Accomplish Group (Eilat) Limited

Eilat

Inspection report

106 Lowther Road
Bournemouth
Dorset
BH8 8NS

Tel: 01214576860
Website: www.tracscare.co.uk

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Outstanding ☆
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 15 and 20 February 2018. The first day was unannounced. It was our first inspection of the service under its current registration, the registration having changed when the service changed ownership.

Eilat 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. Eilat accommodates up to six people in one building; there were six people living there during the inspection. People's rooms are on the ground, first and second floors. There are no lifts. There is a small parking area at the front of the building.

Eilat specialises in supporting people who have experienced a head injury or neurological condition that has affected their mental health.

The service has a registered manager, as required under its conditions of registration with CQC. 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.

People at Eilat had complex and continuing health needs; staff sought to improve their care, and support by identifying and implementing best practice. The service had expertise in brain injury. People received effective support that enabled their rehabilitation, for example, improved cognitive processing and communication and increased independence. People had achieved better outcomes than had been anticipated when they moved to the service.

There were strong links with health and social care services. Professionals praised the way the service liaised with them and acted on their advice, leading to improved outcomes for people. We saw this in operation during the inspection.

People were actively involved, as far as possible, in managing their health and making decisions about it. This had enabled them to have an improved quality of life. Some people lacked insight into their condition but even so staff worked with them to build trust and involve them in decisions.

People's independence was promoted and they received care and support tailored to their individual needs. People were involved in planning and reviewing their care.

Staff treated people with respect and upheld their privacy and dignity.

People were supported to follow their interests and take part in social activities and education. They used

community facilities and got the support they needed to go out and about.

Where people had difficulties with communication, staff were aware of their communication needs and supported them accordingly.

People were encouraged and supported to maintain relationships with people who mattered to them.

People's rights were protected by staff who following the requirements of the Mental Capacity Act 2005. Staff supported people to make their own decisions, and people's consent was sought to their care and support. Where there were concerns about people's ability to understand what they would be consenting to, staff assessed their mental capacity to give consent. Where they were found to lack capacity, staff provided the least restrictive care possible in people's best interests.

People had their own individual menu plans. Staff supported each person to shop for and prepare their own meals and snacks. Healthy choices were encouraged, but people's preferences were respected.

People were protected from abuse, neglect, avoidable harm and the spread of infection.

Medicines were managed safely.

The premises had a homely feel. They were kept clean and were well maintained.

Accidents and incidents were recorded, investigated and learnt from to reduce the risk of a reoccurrence.

There were sufficient staff on duty to provide the support people needed. Checks had been made when they were recruited to help ensure they were suitable to work in a care setting.

The service had a positive culture that was person-centred, open, inclusive and empowering. The registered manager and provider valued feedback from people and staff and acted on their suggestions.

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, discrimination and avoidable harm.

Risks were managed for each person in the least restrictive way possible.

There were enough staff on duty to support people in the way they needed.

Is the service effective?

Outstanding ☆

The service was highly effective.

People and visitors gave very positive feedback about the service.

There were strong links with health and social care services. People were actively encouraged to make choices about their health and how it should be monitored and managed.

People had complex and continuing health needs. The service sought constantly to review and improve their care and treatment. This supported people to achieve outstanding outcomes.

Is the service caring?

Good

The service was caring.

People were treated with dignity, respect and kindness.

People's privacy was maintained.

Staff knew people well and treated them as individuals

Is the service responsive?

Good

The service was responsive.

People, and where appropriate, their relatives, were involved as much as possible in decisions about their care and support.

People were encouraged to maintain hobbies, interests and relationships with people who mattered to them.

People felt confident to give feedback about their care and support, and had regular opportunities to do so. People and relatives were confident that if they made a complaint, this would be taken seriously.

Is the service well-led?

Good

The service was well led.

People, relatives and professionals were confident in the leadership of the service. Staff morale was good.

