

Community Therapeutic Services Limited Ellenborough Court

Inspection report

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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

The inspection took place on 24 June 2018 and was unannounced. Ellenborough Court is registered to provide accommodation without nursing for up to five adults with a learning disability, mental health or who may experience autism. At the time of the inspection five people were living at the home in individual self-contained flats.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good overall. Why the service is rated Good:

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service consistently conducted sufficient checks to ensure prospective staff were safe to work with vulnerable people. The service had effective recruitment procedures in place and conducted background checks of all prospective staff. References were obtained and criminal background checks were recorded ensuring staff were suitable for their roles.

People remained safe living in the service. There were sufficient staff to meet people's needs and staff had time to spend with people.

Risk assessments were carried out and promoted positive risk taking which enabled people to live their lives as they chose.

People received their medicines safely.

People continued to receive effective care from staff who had the skills and knowledge to support them and meet their needs.

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

People were supported to access health professionals when needed and staff worked closely with health and social care professionals to ensure their health and well-being was monitored.

People's nutritional needs were met.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion. Staff respected people as individuals and treated them with dignity.

People were involved in decisions about their care needs and the support they required to meet those needs. People had access to information about their care and staff supported people in their preferred method of communication.

Staff also provided people with emotional support. The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly and their views were sought and acted upon.

The service was well led by a registered manager who promoted a service that put people at the forefront of all the service did. There was a positive culture that valued people and staff and promoted a caring ethos.

The service had strong links with the local community.

The registered manager monitored the quality of the service and strived for continuous improvement. There was a very clear vision to deliver high quality care and support and promote a positive culture that was person-centred, open and inclusive. This achieved positive outcomes for people and contributed to their quality of life.

The registered manager was effectively supported by the providers' senior management team.

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 remains good

Is the service effective?

Good ●

The service remains good

Is the service caring?

Good ●

The service remains good

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good

Ellenborough Court

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 the 24 June 2018. It was an unannounced inspection. This inspection was carried out by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

We spoke with one person, three staff members, and the registered manager. We looked at four people's care records, six staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care. After the inspection we contacted three health and social care professionals and the local authorities' contracts and compliance team.

Is the service safe?

Our findings

The service remains safe.

People told us they felt safe, with one person saying, "The staff are good. Any problems, I go to them. I definitely feel safe." There were processes in place to protect people from the risk of abuse or harm, and these contributed to people's safety. Staff knew how to protect people from harm and had received relevant training in this subject. The registered manager knew their responsibility to report issues relating to safeguarding to the local authority and the Care Quality Commission.

Staff could describe to us the types of abuse people were at risk from, and what they would do if they were concerned. The risks involved in delivering people's care had been assessed to help keep them safe. These risk assessments gave detailed guidance and were linked to support plans. The assessments identified any hazards that needed to be considered and gave staff guidance on the actions to take to minimise the risk of harm. Examples of risk assessments relating to personal care included people's mobility, nutrition, mental health support needs and medicines. These records had been regularly reviewed and updated.

We received feedback from one community professional regarding one person's risk assessments for community-based activities. They told us that they thought they were excellent and made a positive contribution to the person's life in the community.

Staff attended and contributed to a handover meeting between teams at the beginning and end of their time at work. Any changes that had occurred in people's needs during that period, were shared and discussed. This meant staff had up-to-date information about how to manage and minimise risks.

General risk assessments had been carried out in relation to the home environment. These covered areas such as fire safety, the use of equipment, infection control and the management of hazardous substances. The risk assessments had been reviewed on an annual basis unless there was a change of circumstance. This ensured people living in the home were safeguarded from the risks of any unnecessary hazards.

There were enough staff to meet people's needs and people we spoke to confirmed this. People living at Ellenborough Court all received support from an allocated member of staff throughout the day. Records we reviewed showed that staff had undergone an interview process and checks to ensure that they were safe to work at the home.

Any staff shortages were covered using existing staff or bank staff. This ensured that staff who worked at Ellenborough Court were familiar with those people who lived there, and had a good understanding of their needs.

People received their medicines when they needed them from staff who were competent to provide this. The shift leader completed four daily audits of stock and daily checks of records. These records showed that people had received their medicines when they needed them. People told us that they had consented where

appropriate, to the service managing and administering their medicines on their behalf.

The registered manager confirmed everyone had safe storage of medicines within their own flats. However, one person chose not to. This allowed a more person-centred approach to medicines management.

During the inspection the communal areas, such as the stair ways and entrance hall within Ellenborough Court was undergoing refurbishments. Major work was also being completed within people's flats. People all had holidays planned during this time to minimise disruption. People were supported to keep the home clean by staff who were supportive in promoting this as an area in people being independent.

