Partnerships in Care Limited

Elm Cottage

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

Elm Cottage is a 'care service'. People in care services receive accommodation and personal care under a contractual agreement. CQC regulates both the premises and the care provided and both were looked at during this inspection. Elm Cottage provides care and support for up to three people with complex neurological needs following a traumatic or acquired brain injury. The service aims to provide short-term and long-term rehabilitation service and enable people to maximise their potential for improvement. At the time of our inspection there were three people using the service.

This inspection took place on 16 April 2018. The inspection was unannounced, this meant the staff and provider did not know we would be visiting. At the last inspection on 13 November 2015, the service was rated 'Good'. At this inspection, we found that the service remained good.

A registered manager was 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.

The service was Safe. The service had appropriate systems in place to keep people safe and staff followed these guidelines when they supported people. There were a sufficient numbers of care staff available to meet people's care needs and people received their medication as prescribed and on time. The provider had a robust recruitment process in place to protect people from the risk of avoidable harm. They had been recruited safely with the skills and knowledge to provide care and support to people.

The service was Effective. Staff received regular supervision and had been trained to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice. A wide range of activities was provided, which included involvement and use of local and wider community based activities.

The service was Caring. People were cared for and supported by staff that understood their needs and knew them well. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights. The care and support people received was individualised.

The service was Responsive. People's health and emotional needs were assessed, monitored and met in order for them to live well. The policies and systems in the service support this practice. The service worked closely with relevant health care professionals and people received the support they needed to have a healthy diet that met their individual needs.

The service was Well-Led. There were systems in place to drive improvement and audits were carried out on

a regular basis, which looked at the quality of the service people received. The registered manager had a clear oversight of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? This service remains good.	**Good**
Is the service effective? This service remains good.	**Good**
Is the service caring? This service remains good.	**Good**
Is the service responsive? This service remains good.	**Good**
Is the service well-led? This service remains good.	**Good**

Elm Cottage

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 was planned to check 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 comprehensive inspection took place 16 April 2018. It was unannounced and was carried out by one inspector.

We reviewed all the information we had available about the service, including notifications sent to us by the provider. A notification is information about important events, which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

We also reviewed the information the provider had given us in their Provider Information Confirmation (PIC). This form asks the provider to give some key information about the service, what the service does well, and the improvements they plan to make. We also sought feedback from commissioners who had funded people to live there and monitored the service.

During our inspection, we spent time observing people to help us understand the experience of people who could not talk to us. We spoke to three people, one relative, three support workers, the registered manager a visiting health professional and a clinical psychologist. Their feedback about the service has been included within the report.

We looked at the care records of three people to see whether they reflected the care given and four staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, minutes of meetings with staff and people who lived in the service and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People were cared for safely and risks to individuals were managed well. The registered manager and staff demonstrated a good understanding of people's individual needs and the impact that the persons acquired brain injury had on them.

Risks to people were assessed and management plans were in place to reduce the likelihood of harm. For example, assessments had been undertaken to identify any risk of people falling and appropriate controls had been put in place to reduce and manage these risks. Information provided staff with guidance so they could understand how to meet people's day to day needs safely. Management strategies provided clear guidance to staff on how the person should be supported in a safe and consistent way, which protected their dignity and their rights. People and their relatives had been involved in the assessing of possible risks. One relative said, "[Name of person] has improved a lot since they have been there. They understand their brain injury better and how it affects them. It was difficult for them to come to terms with. They used to say they had nothing wrong with them."

Staff understood their responsibilities in relation to keeping people safe from harm. There was a safeguarding procedure in place and the registered manager knew how to report safeguarding issues correctly. The registered manager discussed safeguarding at each staff meeting to maintain awareness amongst staff. Information about keeping people safe, raising concerns and whistleblowing was on display around the service and freely accessible to people using the service, staff and visitors.

There was enough staff available to keep people safe and meet their individual needs. The registered manager had also been registered to manage another service; Elm House. The two services were for the same provider and were very similar and provided support and rehabilitation to people with a traumatic or acquired brain injury. One visiting health professional said, "There is an adequate amount of staff."

Staff were deployed in a way that was consistent with personalised care and were allowed time to focus their attention on people. At the time of this inspection, there was three support staff on duty providing care and support to three people. One relative explained, "The staff are friendly and well trained. They have been there a long time and there is not a high staff turnover. This is because they are happy. They seem to stay there. It's a good place for [Name] because there are not many places that could understand [Name of person's] injury."

Recruitment practices were safe. New employees had been subject to pre-employment checks such as a Disclosure and Barring Service (DBS) check and appropriate references. DBS checks help employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Medicines were safely managed. We saw that people received their medicines at the correct time and in the right way. Staff had received training and their competencies were tested annually. There were audits in place and any shortfalls were quickly addressed.

People were protected by the prevention and control of infection. We saw that all areas of the service were clean and tidy. Staff were trained in infection control and had the appropriate personal protective equipment to prevent the spread of infection. The service had a food hygiene rating of five. Staff were observed following good infection control practices to help reduce the spread of infection, including regular hand washing and wearing aprons to protect their clothes.