The culture of the service was positive, open and person-centred. The registered manager and provider welcomed and acted on feedback.

There was a focus on quality assurance and learning. Lessons learned from incidents, accidents, complaints and safeguarding were shared and acted upon.

Eilat

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.

The inspection took place on 15 and 20 February 2018. The first day was unannounced. This was a routine comprehensive inspection, undertaken by an adult social care inspector.

Prior to the inspection we reviewed the information we held about the service. This included notifications of significant events, and information from stakeholders such as the local fire and rescue service. We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we met the people who use the service and spoke with two of them, and briefly with a further two people. We also spoke with a person's relative, and briefly heard from another visitor. We made general observations around the service and spoke with three support workers, the team leader and the registered manager. We reviewed two people's care records, four people's medicines administration records, two staff files, the staff rota for February 2018 and other records relating to the management of the service, including minutes of meetings, accident and incident records, safeguarding records, complaints and compliments, and audits.

As part of the inspection, we also contacted health and social care professionals and commissioners who had contact with the service. We received feedback from six of them.

Good

Is the service safe?

Our findings

People were protected from abuse and neglect, including discrimination. A person told us they felt safe with the staff. 'See it, hear it, report it' information about abuse was displayed for people and staff. The registered manager and staff had a good understanding of their responsibilities for identifying and reporting safeguarding concerns. They had training about safeguarding appropriate to their roles as staff or managers. Staff had reported concerns and prompt referrals were made to the local authority safeguarding team. Where the service held money on people's behalf there were frequent checks to make sure the amount held tallied with cash record sheets, and that each item of expenditure was backed by a receipt. The registered manager or team leader audited people's money each week.

People were supported to take risks to foster their independence. These risks had been assessed and plans were in place to manage them with the least possible restriction. Risk assessments were individualised to the person. They covered areas such as absconding, assaults and threats, suicide, financial capability, social vulnerability, road safety, choking, kitchen safety, and smoking. Each person had a personal emergency evacuation plan, setting out the assistance they would require from emergency services and the staff in the event of a fire.

People were protected against hazards such as slips, trips and falls. The premises, equipment and motor vehicle were regularly checked and maintained to ensure they were safe. There were current contractors' certificates for gas and electrical safety, and the vehicle had a current MOT certificate and insurance. There were regular checks of fire alarms, smoke detectors, fire doors, fire extinguishers and emergency lighting, including annual inspection and servicing of this equipment and the sprinkler system by a fire engineer. Precautions were taken against the growth of Legionella bacteria in the water system.

There were enough staff on duty with the skills and knowledge to support people in the way they needed. People spent one-to-one time with support workers in planned activities, such as household tasks. Staff also spent time chatting and playing games with people. This was all done in a relaxed way. Staff confirmed that staffing levels allowed them to work properly, providing the support people needed. There were three staff vacancies, which had been advertised. Shortfalls in the rota were made up with agency staff; the registered manager told us these tended to be regular workers. A relative observed that there had been a turnover of staff, "but they always seem to get staff who suit the resident".

The service followed safe recruitment practices. Checks were made to ensure staff were of good character, entitled to work in the UK and suitable for their role. Staff files included application forms, records of interview and appropriate references. Criminal records checks had been made to make sure people were suitable to work in a care setting for adults.

People's medicines were managed and administered safely. Medicines were stored securely and tidily. Staff who administered medicines were trained to do so and their competence was assessed each year. There were regular checks of the amounts of medicines in stock to ensure these were correctly recorded, and that medicines administration records were completely properly. There were clear procedures for when people's

medicines needed to be hidden in food or drink, where people lacked the mental capacity to understand the implications of not taking medicines. Where people had medicines, such as painkillers, prescribed on an 'as necessary' basis, there were instructions for staff to know when and how these should be given. The facilities were available for people to self-medicate, if this became appropriate.

