

Elan Care Whitethorn Limited

# Whitethorne Gardens

## Inspection report

Apartment 4  
Maple House, White Thorn Gardens  
Hartlepool  
Cleveland  
TS25 1FB

Tel: 01429276410

Website: [www.elan-care.co.uk](http://www.elan-care.co.uk)

Date of inspection visit:

09 January 2019

11 January 2019

Date of publication:

15 February 2019

## 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

The inspection took place on 9 and 11 January 2019 and was announced.

The service provides personal care to people living in their own houses in the community. It provides a service to disabled adults living in their own homes. Some people receive 24 hour support and others have support at arranged times through the day.

At the time of the inspection nine people were using the service. Three of these people were living in a shared bungalow and others live alone. Currently all the people who use the service live in a newly developed close of flats and bungalows. There is an on-site office, which is a base for the staff who provide the service.

This was the first inspection for this service.

The service had a registered manager. 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.

Recruitment processes were robust, which helped the employer make safer recruitment decisions when employing new staff.

There were systems in place to reduce the risk of abuse and staff were confident about reporting concerns.

Personal and environmental risks were assessed to ensure people could be supported in the least restrictive way possible; the policies and systems in the service supported this practice. Incidents and accidents were monitored, and action was taken to reduce risks.

People had been assessed to check if they were able to administer their own medicines. Plans had been put in place to ensure people were given the required support to take their medicines according to their individual needs. We saw that medicines were given safely.

Staff had undertaken a range of training that met people's needs. Staff told us they felt very well supported and have opportunities to develop their knowledge and skills.

People were supported to lead healthier lives and maintain appropriate diets.

People told us they found staff caring and that care was delivered in a way that maintained their privacy and dignity. People were supported to be as independent as possible. We received some feedback about how people's independence had increased and people were being supported to develop new skills.

People had care plans reflecting their likes, dislikes, needs and preference and we saw that people were involved in the assessment of their care. Staff worked with other healthcare professionals to ensure people received a seamless service that met all their needs.

The people we spoke with told us they knew how to raise any concerns and said they felt comfortable doing so. Procedures were in place to record and investigate any concerns or complaints.

We saw that, where this was a feature of the service, people were encouraged to take part in meaningful activities and that the service was highly flexible to support people to do this.

The registered manager was aware of national guidance and good practice and work was ongoing to improve the service in-line with these. The registered manager was interested and involved in making improvements in the wider care sector.

People were consulted about their satisfaction with the service and people generally told us they were happy with the services being provided. Some people, or their representatives, felt there could be improvements to the way the service communicated with them.

We were told that people using the service and staff had good relationships with the management, who were accessible and approachable. The management team regularly checked the quality of the service with a view to continuous learning and improvement. There was a comprehensive audit system in place and processes to gather and learn from feedback about 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?

Good ●

The service was safe.

We found that there were effective processes in place to ensure people were protected from bullying, harassment, avoidable harm and abuse. Staff took appropriate action to raise and investigate incidents and concerns. Risk assessments were undertaken of the environment and personal risks.

Effective recruitment procedures were in place.

Appropriate systems were in place for the management and administration of medicines.

### Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to deliver the care and support people required.

Records showed and staff understood the importance of obtaining people's consent prior to any tasks being undertaken and staff had been trained in the Mental Capacity Act.

We saw that people were given advice, guidance and practical support to maintain healthy diets suitable for their health requirements.

### Is the service caring?

Good ●

The service was caring.

People and relatives told us staff at the service were caring.

People told us their privacy and dignity were very well respected.

People were supported to retain or develop their independence and were given the right level of support to achieve as much as possible themselves.

### Is the service responsive?

Good ●

The service was responsive.

People's care plans contained individual, person centred information about their needs and preferences.

Care was provided on an individual basis, based on people's individual needs and reviewed to reflect changing circumstances.

People had been provided with information on how to make formal complaints and said that they were listened to by the registered manager.

### **Is the service well-led?**

The service was well-led.

Regular checks were made to ensure the quality of the service was sustained.

The provider sought regular feedback and used this to make improvements to the service.

The registered manager had a clear vision for the service and was making good progress to delivering this.

**Good** ●

# Whitethorne Gardens

## 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 9 and 11 January 2019 and was announced. We gave the service 24 hours' notice of the inspection visit because it was small, the registered manager was often out supporting staff and we needed to ensure someone would be available in the office to meet us.

Inspection site visit activity started on 9 January 2019 and ended on 11 January 2019 and was undertaken by one inspector. We visited the office location on both dates to see the registered manager and office staff; and to review care records and records relating to the running of the service. We visited people in their own homes on 9 January 2019 and spoke with people, relatives, staff and professionals on both dates.

