

Extel Limited

CTTM Elmfield Cottage

Inspection report

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Date of inspection visit:
16 July 2019

Date of publication:
20 December 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

About the service

CCTM Elmfield Cottage is a residential care home providing personal care and accommodation for younger people with learning disabilities, mental health conditions and sensory impairments.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties registered to support up to five people. Five people were using the service during our inspection visit. There were no identifying signs to indicate it was a care home. Staff were discouraged from wearing anything that suggested they were care staff when coming and going with people.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in place supported this practice.

People felt safe living at the home and safeguarding procedures were in place to protect them. Staff were recruited safely, and enough staff were on duty to provide safe care during our visit. Staff had the skills they needed to support people effectively.

Risks associated with people's care and support were assessed. Detailed risk management plans helped staff to manage and reduce risks. People were involved in planning and reviewing their care and support. Care plans contained detailed information and clearly reflected people's individual preferences for how they wished their care and support to be delivered.

People made every day decisions for themselves and took part in a range of social activities to maintain interests which were important to them to lead meaningful lives. People received responsive and personalised care from staff who knew them well. Individuality and diversity was recognised. People's feedback was encouraged, and their views and suggestions were acted on.

People's right to privacy was respected, their dignity was maintained, and people were encouraged to be independent. People liked the food, and their nutrition and hydration needs were met. People received their

medicines as prescribed. People had access to health professionals when needed to maintain their health and wellbeing.

The home was clean and tidy during our visit. The décor was continually reviewed and updated to ensure the home was a nice place for people to live.

People were happy with the service they received and how the service was run. The provider and their management team demonstrated commitment to learning lessons when things went wrong. Governance systems to monitor the quality and safety of the service were effective. People felt comfortable raising concerns with staff and managers at the home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 21 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.
Details are in our well-led findings below.

CTTM Elmfield Cottage

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

One inspector undertook the inspection.

Service and service type

CCTM Elmfield Cottage is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. The previous registered manager had left in June 2019. As a temporary measure a registered manager from another of the provider's services and was responsible for the day to day running of the home. This meant both they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection took place on 16 July 2019. Our visit was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included information received from the provider such as safeguarding alerts, which they are required to send to us by law. We used information the provider sent to us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with two people to gather their views of the service. We also spoke with the manager, one senior care worker and two care workers.

We observed the care and support provided and the interaction between people and staff throughout our visit. We reviewed three people's care records to ensure they were reflective of their needs. We looked at a sample of people's medicine administration records. We reviewed records relating to the management of the service such as quality audits, complaints and people's feedback.

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 felt safe living at Elmfield Cottage. One person said, "It's safe, staff look after me."
- Systems were in place to protect people from harm. Information was available in formats people could understand if they wished to report concerns.
- Staff completed safeguarding training which supported them to understand the different types of abuse people may experience. Staff knew what to do and who to tell if they had concerns about the well-being of anyone living in the home.
- The management team understood their responsibility to share information, when required, with the local authority and with us (CQC), to ensure allegations or suspected abuse were investigated.

Assessing risk, safety monitoring and management

- Risks associated with people's care and support were assessed. Detailed risk management plans helped staff to manage and reduce risks. For example, one person's epilepsy risk management plan informed staff what to do if the person had an epileptic seizure. This included when to administer their medicine and when to call for an ambulance.
- Staff knew how to manage risks associated with people's care. One told us, "Every risk is assessed. (Person) has limited road safety awareness so we accompany them when they go to the shops to keep them safe."
- The provider's emergency evacuation procedure was on display. Staff received training in fire safety and knew what action to take in the event of a fire to keep people safe.
- Regular checks of the building took place to make sure it was safe for people and staff to use. For example, electrical equipment had been tested in July 2019.

Staffing and recruitment

- Our observations confirmed enough staff were on duty to keep people safe. Staff told us staffing levels meant they were always able to meet people's needs.
- The provider's recruitment procedures minimised, as far as possible, the risks to people's safety. Staff had not started work at the service until the required checks had been completed to ensure they were suitable to work with people who lived at the home.

Using medicines safely

- People told us they received their medicines as prescribed. Medicine administration records (MAR) we reviewed confirmed this.
- People were supported to gain skills to administer their own medicines which promoted their

independence.