The premises were kept clean and smelt fresh. Staff had completed training in food safety and infection control. The service had attained a score of five (highest) at its most recent local authority food hygiene inspection. Handwashing facilities and disinfectant hand gel were available in places they were needed, such as the medication room. In a recent weekly newsletter, the provider had reminded staff about the basic infection control procedures they should take to help stop the spread of flu.

When people were involved in accidents, incidents or near misses these were recorded and monitored to look for developing trends. People were supported to stay safe and action was taken to prevent further injury or harm. The provider had oversight of these events through its computerised reporting system and monitored for any trends. Learning from incidents was communicated to staff through meetings and supervision.

Outstanding ☆

Is the service effective?

Our findings

People and their visitors spoke highly of the care and treatment they or their friend or relative received. A person described Eilat as "a very nice place" and said, "I wouldn't want to move, not one little bit." Someone else who did not often talk smiled and made a thumbs up sign when asked about the service. A visitor commented on how well their friend had become since moving to Eilat.

People at Eilat had complex and continuing health needs; staff sought to improve their care and support by identifying and implementing best practice. A professional commented that the service had significant expertise in the area of brain injury. A commissioner had asked the provider to open a further head injury service locally based on people's consistently good outcomes at Eilat. People received effective support that enabled their rehabilitation, for example, improved cognitive processing and communication and increased independence. With this support, people had progressed such that they required less intensive care packages than were originally envisaged. For example, when one person moved in it was thought they would require 24 hour residential care for life, but there were now plans for them to move within the coming year to less supported accommodation. Another person was now able to make regular visits to their family, which were not possible when they moved in.

There were strong links with health and social care services. Professionals praised the way the service liaised with them and acted on their advice. For example, professionals commented, "The staff are excellent in maintaining communication with me", and that the service was "diligent about communication with our team, care planning and risk management on a variety of issues". We saw this in operation during the inspection, as someone was experiencing a relapse of a long term condition that required staff to liaise closely with community health and social care professionals. The service regularly received positive feedback from professionals about the way it worked with them, leading to people having an improved quality of life. Staff ensured people had access to professionals such as doctors, dentists, community mental health nurses, speech and language therapists, and social workers that might need to be involved with their care. They supported people to attend appointments with specialists, and liaised promptly with professionals when there were concerns about someone's physical or mental health. Each person had a 'health passport' that summarised for hospital staff the person's health and communication needs, in the event they needed admission.

People were actively involved, as far as possible, in managing their health and making decisions about it. For example, a person who lived at the service had experienced severe anxiety that negatively affected many areas of their life. Over time and with graded exposure to activities at Eilat and in the community, they had gained insight into their condition and learnt how they could manage their anxiety. Staff had supported them to develop strategies for managing their condition, the person's level of anxiety had reduced and they had become more confident. They were now much more involved in activities of daily living, such as budgeting and cooking, and had become more independent in these. Some people lacked insight into their condition but even so staff worked with them to build trust and involve them in decisions.

Assessments of people's needs were comprehensive. Needs were assessed before people moved in, to

ensure the service could meet these. Information was sought from the person, their relatives and professionals involved in their care. These assessments were expanded upon when people moved in and were used to develop personalised support plans. Care and support was kept under review, to ensure people continued to receive the support they needed. This happened through their regular key worker meetings and annual reviews involving the person, their relatives and their health and social care professionals.

People received individualised care and support from staff who had the skills, knowledge and understanding needed to carry out their roles. Staff told us they had the training they needed when they started working at the home, and were supported to refresh their training. Training was both online and face to face. Topics included equality and diversity, person-centred care, the Mental Capacity Act 2005, safeguarding, moving and handling, fire and first aid. Staff new to care were supported to attain the Care Certificate, a nationally recognised set of standards for health and social care staff.

People had their own individual menu plans. Staff supported each person to shop for and prepare their own meals and snacks. Healthy choices were encouraged, but people's preferences were respected. Care plans and records reflected the support people needed. One person had been referred to a speech and language therapist because staff were concerned their rapid eating could put them at risk of choking.