To help us to plan the inspection we considered all the information we held about the service. For example, we looked at complaints and statutory notifications. A notification is information about important events which the service is required to send to the Commission by law. We requested the views of other agencies that worked with the service, such as the local authority commissioners, healthcare professionals and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with three people who used the service and three relatives. We spoke with the nominated individual, the registered manager, operations manager, two senior support workers and two support workers. The nominated individual is responsible for supervising the management of the regulated activity provided.

We looked at documentation relating to four people who used the service in detail and at four staff files including; recruitment, training and support documentation. We also looked at documentation and systems that were in place to manage the service. We observed interactions between people and the staff supporting them.

# Is the service safe?

## Our findings

People told us that they felt the service was safe. Comments included, "I feel safe, there is always someone around", "Safe, yes. I know someone is here all the time with me" and "I've got this watch that vibrates when I need help. I've got a phone to call staff."

Risk assessments were carried out to assess the safety of the service, including the safety of people's homes. We saw risk assessment and management plans were in place to minimise risks identified while allowing people as much freedom and independence as possible. For example, risks to people whilst they were out in the community had been identified and staff were given guidance on how to keep people safe. We were told that staff discussed risk with people and helped them to manage risks to their personal safety, such as being aware who they were opening the front door to. Front doors were fitted with coded keypads so staff could gain access safely. Risks assessments and guidance, such as for lone working, were in place to assist and protect staff.

People were encouraged to take ownership of safety checks. People told us that they could report any maintenance issues to their landlord with staff support.. We saw examples of where people had been supported to write to the landlord to address concerns about tenancy issues. People told us they could use their mobile telephones to contact staff in an emergency and had the telephone numbers to do this. Some people used telecare devices that would alert staff if they needed assistance. We saw that people had personal emergency evacuation plans (PEEPs) in place which gave staff clear instructions to follow in the event of a fire or other emergency.

Recruitment and selection processes were safe. Checks were in place to ensure that new staff were suitable to work with vulnerable people and had the right skills and knowledge to carry out their job. Pre-employment checks were carried out on staff before they started working in the service. Prospective staff were expected to complete an application form detailing their employment history and their previous training. The vetting procedures included a Disclosure and Baring Service (DBS) check. DBS checks help employers to make safer recruitment decisions and reduce the risk of staff being employed who are not suitable for their roles. To deal with issues of staff misconduct the provider had in place a staff disciplinary policy but there were no current disciplinary issues.

Staff told us that they knew how to recognise abuse and felt confident reporting any concerns. Staff and professionals gave us an example of where staff had been proactive in recognising and reporting suspected abuse and putting actions in place to reduce the chances of future abuse occurring. Staff had completed training in safeguarding and whistleblowing and discussed these topics regularly in meetings. There were policies and procedures in place to monitor and learn from safeguarding incidents. Incidents were logged and actions taken.

Sufficient staff were employed in the service to meet people's needs. People told us that they generally received support from regular carers who they knew well, however as the service had grown new staff had been appointed. People therefore sometimes received care from new staff they did not know very well. We

saw that there were processes to introduce new staff to people and saw this happening on the day of our inspection. Senior staff tried to match people with suitable staff taking into consideration skills, experience and interests. The registered manager planned that people would be more involved in recruitment and interviewing of staff to help people to feel comfortable with all the staff who supported them.

People's support needs varied and so did the hours of support they received. People told us they received sufficient support to do the things they wanted to do. Professionals told us that the service was flexible and times could be changed to meet people's needs. One professional commented, "We've done some tweaking with the care plan, they've [staff] been brilliant with that. We changed the hours every couple of weeks. It can't be easy to do."

People's medicines were managed safely. The service had policies and procedures in place for the administration of medicines. Risk assessments were in place where people chose to administer their medicines themselves. We saw that staff supported people to order, collect and check their own medicines. Staff had training in safe handling of medicines and medicine administration records (MARs) we reviewed were correctly completed with no gaps or anomalies. Senior staff observed staff administering medicines on a regular basis to ensure they remained competent to do so.

Procedures were in place to monitor incidents and accidents. We saw that where incidents and accidents had happened staff analysed patterns and trends to these and put plans in place to minimise any risk identified.

The service helped to protect people from the risk and spread of infection. Staff told us and records confirmed that staff had completed infection control and prevention training, and confirmed they used personal protective equipment (PPE) they required, for example, aprons. People we spoke with also told us staff used PPE and supported them to keep their homes clean and tidy.



