Extel Limited

CTTM Elmfield Cottage

Inspection report

Alcester Road
Hollywood
Birmingham
Worcestershire
B47 5NS

Tel: 01214304297
Website: www.cttm.co.uk

Date of inspection visit:
24 January 2017

Date of publication:
21 February 2017

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

This inspection was undertaken on 24 January 2017 and was unannounced.

The provider of Elmfield Cottage is registered to provide accommodation and personal care for up to five people who may have learning disabilities. At the time of our inspection three people were living at the home.

At our last inspection, the service was rated Good.

There was a registered manager in post who was supported by a deputy 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 who used the service were safe as the provider, registered manager and support staff had a clear understanding of the risk associated with people's needs as well as activities people chose to do. There were sufficient numbers of suitably qualified staff, who had a good understanding of protecting people from the risk of abuse and harm and their responsibilities to report suspected abuse.

Medicines were administered by staff that had received training to do this. The provider had procedures in place to check that people received their medicines as prescribed to effectively and safely meet their health needs.

Where appropriate, include the following about Mental Capacity Act People are supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People told us they were supported by staff to make their own choices and decision's about their care and support. We saw people were actively involved in how their care was planned and their needs met.

People told us they had positive relationships with the staff supporting them. Staff assisted people in a number of ways to maintain their health and wellbeing such as choosing menus; cooking and helping them access health and social care services.

People's needs were assessed and changes communicated to staff, who responded appropriately. People's interests and preferences were documented and they were encouraged to pursue social events and areas of interests of their own choice.

Effective quality assurances processes were in place to ensure continuous improvement of the service provided. People's views and comments were listened to and used as part of the quality assurance process to look to make continuous improvements.

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

This service remains Good.
People's risks were managed well to ensure their safety.
Staff understood the signs of and how to report abuse.
People's medicines were administered and managed safely.

Is the service effective?

Good

This service remains Good.
People were supported by staff that had access to training and supervision and who understood the importance of obtaining a person's consent. People's ability to make decisions was understood by staff. People had access to a variety of health care professionals and made choices to support a healthy lifestyle.

Is the service caring?

Good

This service remains Good
People liked and felt cared for by staff who understood their individual needs.
Staff relationships with people were caring and supportive to enable people stay as independent as possible.
.

Is the service responsive?

Good

This service remains Good.
People received care and support which was personal to them and took account of their preferences.
People and their relatives knew how to make a complaint.
People and their relatives were confident their concerns would be listened to by the registered person and acted upon.

Is the service well-led?

Good

This service remains Good.
The registered manager visions and values centred on the people they supported. They sought feedback from people and their relative's. These views and suggestions were taken into account to improve the service provided.
Quality assurance systems were in place to assess the quality

and safety of the service received to drive continuous improvement.

CTTM Elmfield Cottage

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 visit was unannounced and took place on 24 January 2017. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the information held about the provider and the service including statutory notifications. Statutory notifications include information about important events which the provider is required to send us.

We asked the local authority if they had any information to share with us about the services provided at the home. The local authority is responsible for monitoring the quality and funding for some people who use the service. Additionally, we received information from Healthwatch, who are an independent consumer champion who promote the views and experiences of people who use health and social care.

During our inspection we spoke with three people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We spoke with two relatives of people living in the home via the telephone, following our inspection.

We spoke with the registered manager, the deputy manager, one senior support worker and four support workers. We looked at records relating to the management of the service such as, care plans for two people, the incident and accident records, medicine management and service review notes and questionnaire reports giving analysis of people's feedback.

Good

Is the service safe?

Our findings

When we asked people if they felt safe living at the home. One person told us, Yes I feel safe here, staff are nice." A relative said, "I do feel [Person's name] is safe living at Elmfield Cottage."

Staff told us they had received training in safeguarding and were able to identify the different types of abuse. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the deputy manager or the registered manager, so steps were taken to keep people safe. Staff told us they were confident the registered manager would always take the appropriate action. One staff member said," [Registered manager's name] would take concerns higher if I reported it to them." The registered manager understood their obligations to report for safeguarding people and understood they could speak with the local authority of concerned about people they were supporting.

