

PLUS (Providence Linc United Services)

Elwis House

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 responsive?

Good ●

Is the service well-led?

Good ●

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

Elwis House is a residential care home providing personal care for up to four people and people with a learning disability and/or autistic people. At the time of the inspection four people were living there.

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

Right Support

Staff supported people to have the maximum possible choice, control and independence and they had control over their own lives. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to identify and work towards aspirations and goals.

The service gave people care and support in a safe, clean, well equipped, well-furnished and well-maintained environment that met their sensory and physical needs. People had a choice about their living environment and were able to personalise their rooms.

Staff supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Staff supported people to play an active role, where possible, in maintaining their own health and wellbeing. Staff ensured people had full access to health and social care to maintain their health and wellbeing.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs and promoted equality and diversity in their support for people.

People told us or communicated with us they were happy living at Elwis House. Relatives told us their family members were happy, safe and comfortable at the service. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. There was enough appropriately skilled staff to meet people's needs and keep them safe.

People were encouraged and supported to identify and take part in activities and pursue interests that were

tailored to them. Where appropriate, staff encouraged and enabled people to take positive risks.

Right culture

People received good quality care and support because trained staff could meet their needs and wishes. People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

Staff placed people's wishes, needs and rights at the heart of everything they did. They knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

People and those important to them were involved in planning their care. Staff valued and acted upon people's views.

The registered manager and provider had implemented effective checks and audits on the quality and safety of the service. When shortfalls were identified, action was taken to address these.

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

At the last inspection the service was not rated (published 4 August 2021). This was because we carried out a targeted inspection. We use targeted inspections to follow up on Warning Notices or to check concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. The last rating for the service was on 1 December 2020 when the service was rated requires improvement.

Why we inspected

We undertook this inspection to see if improvements had been made to person-centred care and assess that the service is applying the principles of right support right care right culture. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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 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 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.

Elwis 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.

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

This inspection was carried out by one Inspector.

Service and service type

Elwis House 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.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of the inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be present to support the inspection.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people to get their feedback about the care they received. We spoke with one relative and received written feedback from another about the care their family member received. We spoke with the registered manager and two support workers. All staff were sent a questionnaire and we received feedback from four staff members. We reviewed four people's care and medicine records. We reviewed the recruitment and training records of three support workers. We looked at maintenance records for the building and quality assurance records related to all aspects of the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People told us or communicated with us they were happy living at Elwis House. Relatives told us their family members were safe and comfortable at the service. One relative said, "I know my family member is safe and well looked after. I go spontaneously so they never know I am coming. [Family member] always looks well looked after and well presented."
- Staff had training on how to recognise and report abuse and they knew how to apply it. The provider responded appropriately when concerns were raised. One professional told us, "The [registered] manager engaged well with the safeguarding process, followed recommendations and improved the quality and safety of the service."

Assessing risk, safety monitoring and management

- People lived safely because the service assessed, monitored and managed safety well. Risk assessments were reviewed when a person's needs changed. There were risk assessments in place where people had health conditions such as epilepsy and for other risks to their health and wellbeing such as moving and handling, and the risk of skin breakdown.
- People had personalised plans in relation to their safety and support needs when in the service or out in the community. Staff showed a good knowledge of the potential risks to people and knew what they should do to ensure people's safety was maintained.
- Personal emergency evacuation plans (PEEPs) were in place to give staff guidance on what support people required to evacuate safely in the event of a fire. There were regular checks of the environment and fire equipment.

Staffing and recruitment

- There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included applicants' right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on applicants' backgrounds, including convictions, to help employers make safer recruitment decisions.
- The service had enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted.
- Every person's record contained a clear one-page profile with essential information to ensure that new or temporary staff could see quickly how best to support them.

Using medicines safely

- People were supported by staff who followed systems and processes to administer, record and store medicines safely. The service registered manager had made improvements to the way medicines were managed. The manager had also worked in partnership with the GP to ensure there were clear guidelines for 'when required' medicines.
- Medicines were checked regularly, and any issues were promptly investigated. Samples of medicine administration records (MARs) we reviewed had been completed correctly and there were processes in place to ensure medicines were being stored at the correct temperature.
- People received their medicines at the times they were prescribed or when they needed them. Staff who supported people to take their medicines had completed appropriate training and had been assessed as being competent in this area.

Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. The service had good arrangements for keeping the premises clean and hygienic. Staff followed a cleaning schedule and the manager made regular checks to ensure this was being followed.
- The provider had adapted the visitors' protocol as government guidelines changed. Visitors to the home were asked to wear appropriate PPE and follow hand hygiene procedures before entering the home. Visiting relatives told us they were satisfied with the precautions taken during visits to their family member. We received comments such as, "Whenever we go, I see that they have a procedure in place for visitors. They ask us to keep to [family member's] room and wear a mask at all times" and "The staff coped with lockdown and the pandemic magnificently"

Learning lessons when things go wrong

- People received safe care because staff learned from incidents. There was a system in place to record accidents and incidents. Staff understood their responsibility to report these to the registered manager who ensured all necessary steps were taken to maintain safety after incidents occurred.
- The manager used staff meetings to discuss previous safety incidents to ensure the whole team learnt from accidents and incidents.

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 requires improvement. At this inspection this key question has improved to good. 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

- People had care and support plans that were personalised, strengths-based and reflected their needs and aspirations, including physical and mental health needs. People, those important to them and staff reviewed plans together. Relatives told us, "They discuss with [family member's] support needs and let us know what activities [family member] does" and "The [registered] manager did send me a copy of the last annual review and it reflected all the issues that [family member] has discussed with me."
- Care plans reflected a good understanding of people's needs, including relevant assessments of people's communication support and sensory needs. One member of staff told us, "We have created person-centred care plans for all our residents, which is working really well and you can see the difference it is making on the residents' day to day lives."

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to be able to perform their roles effectively. New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support for people with learning disabilities. The service offered a range of ongoing training to ensure staff continued to develop skills and knowledge. The training package included person-centred active support and engagement and sensory training. One member of staff told us, "On engagement training we learned that every moment has potential for meaningful engagement."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. One member of staff told us, "We get supervision every two months. If I am having any difficulties in my day-to-day work I discuss with my manager during supervision. She advises on how to deal with the situation."

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

- People received support to eat and drink enough to maintain a balanced diet. People were involved in choosing their food, shopping, and planning their meals.
- The service followed professional guidance to ensure people with complex needs received support to eat and drink safely. One person was fed by percutaneous endoscopic gastronomy (PEG). This is a medical procedure in which a tube is passed into a person's stomach through the abdominal wall to provide a means of feeding when oral intake is not adequate. Risk assessments included guidance from health care professionals, where applicable. Specialist PEG nurses visited the service regularly to monitor the process and provide staff training.
- Staff were knowledgeable about people's dietary needs and requirements and knew how people wished to be supported at mealtimes. People's food preferences and consistency of food and drinks was recorded

in their care plan.

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

- People's care and support was provided in a safe, clean, well equipped, well-furnished and well-maintained environment which met people's sensory and physical needs.
- People personalised their rooms and were included in decisions relating to the interior decoration and design of their home. Relatives told us they had been involved in preparing people's rooms for them.

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

- Staff supported people to access appropriate healthcare services when needed. People were supported to attend and take part in annual health checks.
- Hospital passports had been developed for everyone using the service. Hospital passports contain detailed personal and health information about people which could be shared with hospital staff if they were admitted to hospital. One relative told us, "I was extremely pleased to see how the hospital passport emphasised [family member's] abilities and self-advocacy skills as well as the areas where they need assistance."
- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff from different disciplines worked together as a team to benefit people. They supported each other to make sure people had no gaps in their care. We saw evidence of multi-disciplinary working to support best interests decisions about healthcare procedures.
- Relatives were happy with how the service was ensuring people's healthcare needs were met. We received comments such as, "The staff make sure healthcare needs are looked after and they work with other professionals such as the physiotherapist" and "They look after [family member's] teeth very well and they make sure they get regular check-ups with the dentist for deep cleaning."

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 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. We found they were.

- Staff empowered people to make their own decisions about their care and support.
- Staff knew about people's mental capacity to make decisions through verbal or non-verbal means and this was well documented. Staff told us how they adapted the way they presented choices based on people's needs and communication preferences. One member of staff told us, "We support people to make choices by providing pictures of the alternatives so that they can choose the appropriate one. The more choices they can make the more control and input they have over their life."
- For people that the service assessed as lacking mental capacity for certain decisions, staff clearly recorded

assessments and any best interest decisions.

Is the service responsive?

Our findings

At the last inspection this key question was rated as requires improvement. At this inspection this key question has been rated 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; 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

At the last focused inspection we found there was insufficient meaningful activities for people. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had made improvements and they were no longer in breach of regulation 9.