The registered manager had procedures and checks in place to maintain infection control, including the introduction of different coloured personal protective equipment (PPE) for different areas of people's flats to further reduce any chance of cross infection. They showed us how they had a system in place to learn from any accidents or incidents, to minimise the risk of reoccurrence. This meant the feedback and analysis of where things went wrong was used to make improvements to people's care.

Is the service effective?

Our findings

The service continues to be effective.

People had enough to eat and drink. Staff supported people to plan their meals for the week ahead. Records showed people received the foods they had asked for. Staff told us that menus were varied, nutritious and well balanced. One person had received support from the local Speech and Language Team (SALT). There was detailed advice and guidance within their support plan about how their food should be served to minimise the risk of choking.

People were supported to attend a range of healthcare appointments to meet their individual needs such as GPs and dentists. Any specialist health care advice received, for example, easy read literature on medical treatments was included within their care plan documentation. Each person had a care passport that would be used if they needed to go into hospital. This included, "Things you must know about me", "Things that are important to me" and "My likes and dislikes." This would assist hospital staff to provide care in a person-centred way that suited the individual. People had the equipment needed to meet their individual needs.

People had access to phones and staff told us that people enjoyed the privacy and independence this gave them to keep in touch with friends and family, one person told us they like to speak with their family to tell them their news. Staff told us they used the internet to support people to make choices about furniture and booking theatre trips.

Staff demonstrated a thorough understanding of involving people in decisions and asking their consent before providing care and support. This was documented within care plans. Staff knew people very well and recognised they could give consent for day to day living decisions, but may need additional support with understanding more complex decisions, such as issues to do with their health.

A good example of best practice in this area brought to our attention by the registered manager was the work that had been completed with someone living at Ellenborough Court around a certain aspect of personal care. Despite the process taking well over 12 months, with staff challenging health and social care professionals for not following best practice guidelines, the service set a precedence around this issue and the outcomes for the person were extremely positive.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Where appropriate applications had been submitted by the registered manager.

Staff continued to receive training in a variety of subjects including safeguarding, medicines, first aid, infection control and food hygiene. Specialist training had also been provided in relation to positive behaviour support, and "Sex and the 3R's: Rights, Responsibilities and Risks", which is a sex education resource that provides a framework for staff to undertake sex education with people with learning

disabilities.

Staff attended supervision meetings regularly and told us they felt well supported in their role. A staff member told us the registered manager was, "Very supportive. If we ask for something it is done." Another staff member told us, "She is so patient with me. She has been 100% supportive."

Is the service caring?

Our findings

The service remained caring.

The registered manager told us that they put caring for people who used the service first. Staff told us that people were treated as individuals; their values and beliefs were respected and were treated with care and compassion without exception. Staff spoke warmly about the people they supported. They displayed a knowledge of their background, history and the support they required. People told us they got on with the staff who, "Are all very nice". One person who lived at Ellenborough Court said, "I have been here 10 years I wouldn't want to live anywhere else."

One health and social care professional told us, "Ellenborough Court doesn't have a high turnover so staff get to know people really well and develop good caring relationships. The staff work in a very person-centred way and have great knowledge about the service users' needs."

Staff were mindful that Ellenborough Court was where people lived first and foremost, and treated it as a home, rather than a workplace. This meant that care was person centred and interventions designed to meet people's needs in the way they wanted. One health and social care professional told us that staff were, "Very caring and understanding of people's wishes and needs." We saw evidence that staff were considerate to people's wishes and dreams. We spoke with one person who had recently been to Paris. They told us they had always wanted to go and [name] the registered manager sorted it out and booked it. They were now planning another city break with support of the staff.

Most of the people supported at Ellenborough Court could meet their own personal care needs and were encouraged to do so. Where people required assistance, we were told that staff were diligent and respectful of privacy.

People had access to independent advocacy services, and were supported to access these when required. Care records and information held about people was stored securely in the main office to maintain confidentiality and prevent information being used inappropriately. Records for people documented their interests and what they enjoyed doing. They indicated any specific cultural or religious requirements, and people told us they were supported to practice their faith.

The registered manager told us, "We respect the gender, race, religion or beliefs of the people we support. We support them in positive relationships with others regardless of the sexual preferences. We support people say what they think about all aspects of their lives". People told us this was the case and that they were always offered choice in the delivery of their support, and involved in making decisions about their own care.

Is the service responsive?

Our findings

The service remains responsive.

People were supported to make decisions and choices based on their preferences and wishes. We observed staff discussing people being offered choices about how they spent their time. People said and staff confirmed, "I go out all the time. Some days I go out to two or three things if I want". One health and social care professional we spoke to told us that the service provided personalised care. They said, "Everything is focused around the person and what they want and need".