People's risks to their health had been identified, reviewed and updated. We reviewed three care records that detailed how people may display anxiety and guidance on the appropriate action for that person. Staff told us they read plans and found the information helpful as it identified possible triggers and solutions, to de-escalate the situation.

The registered manager explained that each person living at the home had their staffing levels assessed before moving into the home. The registered manager told us staffing levels were based on the assessed care needs of people. They confirmed if there was an increase in the amount of support needed then the staffing levels would be changed to respond to this. Where in some instances people required two staff to care for one person in order to maintain their safety. We saw this occurred, for example, when one person wanted to go to the local shops two staff accompanied them.

We reviewed the registered provider's process for recruiting staff to work at the home. There was a system in place so that staff recruited had the necessary pre-employment checks to ensure they could work with people at the home. We saw that references has been sought and that staff had completed Disclosure and Barring Service (DBS) checks before commencing work. The DBS is a national service that keeps records of criminal convictions. Staff we spoke with also described the same process to us and confirmed they completed the necessary checks before commencing work at the home.

We saw that medicines were administered and managed safely. There were appropriate facilities for the storage of medicines. We saw that written guidance was in place if a person needed medicines 'when required.' These medicines were recorded when staff had administered them and the reason why, usage could be monitored. We saw daily medicines checks took place to identify any errors or gaps to reduce the risk to people of not receiving their medicines and so action could be taken place promptly to reduce risks to people's health and welfare. Staff administering medicines had their competencies checked annually to ensure they followed the provider's medicine policy and procedures.

Good

Is the service effective?

Our findings

People we spoke with felt the service was effective, as care staff knew how to meet their needs. A relative told us, "They [staff] have succeeded with [Person's name] where others have failed."

Staff also confirmed they had additional training in specialist area such as epilepsy training and felt competent to carry out support to people with complex needs. Staff told us they felt supported and were encouraged to improve their skills and to consider their professional development at one to one supervisions and group meetings.

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 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).Two people had an authorised DoL in place. Staff we spoke with understood the restrictions and how they affected people's care.

.

Each person living at the home had their individual, 'Health Action Plan'. These recorded all health appointments and their outcomes, to help people maintain good health and wellbeing. people were supported to see doctors, dentists and dieticians when they were required. A relative told us, "They [staff] do tell me if [Person's name] has required any medical help". On the day of our inspection one person asked to see their doctor, but later that day they refused to attend. We saw staff discuss the reason why they had decided this, but respected their decision and cancelled the appointment on their behalf.

People were happy with the supported to eat and drink. Staff were aware about individual people's diets in order to assist them stay healthy. For example one person had diabetes. Staff were aware they should follow a low glucose diet in order to stay healthy. People were given choice of menus to suit their individual tastes.

Good

Is the service caring?

Our findings

All the people we spoke with told us, staff were caring towards them. One person said, "I really like [staff member's name] they help me". The provider had a key worker system in place. A key worker is a member of staff allocated to a person to offer them support, advice and promote the highest quality of life for people. Another person said, "I like my keyworker they help me choose what I want to wear." A relative said, "I have a good relationship with the staff, they bring [Person's name] for home visits and help me catch up with what they've been up to."

We saw staff took time to check with people if they needed assistance with personal care to make sure people were comfortable and happy with the care they received. Staff spoke kindly with people and took time to listen to what people were saying to them. Throughout the day of our inspection we saw staff offer one person lot of reassurance due to their anxieties. Phrases used included "Yes [Person's name] you are doing really well." We saw the person walk away smiling.

We saw where people made their choices known to staff, these were listened to. Staff we spoke with told us, they enjoyed supporting the people living at the home and were able to share a lot of information about people's needs, preferences and life histories. One staff member said, "This job is very challenging but I do love it." Where some people preferred to spend time in their room it was their choice and staff respected their decision. Staff knew it was very important for one person do have lots of outdoor activities, they particularly liked animals. We saw the person was involved in lots of opportunities to further this interest. The deputy manager told us, how people and their key worker sat down together to discuss the contents of their support files to ensure they understood and agreed decisions about their care.

