

Partnerships in Care Limited

Elm House

Inspection report

192 Wivenhoe Road
Alresford
Colchester
Essex
CO7 8AH

Tel: 01206824443

Website: www.partnershipsincare.co.uk

Date of inspection visit:
13 November 2015

Date of publication:
24 December 2015

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

This inspection was unannounced and carried out on 13 November 2015.

Elm House is a residential care home that provides care and support for up to four people. The service aims to provide short-term and long-term rehabilitation service and enable people who have an acquired brain injury to continue to maximise their potential for improvement. At the time of our inspection there was one person using the service.

A registered manager was in post at the service. 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 was also registered to manage another similar service, Elm Cottage, provided by Partnerships in Care, the same provider and located a short distance away.

The service was last inspected 25 October 2013 and at that time requirements in the health and Social Care Act 2008 and associated Regulations were met.

People were protected from avoidable harm and potential abuse. This was done consistently so that people were safe whether they were in the service itself or out in the community. Potential risks of harm to the individual or others in their daily lives were assessed and identified. Detailed management strategies were planned for to provide guidance to staff on what actions to take to minimise risk. They also provided appropriate and individualised support that enabled people to participate in activities of their choice and access the community safely. Management and staff had a positive attitude towards managing risk whilst balancing the need for preference and choice with safety and effectiveness.

The provider had a thorough recruitment and selection process in place to check that potential new staff were suitable to work with people who used the service. People were supported by sufficient numbers of staff. Staffing levels were flexible and supported people to follow their interests, receive care and therapy, take part in social activities and, where appropriate education or work.

Medication was stored safely and administered correctly. The provider had robust systems in place to ensure medication was managed safely and appropriately.

Staff had developed good relationships with people living at the service and respected their diverse needs. They were caring and respectful and had the required knowledge and skills they needed to meet people's needs appropriately and safely. Staff knew people's individual care and support needs well. People's privacy and dignity was respected and upheld and they were supported to express their views and choices.

Management and staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation

of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions in some areas of their care and support.

People received personalised care specific to their individual needs; their independence was encouraged and their hobbies and interests supported. They received continuing specialist help pertinent to their needs and healthcare needs. They had prompt access to healthcare professionals when they became unwell.

The provider had arrangements in place to routinely listen and learn from people's experiences, comments and views. There was a strong emphasis on promoting good practice in the service and there was a well-developed understanding of equality, diversity and human rights and management and staff put this into practice. The registered manager was knowledgeable and inspired confidence in the staff team, and led by example.

Quality assurance systems were robust and helped to ensure the service delivered was of a good quality and safe, and continued to improve.

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.

People were protected from abuse and avoidable harm.

People's care needs and any associated risks were assessed before they were admitted to the home to ensure they could be met.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received their care from sufficient numbers of staff that had the experience and knowledge to provide safe care.

People received their prescribed medication from competent staff and were protected against the risks associated with unsafe management of medicines.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who had the training, acquired skills and competencies they needed to carry out their role and responsibilities and meet people's needs.

Staff understood and had a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. They put these into practice effectively, and ensured people's human and legal rights were respected.

People experienced positive outcomes regarding their health; healthcare needs were met and monitored and other healthcare professionals were appropriately involved when necessary.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with people using the service.

People were treated with respect and their dignity and privacy was promoted.

Staff put into practice effective ways of supporting people to exercise choice, independence and control, wherever possible.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that was responsive to their diverse needs. Their needs, care and support were regularly assessed and kept under review.

People were supported to participate in meaningful activities and were provided with a range of opportunities, according to their individual wishes and preferences, including support to access the community.

The provider had arrangements in place to routinely listen and learn from people's experiences, concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

The service promoted a positive culture that was person-centred, open, inclusive and empowering.

The service had good management and leadership and staff were well supported to carry out their role and responsibilities.

There were systems in place to assess the safety and quality of the service, drive improvement and deliver good quality care.

Elm House

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 inspection took place on 13 November 2015 and was unannounced. The inspection was carried out by one inspector. Before we visited the service we checked the information that we held about the service. No concerns had been raised.

There was only one person using the service at the time of our inspection. During this inspection we spoke with this person, two support staff and the registered manager. We reviewed their care records, assessed how they were supported with their medication administration and also looked at records relating to the management of the service including staff recruitment and training.

Is the service safe?

Our findings

People were protected from bullying, harassment, avoidable harm and abuse. It was evident from our observations and discussions with the person using the service that they felt safe and comfortable within their environment and had a good rapport with staff supporting them. Staff demonstrated a good understanding of their responsibilities in relation to safeguarding vulnerable people and protecting them from harm, at home and out in the community. Information about keeping people safe, raising concerns and whistleblowing was evident around the service and freely available and accessible to people using the service, staff and others. Staff told us, and records showed that they had undertaken relevant and current training in these areas. The registered manager was fully aware of their responsibilities and had suitable arrangements in place to ensure that people were safeguarded against the risk of abuse and harm. New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. A newly recruited staff member confirmed that all necessary checks had been completed before they

had commenced working with people. There had been no concerns raised in relation to safeguarding issues in the last 12 months or more.

