding investigation should take place. Where incidents had occurred, the relevant authorities had been notified with investigations taking place and disciplinary processes being followed if necessary. All the staff we spoke with felt confident any concerns raised would be dealt with immediately. Staff had received appropriate training in safeguarding which was refreshed annually. This meant staff understood and followed the correct processes to keep people safe.

Staff supported people to remain as independent as possible and live a life the same as anyone else within their peer group. Staff understood people needed support to promote independence within a framework of assessing risk, without being risk averse. Risk assessments were comprehensive, identified hazards and provided information on how these would be minimised to enable people to go about their daily lives as safely as possible.

Staff responded well to people's behavioural needs in their practice. Care plans held detailed information of how staff could best support people in all aspects of their identified care. This was based on the principles of positive behaviour support, which reflected the least restrictive option.

Accidents and incidents were fully reviewed, with prompt action taken and any learning cascaded to staff in an appropriate manner. The service was clean and well maintained. The provider ensured all safety checks of the building and equipment were completed, so any hazards were identified and the risk to people removed or reduced. Checks on the fire and electrical equipment were routinely completed. Maintenance was carried out promptly when required. Staff had received health and safety training including participating in regular fire training. People who used the service were also involved in fire training to ensure they were aware of what to do in the case of an emergency.

Safe recruitment procedures were in place to ensure only staff suitable to work in the caring profession were employed. We looked at two staff recruitment records and saw, for example, the provider had obtained two references and carried out Disclosure and Barring Service (DBS) checks for all staff before they commenced work. These checks identified whether staff had any convictions or cautions, which may have prevented them from working in the caring profession.

We found there were sufficient staff to meet people's needs. Staff we spoke with said there was adequate staff on duty. People we spoke with told us they were always able to go out when they wanted and there were staff around at all times. We also observed people's needs were met in a timely way. The registered manager told us staffing levels could be increased if people's needs changed and this was confirmed by

staff.

Medicines were stored, managed and administered safely. We saw medicines were stored in locked cabinets or fridges. The senior care workers took responsibility for administering medicines and we saw them doing this with patience and kindness. They explained to people what their medicines were for and stayed with them until the medicines had been taken. We looked at a sample of medication administration records (MARs) and saw people were given their medicines as prescribed.

Protocols were in place that clearly described when medicines prescribed for use 'as required' should be administered.

Staff received training in preventing infections. There was enough personal protective equipment available for staff. People were supported and encouraged to clean their own rooms and people willingly took turns helping to clean communal areas. The home was tidy and well presented. One person said, "Oh yes we do jobs every day. However, I don't always clean my room."

Is the service effective?

Our findings

People's care and support needs were assessed holistically. This included their physical, mental and social needs. The registered manager and care workers liaised with other professionals involved in people's care to ensure that their needs were met in a consistent and effective way. Positive relationships were maintained with local GPs and pharmacies. Feedback from professionals involved with the service confirmed that appropriate referrals were made and guidance was acted on.

Everyone we spoke with said staff had the right level of expertise and training to meet their needs. One person said, "Yes, they have the right skills." The service maintained a training matrix which allowed the registered manager to monitor compliance with training the service considered mandatory. This included fire safety, safeguarding vulnerable adults and basic first aid. Staff had also received training in positive behaviour support and challenging behaviour.

From records we saw and talking with staff we found staff were formally supervised and appraised. Supervision sessions ensured that staff received regular support and guidance, and appraisals enabled staff to discuss any personal and professional development needs. This ensured staff had the correct skills and knowledge to fulfil their roles and responsibilities. All staff we spoke with told us they were extremely well supported. One staff member said, "I raise things in my supervision that I think could be improved and it is always actioned. For example, places I think we could visit that would benefit our people."

People were encouraged to eat and drink enough to maintain a balanced diet. People using the service decided what they wanted to eat, and people were taught to cook for themselves if they wished. We saw people helping themselves to snacks throughout the day. One person said, "Yes they (staff) are good cooks. I used to cook but not now. I do help though. Another said, "I spend lots on snacks, chocolate, biscuits and crisps. They do try to get me to eat healthy food too. We can also invite friends to have a meal with us if we want."