People were encouraged to maintain their independence. At lunchtime we saw staff help people prepare their lunch in the kitchen. Staff made this into a fun event we heard lots of laughter and joking between the people and staff.

People were treated with dignity and respect. We saw that staff ensured people's privacy by knocking on people's bedroom door before entering. Staff were aware and sensitive of people's sexual orientation. The deputy manager told us they were working closely with professionals to offer additional support for people, to find the best way to promote and maintain their privacy and dignity.

Good

Is the service responsive?

Our findings

People told us, they received care and support from care staff who understood their individual needs. One person said, " I like [staff' member's name] they go walking with me….I got [staff name] walking." We saw how staff to supported people's choices. On the day of our inspection we saw one person had chosen to go to the gym. When they returned they told us, "I've had a good time at the gym after I went in the jacuzzi." We saw another person had chosen to play on their games console and saw a member of staff joined them in the game.

People supported staff to complete a detailed assessment of people's needs which formed their support and care plans. These included people's preferences and routines which had been compiled in conjunction with the person and their relatives. Where people did not have contact with their relative, the provider had sought help from an advocate to support the person in these decisions. Staff we spoke with had a good understanding of people's preferences, routine's and support needs. We saw details and photographs were recorded of how people preferred to pursue their favourite past times and interests. We saw a weekly planned timetable of what each person wanted to do, was devised in a pictorial format, for ease of understanding for people. Although the deputy manager told us, "These plans are flexible, if the person changes their mind it doesn't matter. We sit down with each person to decide what they would like to do."

People's wellbeing was documented in daily records. We saw when people needed care and treatment from other professionals the registered manager and support staff supported the person with any advice and actions they needed to implement in their daily lives. For example, assisting people to make a doctor's appointment where they felt their physical and medical health had deteriorated.

Where physical intervention by staff had been required, incident forms were completed to record the details of the incident, time and circumstances. People and the staff involved were offered a debrief meeting, in the hope it would prevent a further occurrence. All incident forms were signed and monitored by the registered manager and the provider, to check for patterns and triggers. One relative told us, the effectiveness of such management had resulted in much lower occurrence of incidents for their family member. Where one person was moving to a supported living house on the same site. The current support staff were hoping to continue supporting them, because they had developed a positive relationship with them." [Staff name] and [staff name] are brilliant with them."

All the people we spoke with told us if they wanted to raise complaints they knew who to speak with. The complaints procedure could be accessed in different formats to aid people's understanding. There were arrangements for recording complaints and any actions taken. Although the provider had not received any complaints in the last twelve months, a system was in place to respond to such complaints.

Good

Is the service well-led?

Our findings

Since our last inspection the provider had employed a new 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.

All the people, their relatives and staff spoke positively about the registered manager. One person told us, "[Registered manager's name] is very good." A relative said," [Registered manager's name] has been really supportive helping me." A member of staff described them as "Fantastic, they've personally given me a lot of support." A relative told us the registered manager had worked in partnership with other agencies such as social workers and community nurses to help their family member progress into moving into more independent living accommodation.

The staff we spoke with told us they felt the registered manager was person centred, approachable and they felt involved in the running of the home. The registered manager took responsibility to complete all the staff supervisions, so they could get to know the staff and discuss their individual performance and concerns. All the staff said the registered manager was approachable and they were comfortable talking with them at any time. The registered manager said, "It's important I have an open door policy, so people living here and staff can discuss any concerns with me."

Staff reported incidents and concerns, ensuring the provider could identify and respond to risks to the safety and welfare of both people and staff. Where there had been incidents learning had taken place and actions taken to reduce the risk of repeat incidents. We saw when a medicine error had occurred. The incident had been reported, investigated and the staff involved were retrained.

We saw how the registered manager and the provider monitored the quality of the support delivered. There was a system for quality monitoring within the home which included a number of quality audits. For example a monthly audit of care records, staff files and medicines. Where areas for improvement were identified we saw that actions had been taken. For example in the Dignity of Care audit it had been identified two staff had not completed all their training. We saw the staff concerned had training scheduled.