There were a range of checks in place to ensure the environment and equipment in the service was safe. These included a fire risk assessment, the testing of the fire alarm system, personal emergency evacuation plans, water temperature checks and regular servicing and checks on equipment.

A monthly health and safety check of equipment and premises was also in place and health and safety was an agenda item at all staff meetings.
The service had a system to record, monitor and manage accidents and incidents and learn from these.

Good

Is the service effective?

Our findings

At this inspection, we found staff had the same level of skills, experience and support as they did at the previous inspection and the rating remains good.

People were cared for by staff who said they felt supported and valued. Staff told us, and the records confirmed that they had regular supervision and appraisals. People told us they felt that staff were well trained. One relative said, "The staff understand [Name of person] and their brain injury."

Staff had a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively. This provided them with the opportunity to gain confidence and understanding in relation to the early stages of treatment and rehabilitation for people who had a traumatic or acquired brain injury.

Staff had the training, knowledge and skills to meet people's individual needs. Staff completed a range of training, which was delivered face-to-face or on-line. A staff-training matrix was in place and clearly showed training completed and when refresher training was required. We saw evidence that where refresher training was overdue this had been scheduled, for example first aid training. Staff was complimentary of the training opportunities, and told us there was regular training and professional development offered to them.

Detailed assessments to determine people's ability to make specific decisions and where appropriate Deprivation of Liberty Safeguards (DoLS) authorisations had been completed. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The procedures for this in care services are called the Deprivation of Liberty Safeguards. Staff were able to demonstrate they worked within the principles of the MCA and there was satisfactory documentation to support this. Related assessments and decisions for people had been taken properly and it was clear from care planning records that appropriate strategies had been used to support people's ability to make a decision for them self where possible. We observed that people were given opportunities to make choices and decisions throughout the day and they were respected.

People were supported to maintain a healthy balanced diet. They were involved in planning menus and they made choices each day about what they wanted to eat, and when. Meals were freshly prepared and people were encouraged and supported to help prepare meals if they wanted to. One person said, "Yes, the food is good, I can have what I want." We saw people had access to drinks and snacks as they wished.

People's day to day health needs were being met and they had access to healthcare professionals according to their specific needs. The provider worked well with other health services to make sure that people could access the medical treatment they required. Hospital grab sheets were in place, which enabled staff to access people's information quickly if this was needed. One visiting professional said, "The communication is good and staff are receptive." Another visiting health professional said, "They know people really well and the care plans are good."

Elm Cottage was a detached house, which had been modified to meet people's individual needs. The registered manager ensured the environment was maintained and free from hazards. People had been encouraged to personalise their bedrooms and were involved in choosing the colour scheme in their room. Each room reflected the individual's personality and was equipped to meet their needs. There was an accessible garden space for people to use in good weather, and people had space for privacy when they wanted it. We noted that when accessing the garden the surface was uneven and could have been a hazard to some people accessing the garden. The wall at the front also needed to be repaired. We noted the registered manager had raised this with the senior leadership team.

We recommend that these areas are included in their on-going programme of maintenance and are repaired.

Good

Is the service caring?

Our findings

People were consistently positive about the care and support they received. They told us that the staff and the registered manager were very kind and provided the help that they needed.

During the inspection, we observed staff interactions with people were positive and they were kind. We saw numerous examples of positive interactions throughout the day. There was laughter and respectful banter between people and staff. As staff knew people well, they were able to engage in conversations of interest to people, for example about their family, home visits or planned holiday.

There was a relaxed atmosphere at the service, which benefitted people. People were not rushed and tasks were done at their pace. For example, assistance with personal care. People were involved, where possible, in decisions regarding any interventions for rehabilitation, care and support and their concerns were always acknowledged. A health professional said staff were, "Supportive and caring towards people."

Staff had a good knowledge about people's backgrounds, their current needs, anxieties and the type and level of support each person needed. Staff understood how to communicate with people in an inclusive way. For example, staff spoke with people and took the time to listen to what people were saying. The staff all spoke about people with fondness and could demonstrate that they had got to know people well. They had spent time gaining the knowledge and understood how people communicated and expressed their wishes.

The care manager told us that visitors were welcome at any time and people confirmed this. Where people did not have relatives to support them to have a voice, they had access to advocacy services. One person told us they had access to advocacy services and met with their advocate regularly. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves. People were encouraged to express their views at resident meetings, surveys, key worker meetings, support plan reviews as well as through daily interactions and activities.

People's care records included an assessment of their needs in relation to equality and diversity. The provider looked at ways to meet people's cultural and religious needs. Staff could explain that they understood the importance of maintaining people's privacy and human rights. We saw, people choosing where they spent their time, such as in their own room or in communal areas and they could move freely around the service.

People were involved in the care and support planning process. It was evident from discussion with people, the registered manager, and review of care records that important events such as family occasions, family contact and involvement and continued care with health and social care professionals was recognised and facilitated. People told us they were supported and encouraged to maintain relationships with their families and friends. One relative said, "The [Registered Manager] is good they bring [Name] home to Norfolk a lot which is lovely."

Good

Is the service responsive?