The accommodation had been purposely built/adapted to meet the needs of people who used the service. The layout of the service and door signs were clear and met people's needs appropriately. Guidance for staff and policies available were informed by relevant NICE (National Institute for Health and Care Excellence) guidelines.

People were supported to access healthcare professionals appropriately. All interactions with healthcare and social care professionals was recorded in a log which showed when, why and what the outcome of the interaction was; such as an eye test resulting in a need for glasses or a regular flu jab.

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 when this is in their best

interests and legally authorised under the MCA. (The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)).

There were no DoLS authorisations in place and no applications had been made. Our conversations with staff and the registered manager showed a good understanding of the principles of the MCA and DoLS. We saw mental capacity assessments had been completed to assess if people had capacity to make specific decisions such as consenting to care and treatment. The registered manager told us people had capacity and this was confirmed in the assessments we reviewed.

Is the service caring?

Our findings

People were universally positive about the provision of care by staff as well as their compassionate manner. Comments from people included, "Staff are really good. Easy to talk to, and brilliant. They help me sort things out like my money" and "I feel comfortable the way they speak to you. They try to understand the situation. Listen and give you the best advice. I trust them."

From our observations staff were kind, attentive and patient with people. We saw someone talk to staff about their recent trip out in a good humoured and relaxed way; staff listened attentively and there was a good rapport. This was evident in all other interactions we observed.

People were supported to be as independent as they wanted. One member of staff said, "Rather than us doing things for them we support them to do things themselves". People told us they were involved in decisions and discussions about care and support and their views were always taken into account.

People told us they felt that their right to privacy and dignity was respected. One person said, "Yes I keep myself to myself when I want to. I go to my room for space. Staff will knock on my door." Another person said, "Yes staff don't barge in they always knock and wait."

Staff demonstrated a highly detailed understanding of people's personalities, life histories, likes, interests and dislikes. Staff spoke warmly and enthusiastically about the people they cared for. One member of staff talked in detail about a person, discussing their daily routine, favourite hobbies and interests. They said, "[Name] loves to go shopping so we talk about spending". People were clean and well presented, and dressed in clothes that they felt expressed their personalities.

Religion or belief is one of the protected characteristics set out in the Equalities Act 2010. Other protected characteristics are age, disability, gender, gender reassignment, marital status, pregnancy and maternity status and race. We saw recorded information about people's cultural and spiritual needs and how they wanted to be supported.

Arrangements were in place for people to maintain contact with family and friends. One person told us about an upcoming visit to family. The service also understood the role of advocates. Advocates are individuals, independent from the service who help vulnerable people make important decisions about their lives. Information on how to access an advocate was available at the service.

Care files contained information about people's life histories, interests and hobbies. People looked relaxed and comfortable around staff. There was a calm, friendly atmosphere and we saw staff took time to sit and chat with people. We heard some good-humoured banter shared between people who used the service and staff which resulted in laughter and further conversation.

Is the service responsive?

Our findings

People's care and support needs were assessed prior to admission and subject to regular review by staff with the person's input. We saw care records were clear, easy to read and gave detailed information about people's individualised care and support needs. These contained good information about the person, their likes, dislikes, goals and triggers for behaviours.

The staff we spoke with understood people's needs and preferences, so people had as much choice as possible. We saw staff interacted with people positively, inclusively and in line with their care plans. The atmosphere in the service on the day of our inspection was extremely pleasant, positive with much banter and laughter between staff and the people they supported.

Care records contained risk assessments relating to activities of daily living such as mobility, eating and drinking, continence and personal care. The risk assessments and care plans had been reviewed and where an issue had been identified, action had been taken to address and minimise any identified risk. For example, we saw people had discussions about the effect of some medication taken. The service had supported people with relevant changes.

Although we did not see care records in place about people's wishes at the end of their life, the registered manager explained this was due to the unique nature of the service and the majority of people who used the service were younger adults. However, they told us if this became a need they would ensure this was discussed and implemented.

