

Elysium Healthcare (Ann House) Limited

Fairmead House

Inspection report

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Kendal
Cumbria
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Fairmead House is a residential care home, providing accommodation and personal care to one person at the time we inspected. The service can support up to six people. Although four other people were living at the home when we inspected, they did not require support with their personal care. Each person had their own self-contained flat and access to shared communal areas.

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

People were protected from abuse. Risks to people's safety had been identified and managed. Risk assessments were used positively to promote people's independence and choices. There were enough staff to support people. The staff gave people the support they needed to take their medicines safely. The staff followed robust infection prevention and control procedures to protect themselves and people they cared for from the risk of infection. The provider had systems in place to ensure lessons were learnt from any incidents to further improve the safety of the service.

People's needs were assessed, and the staff provided support to meet people's needs. The staff were trained and skilled to provide high-quality care for people. People were included in planning and preparing their own meals and encouraged to have a healthy diet. People were supported to access healthcare services as they needed. The service had been designed to meet people's needs and to promote their independence.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People lived in their own flats and were supported to make their own choices about their lives, how they spent their time and to develop and maintain relationships that were important to them. They received person-centred care and were supported to achieve positive outcomes. The focus of the service was to promote people's rights and choices. The staff team were committed to ensuring people enjoyed a good quality of life.

The staff treated people in a respectful and caring way. They supported people to gain skills and independence and to be proud of their achievements. The staff knew how people communicated and gave them information to make choices in a way they could understand. The staff respected the decisions people made about their lives and support.

People and those who knew them well were included in planning their support. The staff supported people to follow activities they enjoyed. The provider followed government guidance about visiting in care homes throughout the pandemic. When visiting was not possible, people were supported to use technology to keep in touch with their families. People were supported to maintain relationships that were important to them. The provider had a procedure for responding to complaints about the service.

People received high-quality, person-centred care that met their needs. The management team and provider had promoted an open and inclusive culture in the service. They understood their responsibilities under the duty of candour and were open with people when incidents occurred in the home. The management team and staff were committed to the continuous improvement of the service. They assessed the quality and safety of the service to identify how it could be further improved to promote positive outcomes for people. The staff worked in partnership with other services to ensure people consistently received care that met their needs.

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

Rating at last inspection

This service was registered with us on 3 December 2018 and this is the first inspection.

Why we inspected

The service was registered with us on 3 December 2018 and this was the first inspection for the service.

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.

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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Fairmead House

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Fairmead House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager registered with the Care Quality Commission. This means that 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who lived in the home, including the person who received support with their personal care. We also spoke to two members of the service management team and the provider's regional service lead. We observed interactions between people who lived in the home, the staff and members of the management team. We looked around communal areas in the home and, with their agreement, looked around the flat where the person who received support with their personal care lived. We reviewed a range of records including the care records for the person receiving personal care and staff training and recruitment records. We also looked at a range of records relating to the management of the service.

After the inspection

We contacted a relative of the person receiving personal care and a relative of a person who had received personal care to gather their views. We also spoke to two people who lived at the home, but who did not require personal care. We contacted three staff to gather their views of the service. We contacted a health care professional who had worked with the staff to support an individual. We also looked at additional evidence we had asked the registered manager to send us.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated good. 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. Everyone told us people were safe living in the home. One person told us, "I feel safe" and said, "He [staff member] makes me feel safe."
- Relatives we spoke with told us they were confident people were safe in the home.
- Staff were trained to identify and report abuse. They said they would be confident to report any concerns to the registered manager or the provider.

Assessing risk, safety monitoring and management;

- Staff had identified risks to people's safety and people's care records included guidance for staff about how to provide their care in a safe way.
- Risk assessments were used in a positive way to support people to follow a range of activities of their choice.
- During the COVID-19 pandemic the staff had given people guidance about how to keep themselves safe from the risk of infection. We observed the staff reminded people discreetly about the need to maintain social distancing in the home.