Risks to individuals were managed well so that people were protected and their freedom was supported and respected. The registered manager and staff spoken with demonstrated a good understanding of people's individual needs and the varied and profound physical, psychological and social consequences a person with an acquired brain injury may have following injury. Risk assessments were undertaken which were centred around the needs of the person and identified any actual or potential risks to the individual or others in their daily lives. Detailed 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 rights. They showed that the service respected people's rights to take informed risks, while balancing the need for preference and choice with safety and effectiveness. Opportunities were expanded with good support and management systems enabling them to maintain a normal lifestyle, participating in activities they liked and accessing the wider community. Arrangements were in place such as care planning and Care Programme Approach (CPA) reviews where people were involved in any decisions taken about the type and level of support they needed to manage risks. The management and staff had a positive attitude towards managing risk and promoting independence.

During our inspection a prospective new person visited the service as part of their phased transition. The registered manager explained that phased visits helped to determine compatibility between people and helped to avoid situations where people found it difficult to live together. This was particularly important in a small home where people lived in close proximity.

There were sufficient numbers of suitable staff to keep people safe and meet their individual needs. The registered manager was also registered to manage another service, Elm Cottage, provided by the same provider and located a short distance away. The two services were very similar and provided support and rehabilitation to people with an acquired brain injury. Staff worked flexibly between the two services. Staff told us that this arrangement worked very well because they worked as one team and they were very

familiar with the needs of all the people using the services. This enabled them to provide cover and deputise as required without disruption to people receiving care and support. Staffing levels were based on people's individual needs and fluctuated on a day to day basis according to the type and level of support each person required throughout a day with regards to going out and planned activities. Staff were deployed in a way that was consistent with personalised care and were allowed time to focus their attention on people using the service. At the time of this inspection there were two support staff on duty providing care and support to one person.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their doctor. Medicines were stored safely and were locked away when unattended. The provider had robust systems in place to ensure medicines were managed safely and staff were appropriately trained and competent to manage and administer medicines in a safe way.

Is the service effective?

Our findings

The needs of people were met by staff that had the right competencies, knowledge, skills, attitude and behaviours they needed to carry out their role and responsibilities.

Staff had a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively. A new member of staff confirmed that they had completed an induction which included attendance at Elm Park Hospital, the parent service. 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 an acquired brain injury. They explained they had received training in relation to safeguarding vulnerable people and Breakaway skills. This training teaches staff how to avoid or how to 'break away' from challenging situations and provide an appropriate response to safeguard themselves from physical injury and the person involved. The staff member told us they had not yet worked independently and were currently shadowing an experienced member of staff and getting to know the needs of the person they were supporting.

The induction for new staff was thorough, service specific and included The Care Certificate Standards and assessment of competence.

The service has a proactive approach to staff members' learning and development needs. Staff told us and training records showed that they received training in core subject areas and subject s specific to the needs of people using the service, this included introduction to the brain, brain injury and associated behaviour.

Systems were in place to ensure the manager was aware of staff skill and competencies and when they were due for refresher training; the training management system showed that staff training was managed well, monitored effectively and up to date. The programme was accessible to staff individually and enabled them to review and manage their own professional development needs. The registered manager confirmed that requests from staff members for additional training opportunities were always considered and accessed where possible. All staff were supported to complete the Qualifications and Credit Framework (QCF) in social care. This is a nationally recognised training system that awards credits for assessed learning and gives the learners the ability to get qualifications at their own pace.

Supervision, appraisal and other systems were used to develop and motivate staff and review their practice behaviours. The provider operated a staff excellence award to recognise staff who demonstrated good behaviours and values in their work. Staff confirmed that they felt well supported by the registered manager and their colleagues and were confident in their role. They felt able to raise any concerns and said the staff team worked effectively to meet the needs of people using the service.

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.

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 was being met. We found that the provider had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the Deprivation of Liberty Safeguards. This was put into practice effectively, and ensured people's human and legal rights were respected. Related assessments and decisions for people had been taken properly. It was clear from care planning records that appropriate strategies had been used to support the person'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 have sufficient to eat and drink. The time and content of meals were entirely the person's preference and choice. Drinks, snacks and fresh fruit were readily available and freely accessible.

People experienced positive outcomes regarding their health. Care records detailed specific and individual health needs and the actions needed to maintain and improve the health of the individual and any help needed to achieve them. The service engaged proactively with health and social care agencies and acted on their recommendations and guidance in people's best interests. People had access to a range of health care professionals and therapies to help support their care, treatment and rehabilitation programs. Regular healthcare reviews and appointments with other healthcare professionals were attended to maintain health and wellbeing and staff acted promptly when any health concerns were identified.

Facilities for the person using the service had been adapted to provide an en-suite wet room, handrails and equipment to promote mobility.

Is the service caring?