The service was working under the principles of the Accessible Information Standard. The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. It is now law for the NHS and adult social care services to comply with AIS. The service ensured that any information people needed was available in easy-read or pictographic formats. At the time of our inspection, the service did not support anyone with a specific sensory loss. However, the provider had a policy in place regarding accessible information. We were told by the registered manager if key information such as complaints and safeguarding processes were needed in easy read format they would be available to people and staff.

The registered manager told us there was a comprehensive complaints' policy and procedure, this was explained to everyone who received a service. It was written in plain English and there was an easy read version which was available to those who needed it in that format. They told us they had received no formal complaint. However, we saw low level concerns were documented, investigated and addressed. People told us they knew how to raise a complaint and we saw information about this was displayed at the service. One person told us, "I would speak to staff if there were any problems." This gave us confidence that people's concerns and complaints were taken seriously and used to improve the quality of care.

Staff told us they were confident that any concerns raised would be dealt with appropriately and in a timely manner. There was a clear procedure for staff to follow should a concern be raised.

The service had an activities room which contained a pool table. Staff told us the room would be used to host activities such as art classes delivered by external providers. One person told us their art work was displayed around the service.

People were also actively supported and encouraged by staff to access education and employment. One person told us, "I've been working as a volunteer in a charity shop. Another said, "I'm due to start college soon." Staff also supported people to learn other skills such as cooking, budgeting and ironing.

People told us they were supported by staff to access the community and other relevant activities and that there were no restrictions. Some people were able to access the community on their own, one person explained how they told staff when they were leaving and what time they would return. They told us, "I have a mobile if I have any problems I call the staff."

Is the service well-led?

Our findings

There was a registered manager in post who provided leadership and support. People who used the service told us the registered manager was well thought of and said they were approachable and empathetic. One person told us, "I feel very supported by the management team. They are more approachable than anywhere I have worked before. They are open to ideas and suggestions."

We found the registered manager open and committed to making a genuine difference to the lives of people living at the service. We saw there was a clear vision about delivering good care, and achieving good outcomes for people living at the service.

The registered provider was compassionate towards staff, supported their wellbeing and invested in them. Staff we spoke with told us, without exception, that the service was well-led and that they felt they were a valued member of the team. They spoke with extreme high regard for the management team and opportunities they were given to progress within their roles. One staff member told us, "I love my job, we all work well as a team. We are here for the people we support and ensure they have full lives."

Staff morale was good and staff said they felt confident in their roles. Staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. It was evident that the culture within the service was open and positive and that people who used the service came first. One person said, "Coming here I'm really taken aback with the support I get here."

The service conducted regular audits of care plans, health and safety checks and medicines documentation, and had a clear system of audit. Audits gave clear actions for staff to take and where improvements were identified there was evidence that discussions took place and if necessary training or support was provided. Staff told us they received feedback from audits and were continuously improving their records and practice. The registered manager told us they attended the provider's regional care home meetings as a way of sharing best practice and discussing any updates and changes in guidance and legislation.

We saw people were involved to ensure the effective running of the service. For example, people assisted staff with household tasks and cooking meals and participated in regular planning and update meetings. Weekly house meetings were held to discuss and plan menus and organise shopping accordingly. Monthly service user meetings were held as an opportunity to provide feedback about the service at Ghyllside and ask for things to be changed/done differently. We saw from the minutes of these meetings that people were asked their views regarding various matters. These included what they thought of the home environment, if they wanted anything done differently or additional activities, what they thought of the care they received, if they are happy with the service in general and if they felt the service was of high quality. We saw responses were good, such as, "Yes I get to go out," and, "Happy living here."

We saw staff meetings were held monthly and staff told us they felt able to speak openly during meetings. They told us these meetings offered a good opportunity to discuss concerns and share updates in best practice.

We saw the service worked in partnership with other agencies to provide effective support for people such as psychiatrists, other clinicians and social care professionals. For example, we received positive feedback from a social care professional about how the service had worked effectively with them to improve people's care. The registered manager also attended meetings with the local authority.

Providers are required by law to notify The Care Quality Commission (CQC) of significant events that occur in care settings. This allows CQC to monitor occurrences and prioritise our regulatory activities. We checked through records and found the service had met the requirements of this regulation.