- The provider followed safe protocols for the ordering, storage, administration and disposal of medicines.
- Medicines that required stricter controls because of the potential for misuse, were managed in accordance with the legislative requirements.
- Guidelines for medicines to be given on an 'as required' basis ensured they were given consistently and only when needed.
- People's medicines were administered by trained staff. Their competency was checked by managers to ensure their understanding of safe procedures.
- Effective medicine checks took place. This meant any errors were quickly identified and addressed.

Preventing and controlling infection

- The home was clean and tidy during our visit.
- Staff completed training on the prevention of infection and followed good infection control practice when they provided support which protected people from the risk of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded and monitored to identify any patterns or trends. That meant action could be taken to reduce reoccurrence.
- When staff made an error in recording people's care and support, these were reviewed to learn how things could be improved in the future. That meant the provider and their management team demonstrated commitment to learning lessons when things went wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs had been assessed before they moved into the home. People had contributed to the process which had helped them to decide they wanted to live at Elmfield Cottage.
- Information gathered during assessments had been used to assess risks and to also develop care plans which helped staff to get to know people and meet their needs.
- Protected characteristics under the Equality Act were considered. For example, people were asked about any religious or cultural needs so these could be met. The provider had policies in place to ensure they protected people's, and staff's rights, regarding equality and diversity.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The provider was compliant with the MCA. People's care plans identified if they had capacity to consent to specific aspects of their care. Best interest decisions had been made when needed.
- Referrals had been made to the Local Authority where people were being deprived of their liberty to ensure this was done lawfully and in the least restrictive way. DoLS were in place for most people who lived at the home to keep them safe from harm.
- Staff completed training to help them understand the principles of the MCA. Staff understood the importance of gaining people's consent and explaining what was happening.

Staff support: induction, training, skills and experience

- People had confidence in the ability of staff to deliver care effectively.
- Staff received an induction when they started work which included working alongside experienced staff to help them understand what was expected of them and to get to know people.

- Staff received ongoing training to help them to be effective in the roles. Staff spoke positively about their training which included how to use techniques to support people to manage their levels of anxiety.
- Staff received individual support through regular one to one meetings to help guide them with their work.

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

- People chose what they ate and drank. People told us they liked the food and their nutrition and hydration needs were met.
- People were supported to plan and prepare their meals. One person said, "We do a menu on Sunday to decide. I like chicken Korma, we have that." Another person commented. "I like takeaways. We get pizza delivered."
- The mealtime experience was positive during our visit. People and staff chose to eat together at lunchtime. Staff were attentive which helped people to enjoy their meals.

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

- The environment met people's needs. People had space to socialise with others, receive visitors, participate in activities or spend time alone if they wished to.
- People had personalised their bedrooms. One person said, "I love my room and my posters." We saw posters of pop groups and actors displayed on their bedroom wall.
- The décor was continually reviewed and updated to ensure the home was a nice place for people to live. For example, some communal areas of the home had recently been repainted.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People confirmed they had access to health professionals including doctors, dentists and opticians when needed to maintain their health and wellbeing.
- Care plans documented people's medical and healthcare needs. Staff monitored people's health and supported people to access other services when their physical or mental health changed.
- Staff worked closely with health and social care professionals such as psychologists and GPs to ensure people received effective care and support.
- Staff communicated effectively with each other to benefit people. For example, handover meetings and a communication book were used to share information. This meant staff knew when changes occurred that might affect people's care and support needs.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff treated them in a kind and caring way. One person said, "Staff are good and lovely."
- People received support from consistent care workers and told us this helped them to develop meaningful and supportive relationships.
- Staff showed they cared about the people who lived at the home. One said, "We are dedicated to making sure people get the possible care. That's what we are here for."
- Interactions between people and staff were positive and demonstrated people were treated well and showed they felt relaxed in the company of staff.
- Individuality and diversity was recognised. Staff understood the principles of the Equality Act and were sensitive to people's needs regardless of their disability, race, gender, religion, sexual orientation or cultural backgrounds.

Supporting people to express their views and be involved in making decisions about their care

- People made every day decisions for themselves including how to spend their time.
- People had regular meetings with their keyworkers to discuss their care and support. During meetings people's achievements were reviewed and future outcomes they wished to achieve were set.
- Care plans helped staff understand what decisions people could make for themselves and when they needed prompting or support.