The premises had a homely feel. The décor was generally in good order and, where it was needed, refurbishment had been planned. People had been involved in decisions about the decoration of their bedrooms and were encouraged to display their own pictures and ornaments. Someone told us they were very happy with their bedroom and that the registered manager was organising a new mattress for them. Bedrooms were located on the ground, first and second floors; the first and second floors were accessed by stairs. Communal areas included two lounges and a conservatory. There was a long garden with a patio and furniture, lawn, shrubs and flower beds, which people could access as they wished.

Staff acted in accordance with the Mental Capacity Act 2005 (MCA), protecting people's rights. They supported people to make their own decisions, and people's consent was sought to confirm they agreed with the care and support provided. Where there were concerns about their ability to understand what they would be consenting to, staff assessed people's mental capacity to make these decisions. If a person was found to lack capacity, a best interests decision was made about providing this care, taking account of the person's known wishes and preferences. The 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 the least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The registered manager had identified that five people were being deprived of their liberty. The appropriate supervisory body had authorised these deprivations of liberty. The registered manager ensured that any conditions on these authorisations were met, and that further applications were made before each authorisation expired.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. Throughout the inspection staff were respectful towards people, and people approached them confidently. Interactions between staff and the people they supported were typical of conversations between adults, rather than between caregivers and people receiving care.

People mostly received care and support from staff who knew them, including their individual communication skills, abilities and preferences. Each person had a member of staff as their key worker, who would get to know them particularly well. The registered manager and staff were knowledgeable about people's strengths and things they found difficult; they recognised the signs that people were having a good day or a bad day. People's records included information about their personal circumstances and how they wished to be supported.

Staff respected and upheld people's privacy and dignity. From the outside Eilat did not look like a care home, so much so that a first-time visitor had walked past as it was not like they expected. Visitors were welcomed whenever people wished to see them. A healthcare professional told us how for someone who required supervision when out in the community, a member of staff had enrolled themselves on the same adult education course rather than accompanying the person as a 'carer', thus helping the person maintain their privacy in class. When people wished to spend some time alone they respected this and encouraged others to do so also. A person and their relative commented that staff respected their privacy and that even if the door was open, staff would not come in without the person's agreement. Staff were careful to have any discussions about people's care and support out of earshot of others.

Staff also promoted people's independence as far as possible. People performed daily errands such as laundry, food shopping and preparing meals, with the support they needed from staff. They were helped to resume daily living skills, such as handling money. Support plans emphasised what people were able to do independently.

People's choices were respected, provided it was lawful to do so. For example, a person sometimes struggled with motivation to get up, wash, dress and eat. Staff gently prompted the person to do these things, and documented that they had done so. However, they respected the person's choice each time they declined, and sensitively prompted them later.

People were encouraged to express their views and were actively involved, as far as possible, in decisions about their care and support. Someone told us how they had been closely involved in developing their care plans, incorporating strategies they found effective for managing their anxiety. People had monthly meetings with their key worker to discuss what they had been doing, their goals and support they needed to achieve these. Where there were concerns that someone might be making unwise choices or that there was a conflict of interests with family members, the service sought advocacy involvement for them.

Good

Is the service responsive?

Our findings

People told us they were happy with their care and support, which was tailored to their needs. People, and where appropriate their relatives, were involved in developing their care and support plans. These were thorough and reflected people's strengths, preferences, aspirations and culture. They covered areas according to the person's needs, such as eating and drinking, looking after myself, mental and physical wellbeing, work and learning, routines and particular activities. The registered manager and staff had a good understanding of people's support needs. A support worker told us how staff worked differently with each person, according to their needs.

The service met the Accessible Information Standard. Communication needs and factors that could make communication difficult, such as cognitive impairment and difficulty speaking, were flagged up in people's care and support plans. For example, one person sometimes had difficulty finding and using the correct words. Staff were aware of this person's communication needs, as flagged up in their support plan, and supported them accordingly.