Staffing and recruitment

- There were enough staff to provide the individual's care and to support people to follow a range of activities. We saw people knew the staff well and enjoyed spending time with them.
- The provider carried out thorough checks on new staff to ensure they were suitable to work in the home.

Using medicines safely

- People were supported to take their medicines safely, and as their doctors had prescribed.
- Staff told us they were trained in how to support people safely with their medicines. They said they did not handle medicines on their own until they had been assessed as competent and felt confident to do so.

Learning lessons when things go wrong

- The provider had systems to ensure lessons were learnt from any incidents to ensure the safety of people who lived in the home. They shared lessons learnt, as appropriate, with the staff team to further improve the safety of the service.

Preventing and controlling infection

- People were protected from the risk of infection. The staff were trained in infection control and how to use Personal Protective Equipment, (PPE), to protect people from the risk of infection.

- The staff followed robust infection control procedures to reduce the risk of infection. They gave people guidance and advice about how to protect themselves during the COVID-19 pandemic.
 - The provider had accessed regular COVID-19 testing for staff and people who lived in the home. People had received COVID-19 vaccines to reduce the risk of illness.
 - The provider had identified 'COVID Guardians' to monitor staff infection control practice, use of PPE and stocks of PPE.
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- We were assured that the provider was preventing visitors from catching and spreading infections.
 - We were assured that the provider was meeting shielding and social distancing rules.
 - We were assured that the provider was admitting people safely to the service.
 - We were assured that the provider was using PPE effectively and safely.
 - We were assured that the provider was accessing testing for people using the service and staff.
 - We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
 - We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
 - We were assured that the provider's infection prevention and control policy was up to date.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Fairmead House had been designed to meet people's needs and to promote their independence. Each person had their own flat which they had personalised as they wished.
- The staff very much viewed Fairmead House as people's own homes. People who lived there had contributed to the decoration of the home. Photographs one person had taken were used to decorate communal areas and one person had worked with staff to build garden furniture and accessories. We saw people were proud of how their work was used to enhance their home.

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

- The provider assessed people's needs and staff worked with appropriate agencies to ensure people received effective, timely care. Staff reviewed people's needs assessments regularly to assess if the support remained appropriate and provided positive outcomes for people.
- People's care and support were assessed and provided to promote their choices and enhance their quality of life.
- Appropriate specialist services had been included in assessing and planning people's care.

Staff support: induction, training, skills and experience

- Staff were trained and skilled to support people. We saw people received high-quality care because the staff understood how to support individuals.
- Staff told us they received a range of training to give them the skills to support people. This included training to meet individuals' specific needs. One staff member told us, "The training is brilliant."

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

- People were supported to enjoy a healthy diet and to drink enough to maintain good health. People were included in planning and preparing their own meals, with support from staff as they needed. One staff member told us how being included in preparing meals had increased an individual's confidence and willingness to try new foods.
- Staff understood the impact not maintaining a balanced diet or having enough to drink could have on people's health. They discreetly monitored people and encouraged them to have drinks, so they did not become dehydrated.

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

- Staff supported people to access healthcare services as they required. They knew people very well and

knew when they were unwell and required medical support. Staff had identified one person was unwell and advocated for them to receive the treatment they needed.

- Throughout the COVID-19 pandemic, the staff had adapted how they worked with healthcare teams. They had used technology to arrange virtual assessments for people, to ensure they continued to receive the care they required.
- A health care professional told us the registered manager contacted them appropriately for support. They said staff "always adhered to advice and guidance" they gave.