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy was respected. One person said, "No one goes in my room without my say so. Its private."
- Care was provided in a dignified way. Staff spoke to people discreetly when they offered assistance with personal care and medicines.
- People explained how they were supported to be independent. One person said, "Staff help me budget my money, so I know what I've got to spend." They also told us, "I wash my clothes. Staff showed me what to do. I can do it myself now." Staff understood the sense of achievement people experienced when they were encouraged to do things for themselves.
- The provider followed data protection law. Information about people was kept securely.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People confirmed they received personalised care from staff who knew them well.
- Staff were responsive to people needs during our visit. For example, a staff member quickly identified a person started to feel anxious. The staff member used effective techniques to distract the person and provide the support the person needed to improve their emotional wellbeing. The person told us, "Staff help me keep calm."
- Staff knew what was important to people. For example, they knew it was extremely important to follow the same routines with people each morning.
- People's needs were assessed, and they had detailed individual plans of care to reflect their needs and preferences. People were involved in monthly reviews of their care which ensured their needs continued to be met in accordance with their wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People chose to take part in a range of social activities and were encouraged to maintain interests which they enjoyed to lead meaningful lives. One person said, "I go out for meals and watch my favourite films." During our visit one person chose to play football in the garden, another completed a jigsaw puzzle and a third went shopping.
- Staff knew about people's cultural and diverse needs and how this may affect how they required their care. For example, personal care being provided by male staff only.
- People were supported to maintain relationships that were important to them and people's families and friends were welcome to visit at any time.

Meeting people's communication needs

Since 2016 onwards, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Communication plans described the way people communicated and how staff should engage with people to ensure they provided responsive care. For example, one person used picture cards to communicate their feelings.
- Information was provided in a format people could understand to help them make choices. For example, easy read text, pictures and photographs.

Improving care quality in response to complaints or concerns

- A copy of the provider's complaints procedure was on display. The procedure informed people how to complain and what people could expect if they raised a concern.
- People confirmed they felt comfortable raising concerns with staff and managers at the home.
- No complaints had been received in the last 12 months. The manager told us any complaints would be used to reflect on and improve the service.

End of life care and support

- No-one living at the home at the time of our visit was nearing the end of their lives.
- The manager told us they were planning to develop plans in this area to ensure peoples wishes were recorded.

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.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service was focused on the individuals using the service and sought to meet their needs and provide them with good quality care. People were happy with the service they received and how the service was run.
- People's feedback was encouraged, and their views and suggestions were acted on. For example, one person wanted a new wardrobe. This had been purchased and was due to be delivered a few days after our visit.
- People and staff told us the managers were always available, had an 'open door' policy, and were approachable.
- People had opportunities to maintain positive links with their community. For example, people told us staff supported them to use public transport to go to the bank and out for meals.
- Staff attended regular one to one and group staff meetings. These were used as an opportunity to share their thoughts and views whilst receiving feedback and updates about the service.
- The provider's staff recognition scheme identified good care and encouraged staff to develop their skills to improve the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- A registered manager was not in post. The previous registered manager had left their role and had deregistered with us in June 2019. As an interim measure the provider's management team consisted of a manager and two senior care workers. The manager was registered at another of the provider's services.
- People and staff told us the change had been managed well. They spoke highly of the manager who visited daily to offer managerial support. Comments included, "She is a very nice manager," and, "So far so good."
- Governance systems to monitor the quality and safety of the service were effective. For example, an audit completed in June 2019 had identified that regular group meetings were not being held in line with the provider's expectation. Action had been taken to resolve the issue.
- The provider had an audit schedule and the manager knew what audits needed to be completed, and who was responsible for completing checks to ensure people received safe, quality care. Audit findings and completed actions were shared with the provider who checked required actions had been taken.
- Staff confirmed they understood their roles and were aware of what the provider expected of them.

- The provider had met the legal requirements to display the services latest CQC rating in the home and on their website.

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 understood their responsibility to be open and honest when things had gone wrong. Learning had been shared with staff, to prevent reoccurrence.
- Staff spoke positively about the culture at the home. One said, "We are all open and honest. I've been honest when I have made mistakes and have felt supported to learn and improve."
- The provider's management team understood their responsibility to inform us about significant events that happened at the service.

Working in partnership with others

- Staff worked in partnership with health and social care professionals such as social workers and GPs to ensure people received good holistic care.