## Is the service effective?

### Our findings

People received care and support from capable staff which was delivered in line with current standards and guidance. People told us they felt staff knew how to do their jobs.

Staff told us they felt confident in carrying out their roles and that they had the skills, knowledge and experience they needed. Staff had a robust induction that included shadowing experienced staff, meeting people to get to know their care preferences, face to face training at a local college and eLearning. Staff's 'journey' through induction was recorded and they could reflect on their practice throughout this process. One staff member told us even though they were an experienced support worker they found it valuable to reflect on changes in social care and to not become complacent about their own practice. Staff told us they felt very well supported and encouraged in their professional development. One staff member told us, "[Registered manager] promotes development." They told us they had been supported to gain qualifications specific to their role and to pursue a management qualification.

Training records showed that staff had access to appropriate training which was renewed on a regular basis. For example; health and safety, equality and diversity, mental capacity as well as training specific to the needs of people using the service such as autism and mental health awareness. Some relatives and professionals commented that staff's level of understanding and experience varied and that they felt staff would benefit from more detailed training specially on the complex needs of the people they were supporting. Some staff had recently joined the service and were still familiarising themselves with people's individual routines. One professional said, "New staff would benefit from doing a 'all about [person]' day." We saw that for one person the provider had been proactive in sourcing training from a national alliance group offering specialist skills and knowledge around this person's health condition. This had been delivered as a workshop for staff and the provider planned to repeat this training so all new staff had this level of knowledge. The person's relative commented, "They had a workshop. It was tremendous, absolutely excellent" and "[Registered manager] pushed that forward, staff are very onboard with his condition."

Staff received regular one to one support meetings and an annual appraisal of their work performance. They told us they found these sessions useful, but also said they could approach the registered manager for guidance and support at any time. The staff we spoke with also had support from on-site senior support workers. One staff member told us, "They [management] ring to see if everything is ok, we have regular meetings, regular training and they ask if you want any support with the training." Staff also used a communications book to pass pertinent information about people needs and requests between themselves and to management.

People were supported to access healthcare professionals when needed and were given advice and support about their general health and wellbeing. People told us staff assisted them to attend their appointments with other healthcare practitioners. One professional told us, "[Person] gets all their needs met. Previously their medicine had never been reviewed. Now they've seen the psychiatrist and had their medicines reviewed and had a physical review with the nurse." We saw that people had involvement with a range of professionals such as occupational and speech and language therapists. Staff supported people to have

annual health reviews and people had 'Hospital Passports' in place. These are documents which provide essential information about people's needs should they transfer to hospital. This would make sure healthcare staff had the information they needed to care for and support the person in the way they preferred.

Staff had worked with health and social care teams and with previous support providers to ensure people had a smooth transition into the service. For some people this was a transition of several months, building up from very short assisted visits to longer stays. Relatives and professionals commented on this having a positive impact on the way people settled into the new service.

Staff told us how they supported people to make healthy meal choices and to eat varied and balanced diets. People were supported to access health facilitators or slimming groups in the community if they chose to do this. We saw that some people shopped and prepared meals independently and other received full support from staff with these tasks, in all cases staff encouraged people to do as much for themselves as possible. Staff had completed training about food hygiene to prepare food safely.

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. The registered manager had a good understanding of their legal responsibilities with regard to the MCA and staff had received appropriate training.

The service was meeting the requirements of the Mental Capacity Act 2005 [MCA]. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. People's mental capacity to make decisions had been assessed as part of the assessment process and recorded. Where people had capacity, they had signed to give their agreement to their plans of care. People and staff told us that care took place with people's consent and we observed people being asked their consent. For example, for staff to go in to their homes. We saw where people were not able to give consent decisions had been made in their best interests with the relevant people involved in their lives. People were still supported to make daily decisions where possible and staff confirmed that people were happy with their actions.

## Is the service caring?

### Our findings

People described staff as caring, their comments included, "Staff are always smiling, like me", "They're [staff are] all nice, everything is alright here" and "They [staff] do really, really well. It's a good service really. They should get all the praise." Relatives we spoke with were positive about the way the service was delivered. Their comments included, "Staff have a good rapport", "The carers are all lovely" and "The majority [of staff] are caring yes, we had some issues in the past but these were sorted out...They were teething issues that were nipped in the bud, everyone is working together now."

Staff told us the service was caring, that staff treat people with dignity and respect and that the management were caring towards employees. We received comments from staff such as, "The service is really caring, we really support client's needs, everyone is really happy. Sometimes it's not like that but we do extra, we listen to what the client wants" and "I can't fault them [management]. I don't worry about shifts and childcare, they've worked around that, they been brilliant."

