

Elysium Care Partnerships Limited

Elysium Care Partnerships Limited - 185 Arabella Drive

Inspection report

185 Arabella Drive
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

About the service

Elysium Care Partnerships Limited - 185 Arabella Drive is a 'care home' that provides care and support for up to 9 people. All the people who live at Arabella drive have a learning disability or autistic spectrum disorder. There were 9 people living there at the time of the inspection.

CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People received a service that was safe for them to live and staff to work in. The quality of the service was regularly reviewed, and improvements made to ensure people's care and support needs were met. This was in a way that was best suited to people. There were well-established working partnerships that promoted people's participation and reduced their danger of social isolation.

Right Care

Staff were appropriately recruited, trained, and in sufficient numbers to support people to live safely, whilst enjoying their lives. Identified risks to people and staff were assessed, monitored, and reviewed. Complaints, concerns, accidents, incidents, and safeguarding issues were appropriately reported, investigated, and recorded. Trained staff safely administered people's medicines.

Right culture

The home's culture was positive, open, and honest with a leadership and management that was clearly identifiable and transparent. Staff were aware of and followed the provider's vision and values which were clearly defined. Staff knew their responsibilities, accountability and were happy to take responsibility and report any concerns that might arise.

Rating at last inspection

The last rating for this service was Good (published 10 August 2018).

Why we inspected

We undertook this inspection to check whether the service was continuing to provide a good, rated service to people.

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.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service remains Good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elysium Care Partnerships Limited - 185 Arabella Drive on our website at www.cqc.org.uk.

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-Led findings below.</p>	<p>Good ●</p>

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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 Care Act 2014.

Inspection team

This inspection was carried out by 1 inspector.

Service and service type

Elysium Care Partnerships Limited - 185 Arabella Drive is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under 1 contractual agreement dependent on their registration with us. 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. Inspection activity started on 19 June 2023 and ended on 18 June 2023. The inspection site visit took place on 21 June 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us 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 this information to plan our inspection.

During the inspection

Some people could have had limited use of words to communicate verbally and did not comment on the service. We spoke in person with the registered manager, 5 people using the service, 5 relatives, 6 staff, and 2 healthcare professionals to get their experience and views about the care provided. We reviewed a range of records. They included 3 people's care plans and risk records. We looked at 3 staff files in relation to recruitment, training, and staff supervision. We checked a variety of records relating to the management of the service, including staff rotas, training, and service level audits. We continued to seek clarification from the provider to validate evidence found. We requested additional evidence to be sent to us after our inspection. This included staffing and training information, and provider quality assurance audits. We received the information which was used as part of our inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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 Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People had limited use of words to communicate verbally and did not comment on whether the service was safe. Their body language during our visit was relaxed and very positive indicating that they felt safe. A relative told us, "We have no safety concerns in respect of [Person using the service] care. His needs are well identified, and effective training of new staff ensures that staff have a consistent approach in his day to day management, thus keeping our son happy and safe." A staff member told us, "We bond with the clients and keep them safe."
- Staff were trained in how to identify signs of possible abuse and the appropriate action to take, if required. They knew how to raise a safeguarding alert. Staff confirmed that the provider's safeguarding procedure was available to them, and they had read it.
- Staff had a thorough knowledge of what gestures, and sounds meant regarding people who could not use words to communicate. This included different pitches indicating their moods and if they were happy or not and things they wished to do. People had individual areas of concern regarding them, recorded in their care plans.

Assessing risk, safety monitoring and management

- People were able to take acceptable risks and enjoy their lives safely.
- People were supported by staff, to take acceptable risks by staff following people's individual risk assessments. The risk assessments included all aspects of people's health, daily living, and social activities. People were kept safe by staff regularly reviewing and updating people's risk assessments as needs, interests, and pursuits changed.
- There was a well-established staff team, who were aware of people's routines, preferences, identified situations where people may be at risk and acted to minimise those risks. A staff member told us, "We work closely with people, get to know them and that way we understand any risks to them."
- The general risk assessments were regularly reviewed, updated, and included equipment used to support people. The equipment was regularly serviced and maintained.
- Staff received training in de-escalation techniques and dealt appropriately with situations where people displayed behaviour that communicated distress. We observed staff appropriately dealing with situations patiently and helping people to calm down when they were anxious.

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. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- The staff recruitment process was thorough, and records demonstrated it was followed. The process contained interview questions that were scenario-based to identify prospective staffs' skills and knowledge of learning disabilities. References were taken up, work history checked, and Disclosure and Barring service (DBS) security checks carried out, prior to new staff starting in post. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. There was also a 13 week, probationary period with reviews.
- There were enough staff to meet people's care and support needs, flexibly and safely and staffing levels matched the rota. A relative said, "The improvement in [Person using the service] is fantastic and this is down to the staff." A staff member commented, "Since the 1st day I joined, everyone has been so supportive."

Using medicines safely

- People received their medicines safely.
- Medicines were safely administered, regularly audited, and appropriately stored and disposed of.
- People's medicines records were fully completed, and up to date. Staff received medicines administration training that was regularly refreshed.