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 when this is in their best interests and legally authorised under the MCA. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were committed to promoting people's rights and supporting people to achieve positive outcomes. They spoke to and about people in a respectful and positive way.
- People's rights under the MCA were respected. Staff knew people well and knew how people communicated their wishes. Staff respected the decisions people made about their care and lives.
- Where people needed restrictions on their liberty, to ensure their safety, the registered manager had applied to the local authority for appropriate authorisation under DoLS.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- Staff treated people in a kind, caring and respectful way. People enjoyed laughing and joking with the staff.
- The service focused on promoting positive outcomes for people. Staff were positive about what people could achieve. They provided personalised care to people to remove barriers to their ability to succeed.
- The registered manager had gathered information about people's backgrounds, needs and preferences. Staff supported people taking account of their emotional, psychological and physical needs. Staff knew people well and knew the things that were important to them. They spoke with people about their interests and knew how to support people if they became anxious.

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

- Staff gave people choices about their support and involved them in all decisions about their care and lives. They gave people information to make informed choices and respected the decisions people made.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted. Staff were respectful and friendly to people. They worked with people and treated people as equal partners in their support.
- Staff knocked on doors to private areas and waited for people to give consent before entering their flats.
- People were supported to gain further skills to increase their independence. Staff praised people's efforts and achievements and people were encouraged to take pride in their accomplishments.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 received personalised care which took account of their needs and preferences. People who used the service, and those who knew them well, had been included in planning their care and support.
- People had very detailed care plans which guided staff in how to support them and the things that were important to them in their lives. Staff provided care to take account of people's individual needs and preferences.
- Staff gave people choices about their care and lives and respected the decisions they made.

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.

- The registered manager had gathered information about how people communicated, and staff gave people time and support to express their views and wishes. Staff gave people information in formats that were appropriate to their preferences and needs around communicating. Staff shared information about how people communicated, and the support they needed to understand information, with other services that supported them.
- The provider had shared accessible information with people throughout the pandemic. This included important information about the COVID-19 vaccination programme and changes to government guidance during the pandemic.

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 were supported to maintain relationships that were important to them and to follow activities they chose and enjoyed.
- The registered manager had followed government guidance on visits to care homes throughout the pandemic. When visiting was not possible, people were supported to use technology to contact their relatives.
- The provider had purchased a large gazebo and garden furniture to support outdoor visits. The service used Lateral Flow Device tests to support safe indoor visits when these were permitted.
- People were asked what activities they enjoyed and were supported to follow them. Staff understood the importance of people enjoying meaningful activities of their choice.
- The provider had invested in resources to provide activities people could follow to enhance their

wellbeing during the pandemic.

Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. The registered manager used concerns received to further improve the service provided.
- People were supported to raise informal concerns, so these could be resolved promptly.

End of life care and support

- At the time of our inspection there was no one in the service who required support at the end of their life. The provider had links with appropriate services that could support people if they required end of life care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 management team had developed a very positive culture which placed people at the centre of the service. People were included in decisions about how their care and support were provided. They received person-centred care that met their needs and promoted positive outcomes.
- The registered manager and regional service lead were committed to providing positive, person-centred care. They modelled open and empowering behaviours for staff to follow. One staff member told us, "[Regional service lead] is brilliant, she deserves a medal for her commitment to people."
- The staff showed a very good understanding of the principles of person-centred care. They spoke positively about people in the home and their abilities. They were imaginative at adapting the support provided to remove obstacles to people's ability to achieve.
- People knew the registered manager and the provider's regional service lead and enjoyed talking and joking with them.

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 and management team understood their responsibilities under the duty of candour. They had been open and transparent with people when incidents occurred where the duty of candour applied.

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

- The management team and staff were very clear about their roles and responsibilities. The staff told us they were well supported to provide people with high-quality care.
- The registered manager had notified us of significant events, as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider and management team asked for people's views about the service and made further improvements in response to the feedback received. People's views were taken into account about how the service was provided.
- The management team, provider and staff were committed to the continuous improvement of the service. They assessed the quality and safety of the service to identify how it could be further improved to promote positive outcomes for people.

Working in partnership with others

- The staff worked in partnership with other services to ensure people received support to meet their needs. During the pandemic they had adapted how they contacted other agencies to seek advice and support for people.
- The staff knew the health and social care services that supported people and liaised with them to ensure people received the care they needed.