People's support was based around their needs, choices and aspirations. The registered manager told us, "People's support plans are living documents; things change constantly, what people want also change". Staff spoke about people achieving their goals and aspirations with pride. People were supported to achieve these goals. For example, one person wanted to be part of staff training around the use of "Makaton" which is a language that uses signs and symbols to enable people to communicate and the registered manager confirmed this is now what happens.

The service had taken good practice guidelines into account when supporting people with additional communication needs. Staff shared important information about people's communication and other needs, with other professionals.

People met with their key working team every four to six weeks to discuss any changes they wanted to make to their support and regular activities.

Health and social care professionals confirmed that they were involved in reviewing people's care. Some people had seen changes in their relationships with family members due to them becoming older. One person's family member was no longer able to visit and staff supported the person to understand this change. To maintain the relationship staff supported the person to visit their relative. The registered manager told us that it was an open door for friends and relatives. Some people went to see their relatives on a regular basis.

Staff told us that there were strong links with the local and wider community, for example attending the local college and swimming pool.

There was an easy read complaints policy on the wall and people had a copy in their flats. There had been no complaints. People at the service told us that they were happy. The registered manager told us, "It's an on-going thing and we encourage people to talk to us as much as possible and to let us know their views, if someone says they don't like something we change it".

No one at the service was currently being supported with end of life care. However, we saw that end of life wishes were recorded in some people's files and the registered manager could explain why other people had not wanted to talk about planning for the end of their lives, mainly due to their young age. The

registered manager had completed end of life training. Staff told us they had been supported by them to support someone living at Ellenborough Court to deal with a recent bereavement. The registered manager told us that they were looking at more training for staff as people were getting older as were their families. This showed the provider had given care and consideration to supporting people with end of life planning and bereavement.

Is the service well-led?

Our findings

The service remains well led.

Ellenborough Court 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.

People and staff all stated that the registered manager was a, "Fantastic manager" and "She's open and transparent, that important." All staff said they felt appreciated by the registered manager. The registered manager told us that, "They felt rewarded and recognised by the provider and I try to do this for my staff, and as I know them really well, I know if something is bothering them and I offer support if needed." An on-call system was in place but the registered manager made themselves available as much as possible, and they used telephone messaging to be available to answer queries when they were not in the service.

A clear management structure was in place, which included shift leaders. There were clear lines of reporting. The whole staff team were provided with training and support and encouraged to undertake further qualifications to assist them in their roles.

There was an effective quality monitoring system in place to help drive continuous improvements to the care that people received. Audits were completed to ensure constant compliance at all times. The registered manager and other staff members conducted regular and comprehensive internal audits. Audits covered health and safety, quality governance, staffing and recruitment, out of hour's checks and, environment checks. Our observations supported these findings.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

It was clear the registered manager knew the care and support needs of the people who used the service. The atmosphere at the service was welcoming and open. Staff morale was good and staff said they felt confident in their roles. All staff we spoke with told us they would recommend the service as a place to receive care and support and as a place to work. Comments included, "I love it here, it's the best job I have ever had, I would recommend it to the right people." It was evident the culture within the service was open and positive and people came first.

People were supported by a staff team who were proud to be part of the service. People were actively supported to access their local community facilities such as the GP surgery, local shops, cafes, leisure centre and supermarkets. Staff said they felt supported by the registered manager. Regular staff meetings and surveys were completed which offered staff an opportunity to make suggestions

and provide feedback.

The service had good person-centred values, centred on ensuring care and support met people's preferences and needs. Staff meetings were held and staff told us that they looked at policy updates and completed, "Bite size" training. Staff also stated they could meet with the registered manager, more frequently on a one-to-one basis, if needed to discuss any concerns or receive any updates. Staff told us team meetings took place and they found them useful.

Accidents and incidents were analysed to look for any themes or trends and help prevent a re-occurrence. These were then used to determine whether further control measures such as involvement of a multidisciplinary team was required. Information was fed back to staff through the team meetings.

The service worked effectively with other organisations to ensure co-ordinated care. The registered manager told us they attended local provider forums and with the providers' senior management team to keep updated and share best practice. They informed us they work in partnership with the local authority contracts and compliance team and the NHS. The manager and staff work in partnership with other agencies such as district nurses, learning disability team, GP's social workers and the providers' clinical team to ensure the best outcomes for people. This provided the registered manager with a wide network of people they could contact for advice.

Following the inspection, the registered manager contacted us to inform that they had been nominated for the Care Quality Commissions (CQC) 'Driving Improvement in Health and Care – Individuals who have made a difference' and was successful. In addition, the registered manager and the staff team at Ellenborough Court have also been nominated for the Care and South West Awards 2018. The team is in the Category of 'Specialist Care in Learning disabilities / mental health' and the registered manager in the category of 'Registered Manager'. They have been shortlisted into the final.