We were told about and observed caring relationships between staff and the people they supported. One staff member told us about a person's achievements and said, "[Person] is inspirational." A professional told us, "[Person] has built good relationships with staff, they are able to recognise signs that the person needs more support" and "I don't know anyone who moved in here and isn't happy." Staff were not rushed and had dedicated time to spend with people. They spent time talking with people and getting to know their likes and preferences. Staff spoke to people about their mental health and wellbeing and gave emotional support when needed.

People and their relatives were actively involved in making decisions about their care and support. People were supported and encouraged to access advocacy services if these were required. Details of local services were available and accessible to staff and people who used the service. We saw that family members acted as informal advocates and were involved in review meetings.

People told us that staff supported them to be as independent as possible. We saw examples of how people had developed life skills and gained a level of independence that they had not previously had. One person told us, "I try to be as independent as I can. I'm more independent here. I make my own breakfast." A professional told us, "[Person] now pays bills and is responsible for real life things. They make a cup of tea, answer the front door. Staff say, "It's your house, your door bell." Staff cook Sunday lunch with [person] and they prepare the veg." They gave another example of a person who no longer needed assistance with budgeting and cleaning, staff had supported them to become independent with these tasks and the support package had reduced accordingly. We discussed with the registered manager that care files did not always clearly show the steps people were taking towards independence or track their achievements. The service's own audits had identified this was an area for further development and plans were being reviewed to reflect this.

People told us and relatives confirmed, that they were treated with dignity and respect and had their privacy respected. Staff had received training in treating people with dignity and respect as part of their induction

and on-going training. Policies and procedures supported the importance of treating people with respect. We observed staff knock and ask if they could enter people's homes and we were told that personal care was always carried out in private. One relative told us, that the service was respectful of their family member's wishes and right to privacy. They said, "They [staff] respect the things he doesn't want me to know."

Arrangements were in place to in relation to equality and diversity and to support people in maintaining relationships. Policies were in place that were embedded in practice through training and staff meetings. We saw that people were supported to attend social groups as well as maintaining contact with their friends and family. Relatives told us that the service kept in regular contact with them and supported them being part of the person's life.

Staff protected people's confidentiality by ensuring personal information was secured when not in use and by having sensitive conversations in private. There was a policy on confidentiality and staff were made aware of this through their training.

## Is the service responsive?

### Our findings

People's care and support needs were well understood by the staff working in the service. This was reflected in detailed support plans and individual risk assessments. People's care records were person centred, which means the person was at the centre of any care. Records reflected who and what was important to the person, their histories, likes, dislikes, needs and strengths. Staff told us, "It's a person centred approach totally here. Out of all the places I've worked, if I had family who needed support, I'd have them here."

People were involved in developing their care plans and said they knew they could look at their files if they wished. Relatives we spoke with also said they felt involved in their family member's care and that they felt the care met the person's preferences, however some felt they could be more involved and would like to be given updates about how the support was progressing. We discussed this with the registered manager who confirmed relatives were invited to reviews but agreed to look at ways relatives could be given more information about people's support.

We saw that care plans and risk assessments were reviewed regularly. Staff were proactive when people's care changed or if there might be future changes. Professionals told us the service was very good at keeping in contact with them about any changes and anticipating any future needs.

Assessments were completed when people joined the service which asked people about their hobbies, interest and aspirations. These included any spiritual, cultural or religious beliefs and how staff could assist the person in consideration of these. Support was available to people when they wished to take part in social activities. One person told us, "I go for a meal, to the pictures, bingo. They keep asking me if I want to go to clubs. I go out on the bus. Staff know what I like to do and I decide how I feel on the day." A professional told us, "Staff are good company for [person]. They are engaging really well, playing games, watching TV, going to the cinema. They engage with her on an hourly basis but she can also have time on her own." People told us that staff supported them to take public transport and they had travel cards to enable them to do this in an affordable way. Staff supported people to have contact with the wider community such as visiting leisure centres or community based day centres. People shopped and visited friends in the local community.

People were given as much choice and control over their lives as possible. Choice was offered to people in a way they would understand, some people had visual aids such as pictorial wall charts, to help them make decisions. People told us the support was flexible to meet their preferences. We saw that people had weekly planners and activities suggestions but these altered depending on the person's choice on the day. Staff were very respectful of when people did not want to take part in activities.