Our findings

The service provided to people was flexible and staff responded to people's needs. Each person had detailed care plans in place that identified how their assessed needs were to be met. These also included information on their background, hobbies and interests and likes and dislikes. One relative said, "[Name of person] is happy in themselves. They have friends and they do activities which they enjoy."

Care plans included detailed assessments, and took into account people's physical, mental, emotional and social needs. These had been regularly reviewed on set dates or when people's needs changed. Relevant health and social care professionals were involved where required. Professionals told us their advice was listened to and acted upon by staff.

People's changing care needs were identified promptly and were reviewed with the involvement of other health and social care professionals where required. Staff confirmed any changes to people's care was discussed regularly at shift handovers to ensure they were responding to people's care and support needs. Staff told us this was important to ensure all staff was aware of any changes to people's care needs and to ensure a consistent approach. A handover meeting is where important information is shared between the staff during shift changeovers.

People received care and support that was planned and centred on their individual and specific needs. Care plans were sufficiently detailed to guide staff on the nature and level of care and support they needed, and in a way they preferred and how this was to be delivered for an effective recovery and rehabilitation programme. One relative said, "The [Name of registered manager] is good. It is the perfect place for them. I think it is brilliant. It's a very good place."

Regular reviews of people's care identified how things were going and any changes necessary to their support and rehabilitation programme. One visiting health professional said, "They carry out my instructions, for example I have set weekly goals for people and they are good at putting this into practice."

A variety of activities were on offer which included developing people's abilities in carrying out daily living tasks and activities These ranged from basic self-care to more extended activities, for example meal planning, accessing the community, shopping, money management and meal preparation; work, classes, social and leisure activities.

The registered manager explained that there was wider specialist support available from Elm Park, which was an independent hospital where support and therapy from psychologists, occupational therapists and if needed speech therapists was available.

Staff understood people's emotional and mental health needs and was able to explain how their acquired brain injury had affected the person's moods and emotional well-being. They knew the specific support individuals needed to reduce their anxiety and were able to give examples of how to approach situations where people were becoming upset or anxious. Staff also understood what to avoid saying or doing that

might raise the person's anxieties.

The service was sensitive towards the needs of people in relation to end of life care and had policies in place. The registered manager explained that because the people living at the service were vibrant, most relatives did not want to consider this aspect. No one at the service required end of life care. Should the need arise, people's wishes would be discussed with them; their family, health and social care professionals, and staff to ensure their wishes were captured and planned for in the event of their declining health.

Information about how to make a complaint or provide feedback about the quality of the service was displayed in the hallway. People knew how to raise concerns with staff or the registered manager if they needed to. The provider had a process in place to deal with concerns and complaints, but none had been made. The registered manager told us that they listened to people and dealt with minor concerns promptly.

The service was not actively identifying the information and communication needs of people with a disability or sensory loss, and no one at the service had been trained in the accessible communication standards. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. We recommend that the registered manager undertakes accessible communication standards training and looks at ways in which this can be applied across the service.

Good

Is the service well-led?

Our findings

Without exception, people, relatives and health professionals, told us the service was well managed and well led. They told us the care provided was good and their needs were met. One relative said, "I am in close contact with [Name of registered manager] if they have any problems they will always ring me. It is good to know they are on the other end of the phone, in case I need to ask them anything. We have a good rapport."

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.

The registered manager also managed another similar service provided by the organisation, which was in close proximity to Elm Cottage. Staff told us the registered manager visited each service daily. A senior support worker with the support of the registered manager provided day to day leadership. Staff told us there was good team working and the approach to delivering care and support was centred on people using the service.

Staff told us that the registered manager was respected and valued their involvement and feedback. The registered manager was consistently described by staff as; Knowledgeable, supportive and non-judgemental. The registered manager had an emphasis on wellbeing and the retention of staff. One visiting health professional said, "This is really homely and welcoming. The registered manager is really welcoming."

Staff at all levels of the organisation was encouraged to uphold the service values, and staff told us these were to always empower others and be supportive and honest. There was an open and transparent culture. People, staff and relatives were asked for their feedback through surveys and care reviews. Staff told us that they had regular staff meetings which were conducted in an honest way to learn then things were working well and when things had gone wrong or could be improved.

In addition to the registered manager having good systems in place for auditing the quality of the service, the Director and the governance team worked very closely with the registered manager, supporting them and providing a thorough and rigorous oversight of these processes. This information was fed into regular reports about the service; this also looked at any risks. Objective feedback was given with recommendations for improvements. When recommendations had been made, we could see that the registered manager was working to achieve these.

The governance team carried out their own inspections of the quality of the service this included a review of people's care, and speaking to people receiving a service to find out their views and using this to look at how improvements could be made.

The registered manager told us that people had completed a satisfaction survey but was unable to provide us with a copy of findings. They explained that a new provider had recently acquired the service and that

they were waiting for this information to be reviewed and for the analysis to be completed. People benefited from a service that had forged strong working relationships with the local authority and other professional groups within the community and the local hospital.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager had informed us of significant events including significant incidents and safeguarding concerns. The most recent CQC rating was prominently displayed in the hallway area of the service.