- The service was working to improve the choices of activities for all people. Staff had been reaching out to local learning disability social groups to help people identify interests and activities to enrich people's social lives. One person told us about a regular lunch club and local men's group they attended.
- Each person was allocated a keyworker who supported people to identify and achieve long-term goals. One person had recently expressed the wish to have a romantic relationship and staff were supporting them to achieve this goal by helping them find different social events to attend.
- With guidance and training from an occupational therapist the service was striving to embed an active support model and people were encouraged to take part and contribute to all parts of daily living such as grocery shopping, cooking and maintaining their home environment.
- The provider ensured people were being supported to maintain contact with their family, facilitated visits to the service and supported people to keep in contact in other ways. We received comments such as, "All the staff are lovely and welcoming whenever I visit. [Family member] always looks clean, tidy and content."
- The service had also supported people to arrange holidays of their choice and mark special events such as birthdays. One relative told us, "Our family were delighted to be invited to [family member's] birthday party. The staff team did an amazing job organising the event to [family member's] design and a great time was had by all. It was a truly uplifting event."

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.

- The provider was meeting the AIS. People had individual communication plans that detailed effective and preferred methods of communication. Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. Staff explained how they knew when people were happy or needed something.

- Staff worked closely with health and social care professionals and ensured people were assessed to see if they would benefit from the use of non-verbal communication aids. The service had made a recent referral for additional input from speech and language therapists to support staff to update one person's communication plan.

Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. We received comments such as "I had one complaint that was resolved satisfactorily" and "I have never needed to complain but if I had any issues, I would raise them directly with the [registered] manager. If they didn't resolve it would go to the social worker or CQC."
- Staff were committed to supporting people to provide feedback so they could ensure the service worked well for them. One relative told us, "I do know that [family member] feels able to raise and discuss his concerns."

End of life care and support

- The service did not provide end of life care and support at the time of our inspection.
- The service had an end of life policy which stated individual needs and wishes related to people's end of life should be fully documented. People had been supported to discuss their end of life wishes and some people had funeral plans in place.

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 requires improvement. At this inspection this key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Working in partnership with others

- At the last inspection we found the service did not work in partnership with other professionals and recommendations about people's care made by professionals were not always followed. The service had made improvements and was now working well with other professionals to plan and deliver care and support. One professional who worked with the service to plan and deliver support told us, "The service is now working well with the multidisciplinary team (MDT). The new [registered] manager is building relationships, communication has improved, and the service is now following recommendations made by professionals such as physiotherapists, speech and language therapists and occupational therapists. Things seem to be going really well."

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

- The registered manager worked hard to instil a culture of care in which staff valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. This positive culture was reflected in the feedback we received. One family member told us, "Yes, I believe [family member] is getting a great service. They are very happy every time I see them at the home and via video chat. We are both very lucky to have Elwis House."
- The registered manager worked directly with people and led by example. They spent time with staff, people and family discussing people's needs and improvements that were needed.
- The registered manager had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve good outcomes. There was a service improvement plan which detailed changes made so far and aspirations for future improvement. The registered manager told us they were planning to convert the garden shed into a sensory room.
- We received positive feedback from relatives about recent improvements to the service. One relative told us, "The new [registered manager] has brought some excellent changes to the service. My perception is one of improved efficiency alongside a very strong commitment to centring the service around the individual needs and preferences of each of the service users."
- Staff felt respected, supported and valued by senior staff which supported a positive and improvement-driven culture. One member of staff said, "The [registered] manager's approach is unique and very understanding. She is very supportive in terms of getting staff to support the service users."
- Staff were positive about how the team worked together to improve the quality of people's lives. We received comments such as, "I love my job. When someone you support is grateful for something you have done, that really makes your day" and "We are working as a team and we are always changing and

improving things. You never stop learning."

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 their duty of candour and the regulatory responsibilities around reporting to the CQC, and sent the required notifications.

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. We received positive feedback from staff about the leadership and management of the service. One member of staff told us, "If the [registered] manager notices you do something good she encourages you but she also points out what we need to be doing better."
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support.
- Staff were able to explain their role in respect of individual people without having to refer to documentation. They knew people well and we observed positive interactions with people. This was confirmed by relatives who told us,

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

- People, and those important to them, worked with managers and staff to develop and improve the service. People and their relatives had been involved in changes to their room.
- The provider sought feedback from people and those important to them. One relative told us, "The [registered] manager sends me emails or telephones me if there are any particular aspects of [family member's] life that she thinks should be drawn to my attention."
- People receiving care and staff attended house meetings together to discuss various aspects of the running of the home and plan trips and activities. The registered manager was also planning events for family and friends to give them more opportunity for them to share their views and discuss issues with the staff.