Preventing and controlling infection

- We were assured that the care home was using Personal Protective Equipment (PPE) effectively and safely.
- We were assured that the care home infection prevention and control policy was up to date, and regular audits took place. Staff received infection control and food hygiene training that people's relatives said was reflected in their work practices. This included frequent washing of hands, using hand gel, and wearing PPE such as gloves, masks, and aprons, if required.
- Regular COVID-19 updates were provided for relatives and staff including ways to avoid catching or spreading it.
- There was a written procedure for identifying, managing, and reporting possible and confirmed COVID-19 cases.

Visiting in care homes

- The care home's approach to visiting followed government guidance and the impact on people in relation to this was that they could receive visitors safely.

Learning lessons when things go wrong

- Staff said they would be comfortable using the provider whistle-blowing procedure.
- Safeguarding concerns, complaints, accidents, incidents, and whistleblowing were reviewed and analysed

to ensure any emerging themes were identified, necessary action taken and to look at ways of preventing them from happening again. This was shared and discussed with staff during team meetings and handovers.

- The feedback from healthcare professionals was that the service provided a safe environment for people to receive care and live in.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The home's culture resulted in good outcomes for people and was positive, open, inclusive, empowering, and person-centred.
- People had limited use of words to communicate verbally and did not comment on the service leadership. Their relaxed, positive body language towards the registered manager and staff demonstrated that the service was well-led and met people's social as well as health needs. We saw several instances of positive interaction between people using the service and staff. There was much smiling and laughing. A relative said, "Despite learning difficulties and autism [Person using the service] would have communicated with us verbally or via his behaviour if there had been issues. Staff are always friendly and welcoming to us when we visit or when they bring our son to us." A staff member told us, "This is a nice place to work, and I really love seeing the people make progress and enjoy their lives."
- Relatives said the registered manager was approachable and the home well-run. People's lives were made enjoyable, by staff making an effort to meet their needs in a positive, supportive, and encouraging way. This reflected the organisation's vision and values. A relative said, "The [registered] manager is very approachable and has people's best interests at heart. His philosophy is to have people out and about doing things they enjoy." A staff member told us, "The [registered] manager and deputy are great, we are well taken care of and get support with everything."

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 was aware of their responsibilities regarding duty of candour and was open and honest with people. People and their relatives were told if things went wrong with their care and support and provided with an apology. A relative said, "We are kept up to speed with what is going on."

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

- The registered manager and staff were aware of and clear about their roles, understood the quality assurance (QA) systems and clear lines of communication and boundaries were in place.
- Staff knew that they had specific areas of responsibility such as record keeping and medicines management and carried them out. This was reflected in the positive comments from relatives.
- The QA systems had indicators that identified how the service was performing, areas requiring improvement and areas where the service was achieving or exceeding targets. Key performance indicators

(KPI) included care plan reviews, satisfaction surveys and occurrences, such as accidents and incidents.

- Thorough audits were carried out by the provider, registered manager and staff that were regularly reviewed and kept up to date. The internal audits checked that specific records and tasks were completed. These included finances, staff training, staff observations and health and safety and there was also a service development plan. This meant that people received an efficient service that was focussed on them.
- The records demonstrated that safeguarding alerts, complaints and accidents and incidents were fully investigated, documented and procedures followed correctly including any hospital admissions. The registered manager also compiled a monthly safeguarding report. Our records told us that appropriate, timely notifications were made to the Care Quality Commission.

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

- People, their relatives, staff and the public were engaged by partnership working, listened to and people's wishes acted upon.
- The home had close links with services, such as local authority learning disability teams, commissioners, and social workers. This was underpinned by a policy of relevant information being shared with appropriate services within the community or elsewhere.
- Staff ensured people had access to local resources such as community-based activity services that included going on farm visits, using the trampoline, theatre, cinema, and trips to the shops. A person recently went on holiday with a parent."

Continuous learning and improving care

- The service improved care through continuous learning.
- The provider had policies and procedures that facilitated how to achieve continuous improvement and work in co-operation with other service providers. A staff member said, "We are all learning all of the time."
- The complaints system enabled the provider, registered manager, and staff to learn from and improve the service.
- The home and provider received regular feedback from people and their relatives that identified if the care and support given was focussed on their needs and wishes. Feedback from people using the service who could not use words to communicate was taken by interpreting their positive or negative body language to activities and towards staff.
- Performance shortfalls were identified by audits and progress made towards addressing them was recorded.

Working in partnership with others

- The provider worked in partnership with others.
- People, their relatives or advocates and staff said they were provided with the opportunity to give their opinions about the service. A relative said, "If there have been any issues regarding our [Person using the service] we are notified and our opinions on how to move forward are sought and taken into account." A staff member said, "Open and free to talk."
- Throughout our visit the registered manager and staff checked that people were happy and receiving the care and support they needed. This was within a warm family environment.
- The provider identified if the feedback they received was to be confidential or non-confidential and respected confidentiality accordingly.
- Staff received annual reviews, 6 weekly supervision and staff meetings took place where they could have their say and contribute to service improvements.
- There was a directory of organisations and useful contacts that was regularly added to and updated.
- The feedback from healthcare professionals was that the service was well-led, providing clear leadership

and staff support that promoted a nurturing and caring environment.