We saw that technology had been used to reduce the level of support people required. Staff prompted one person to take their medicines by mobile telephone allowing them a greater level of independence. Staff had also introduced this person to travel planning applications on their telephone but the person preferred not to use these.

People told us they knew how to complain and that they felt any complaints would be dealt with to their satisfaction. There were policies and procedure to respond to complaints. The service had only received one formal complaint, this had not been concluded but learning and actions from this had been agreed. People and relatives spoke to us about some minor concerns they had, such as staff either communicating with them too much or too little. They told us that these concerns had been raised with staff and that staff were open and responsive. One relative said, "They are always open if you take it to the manager, or [name of senior support worker] listens to what you have to say." We saw that compliments had been logged about the service, especially relating to the way the service worked with partner agencies and supported people through transition.

A policy and procedure was in place regarding supporting people towards the end of their lives. Staff had not felt it appropriate to discuss end of life care with people accessing the service as this was not an immediate consideration for anyone and staff wanted to build relationships before discussing this sensitive issue. We spoke with the manager about documenting if people chose not to discuss this with staff.

## Is the service well-led?

### Our findings

People told us they thought the service was Well-led. They told us they had regular contact with senior support workers, the staff who oversaw the day to day running of the service, and that they were knowledgeable about people's care needs. People were aware there was a registered manager who was available if required. One relative told us, "Staff are good at getting in touch, they do that straight away." Another told us, "[Name], the senior, is really good at her job. She knows all about [person]."

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Staff we spoke with were very positive about the management arrangements and the registered manager. Staff comments included, "The manager is very approachable, the policy is the door is always open. If I had any concerns I'd go straight away to the senior or the manager" and, "It's really good, dead supportive, lovely company. They ask if you want breaks. They really look after staff and clients." Professionals told us, "[Registered manager] is pretty good, she e-mails and phones" and, "I have an excellent relationship with [registered manager]. She rings up if she's not sure and we have a chat."

There were clear lines of accountability within the organisation. We spoke with the registered manager, nominated individual and operations manager and saw that there was shared responsibility for quality assurance. The provider's ethos was promoted with staff and documented on staff files. The ethos was stated as, 'Elan is committed to providing a welcoming place that people can call home; where they can live an active and meaningful life as part of the local community; and where individuality and diversity is embraced. Our staff are committed to providing exceptional care and support and treating everybody with compassion, dignity and equality.' Discussions with staff showed that this was understood and staff were striving to achieve it.

There was an open and positive culture that invited feedback in a variety of formats to improve the service. People's views were gathered at review meetings and using quality questionnaires. Staff feedback was encouraged through regular supervisions, team meetings, questionnaires and through observations and discussions as part of the audit process. Staff satisfaction was high and they told us their concerns were listened to. Some relatives we spoke with told us they felt communication could be improved and that they were not always certain what actions had been taken from informal feedback they had given to staff. We spoke with the registered manager about this and they stated that relatives were given opportunities to be part of review meetings but they would look at ways to improve two-way communication.

As this was a relatively new and developing service, which was growing, the provider had put in place new governance arrangements which were constantly evolving. Audits were carried out, actions taken, and checks were in place to monitor the completion of the actions. These were detailed and robust checks covering all aspects of the service. The operations manager and nominated individual also monitored the service and gave feedback on areas for development. Records were clear and well kept, making information

readily accessible.

The registered manager kept their knowledge of current guidance and legislation up to date and shared this learning with staff through supervision and staff meetings. They attended a learning disabilities forum hosted by the local authority and had attended other events such as on, values based recruitment and personalised care for people with learning disabilities or autism. We saw they were knowledgeable about wider consultations, such as about mental health services in the local area. Relevant information from these meetings and consultations was shared with people and staff, for example we saw that people were given a list of safe places they could go in the community as part of a local 'safe places' scheme.

The registered manager had plans to develop the service including involving people in the recruitment of staff and introducing champions roles for key themes in the service. A champion is a member of staff with an enhanced knowledge of a subject who shares learning and skills with other staff. Discussions had taken place with staff about the training and development they would require for these roles.

The service worked in partnership with a range of professionals and agencies such as; the local authority, doctors, occupational therapists and physiotherapists. We saw that the police had visited the service to give people advice about their personal safety. Professionals we spoke with visited the service regularly and had built good relationship with the registered manager. They told us the service communicated well and was open to feedback. One professional told us, "The teams are working together." Another told us, "I'd give the service ten out of ten."

The registered manager had notified the CQC of all significant events, changes or incidents which had occurred at the service in line with their legal responsibilities and statutory notifications were submitted in a timely manner.