People were supported to follow their interests and take part in social activities and education. For example, someone spoke enthusiastically about an art course they were taking. Someone else wanted to regain their confidence cycling and was undertaking a cycling proficiency course as well as going for bike rides with staff. Another person liked to play and listen to music and had their keyboard in one of the lounges. There was a Wi-Fi internet connection available as some people liked to use the internet for study or hobbies.

People used community facilities and got the support they needed to go out and about. Most people needed staff or a family member with them when they were out to help them remain safe, for example, when crossing the road. People went out to take part in regular activities such as sports, or for errands such as shopping. They used facilities such as swimming pools, the college and the adult learning centre. They also went out to visit health professionals and hairdressers rather than having them call to the house.

People were encouraged and supported to maintain relationships with people who mattered to them. This included receiving visits from friends and relatives, and paying visits to them. Staff helped people and their partners and families prepare for home visits.

Complaints and concerns were taken seriously and used as an opportunity to improve the service. People and staff were confident the registered manager would listen to their concerns, which would be received openly and dealt with appropriately. Information about how to make a complaint was available in public areas for people and their relatives. There had been one complaint in the past year, which related to a poor Wi-Fi signal. This was investigated thoroughly and action had been taken to improve the connection.

Good

Is the service well-led?

Our findings

The service had a positive culture that was person-centred, open, inclusive and empowering. People's and staff's ethnicities and cultures were respected. Staff induction included equality and diversity training. The registered manager spent time with people and staff, and they freely approached her to discuss whatever was on their mind. A relative told us the registered manager and staff communicated well and proactively with them: "If I've got any queries or questions they'll always ring and answer them… I can always get hold of somebody."

Staff felt supported by the registered manager and their colleagues, and received feedback from managers in a constructive and motivating way. For example, comments included: "I feel very comfortable here. They give me all the facilities to improve" and, "The manager encourages us to ask if we have any questions." Staff had monthly supervision meetings with their line manager, at which they discussed their work, any concerns they had about it, areas for development and training needs. A member of staff told us their supervision was "very useful" and allowed them to discuss things they found challenging. The registered manager also supported staff when they encountered difficult situations, such as a person experiencing a mental health relapse.

Quality assurance systems were in place to monitor the quality of service being delivered. Audits were recorded on the provider's computerised monitoring system, including regular health and safety audits. Staff were informed of the results, and where there were shortcomings, prompt action was taken to address these. The provider had close oversight of the service through online reporting, monthly visits from the regional manager and, a couple of times over the year, a monitoring visit by a director. During these visits, the senior managers spoke with people about their experience of the service. The registered manager told us they were well supported by the current provider, who actively supported a person-centred approach to care.

The registered manager and provider valued feedback from people and staff and acted on their suggestions. There were house meetings every few months for people living at Eilat, where they discussed developments at the service and their views about these. Recent meetings had discussed forthcoming building work and how this could be managed to minimise disruption for people. As a result of discussions with people, arrangements had been made with the contractors to down tools at set times to allow daily relaxation for those people who practised this. There were also regular staff meetings. At the last meeting staff discussed people's support, forthcoming training and progress with recruitment, and the response to a recent audit, amongst other matters.

Besides regular care reviews and house meetings, people's experience of care was monitored through annual quality assurance surveys. These would be sent out to people, relatives, staff and professionals. There had been no surveys since the current provider took ownership, but it was envisaged that one would be sent out when the building renovations were complete.

The service worked in partnership with other agencies. The registered manager had built links with, and

received regular positive feedback from, health services and professionals who were involved in referring people to Eilat and who supported people there. The registered manager explained that the provider had been asked to open a further service locally, based on the effectiveness of care and support provided at Eilat. A health professional from one team had delivered tailored training to the staff in relation to the support people at the service might require in view of their head injury.

The registered manager had notified CQC about significant events. We use this information to monitor services and ensure they responded appropriately to keep people safe.