Our findings

The person using the service was consistently positive about the care and support they received. They told us that the staff and registered manager were very kind and provided the help that they needed. They were happy and at ease with staff and staff had a good rapport with them; they demonstrated warmth, understanding and kindness. They knew and understood the person's history, likes, preferences, needs, hopes and goals. The person happily shared with us how the registered manager and staff took them for a surprise outing to see their favourite celebrity on stage and arranged for a meeting and photographs with them afterwards. This demonstrated a positive and caring relationship, concern for their wellbeing and made the person feel like they mattered.

People were involved, where possible, in decisions regarding any interventions for rehabilitation, care and support and their concerns were always acknowledged. The person using the service told us they had access to lay advocacy services and met with their advocate each month. People were proactively supported to express their views through various forums such as resident meetings, surveys, key worker meetings, support plan reviews as well as through daily interactions and activities.

The relationship between staff and the person receiving support consistently demonstrated dignity and respect at all times. Staff involved people and facilitated choice on how they spent their day, where they wanted to go out to and what they wanted to eat. People had choice over their daily routines and were supported to change activities and plans when they decided to.

Independence was promoted and staff provided active personalised support that enabled them to participate, where they were able, in day to day living activities such as shopping, cleaning, laundry, cooking and bed changing.

Care and support plans contained relevant and personalised information in relation to the individual's life history, likes, dislikes and preferences, goals and aspirations. They showed that people and/or their representatives/family members were involved in the care and support planning process. It was evident from discussion with the person, 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. Good verbal and written communication was maintained with families about any changes with the person or that affect the in the home.

The atmosphere within the service was welcoming, relaxed and homely. Each Sunday the two services came together for a Sunday roast which staff told us promoted a family affair. The person using the service said that they looked forward each week to this event which was a nice social occasion.

Is the service responsive?

Our findings

People received care and support that was planned and centred on their individual and specific needs. Care plans were personalised and 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. Care and support plans and risk assessments were reviewed regularly and this ensured they were current and relevant to the person's needs. The monthly reviews identified how things were going and any changes necessary to their support and rehabilitation programme.

The person using the service had a planned and structured activity timetable according to their needs and recovery and rehabilitation pathway. Support was provided that enabled people where able to take part in and follow their interests and hobbies. This included regular access to the local community and access to community social activities. The registered manager encouraged staff to work in a creative way to enhance the lives of those they support and ensure they were maximising every opportunity to them. Records of activities undertaken by people showed that their abilities, levels of engagement and enjoyment were considered at each care and support review to ensure that the activities were suited to their needs, ability, preference and choice.

Bedrooms were personalised with their own belongings and people were encouraged and supported to individualise their rooms with items they favoured and meant something to them. The environment was very homely and provided facilities that enabled people to live a normal lifestyle within a risk management and rehabilitation programme. The long term goal for people, where able, was to relearn and develop independent living skills to enable them to move on to a more independent lifestyle within a supported living arrangement.

The provider's complaints policy and procedure was visible and freely available to people who used the service and others. There were details of relevant external agencies and the contact details for advocacy services to support people if required. Staff knew people very well and recognised when they were concerned or upset and were able to support them in these instances. The service had not received any concerns or complaints in the last 12 months.

Is the service well-led?

Our findings

The service had a clear vision and set of values which staff were very clear about and put into practice. Care and support was delivered in a safe and personalised way with dignity and respect ensuring equality and independence were promoted at all times. A staff member told us that they had left employment at the service to seek promotion but very quickly returned because of the vision and values of the service and the positive and supportive nature of the registered manager and staff team.

There was a positive culture in the service that was person centred and inclusive. People using the service, where able were involved in a meaningful way for example setting questions for or participating in recruitment interviews for new staff and having the opportunity to give their views for the selection of potential new staff.

Peoples views were sought through various methods such as resident surveys, resident meetings, individual key worker meetings and during day to day conversations. Holidays, a horticultural project to plant and grow produce, individual information folders and seeking to find a befriending service had or were in the process of being addressed as a result of people's requests.

The service was well organised and had effective leadership. The registered manager also managed another similar service provided by the organisation which was in close proximity to Elm House. The registered manager visited each service daily and provided 24 hour cover for guidance, advice and emergency situations. 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 approach to delivering care and support that was centred on people using the service. Staff said that they were treated fairly, listened to and encouraged to share ideas and proposals if they felt they would enhance practice and the lives of those they supported. The registered manager and senior support workers carried out regular one to one supervisions with each member of staff where they had the opportunity to discuss any issues, support they needed, guidance about their work and any training needs. Additionally, due to the service being small, staff received direct support on a daily basis and they told us that the registered manager was open and approachable.

There were good quality assurance systems in place that ensured the quality and safety of the service delivered and drove improvement. Audits were regularly carried out that ensured all systems were working properly, for example medication handling, health and safety practices and management of people's finances. Outcomes with associated actions where needed and timescales were communicated to staff in meetings and one to one supervisions.

The service was visited and monitored regularly by representatives, on behalf of the provider. Reports of these visits were also received by the Commission telling us of the outcomes and findings. The reports showed that the views and experiences of people using the service were sought during these visits and all aspects of the safety and quality of the service were reviewed. Action was taken by the registered manager to address any shortfalls identified.

