Cambian Learning Disabilities Midlands Limited

Eleni House

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 6 April 2017 and it was unannounced.

Eleni House is a residential care home that provides care and support for up to eight people who have a learning disability, complex needs and/or autistic spectrum disorder. At the time of our inspection there were eight people living in the service.

At the last inspection, the service was rated good and at this inspection we found the service remains 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.

People received a safe service and were protected from the risk of harm. There were enough staff who had been safely recruited to help keep people safe and to meet their needs. Medicines management was good and people received their medicines as prescribed.

People were cared for by experienced, supported and trained staff. The service supported people to have as much choice and control over their lives in the least restrictive way possible.

People had a choice of balanced, healthy and nutritious meals and were able to eat their meal where and when they wanted. Nutritional assessments were in place which identified what food and drink people needed to keep them well and what they liked to eat.

People received support that was personalised to them and met their individual needs and wishes. People were encouraged to be as independent as possible but where additional support was needed this was provided respectfully. Staff respected people's privacy and dignity and interacted with people in a caring, compassionate and professional manner.

People and their relatives were fully involved in the assessment and care planning process. Their care plans had been regularly reviewed to reflect their changing needs. People were encouraged and supported to participate in a range of activities to suit their individual interests. Complaints were dealt with appropriately in a timely way.

Relatives were positive about the quality of the service. The registered manager and the staff team were committed to providing people with good quality person centred care that met their needs and preferences. There were effective systems in place to monitor the quality of the service and to drive improvements.

The service met all relevant fundamental standards.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Eleni House

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 checked 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 6 April 17 and was unannounced. The 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 some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with information we held about the service such as notifications. Notifications are the events happening in the service that the provider is required to tell us about. We used this information to plan what areas we were going to focus on during our inspection.

Due to their complex needs, we were unable to speak with people using the service about their views and experiences. We therefore spent time observing the care and support they received.

We spoke with the registered manager and three support workers. We also spoke with an independent advocate who provided an advocacy service to those using the service on a regular basis and we spoke with two relatives.

We looked at a range of records which included two people's care records, three staff recruitment files, training records and records in relation to the safe management of the service, such as audits and environmental checks.

Good

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and the rating remains good.

People were protected from protected from abuse and relatives told us that they felt the service was safe. One relative said, "Oh goodness, gracious, yes it is safe. I don't worry about [person] at all." Staff demonstrated a good understanding of how to protect people from the risk of harm and had received training in safeguarding. Staff were aware that they could report any safeguarding concerns to CQC and/or the local authority. There were clear policies, procedures and guidelines for staff to refer to when needed and safeguarding issues had been dealt with appropriately.

Risks to people's health and welfare were well managed. We saw how staff supported people with their mobility when walking around the home. There were risk assessments and management plans in place to minimise any risks to people's health, safety and welfare. Staff described to us how they kept people safe.

Occasionally people became upset, anxious or emotional. Plans were in place for people to provide guidance to the staff on how to support that person which included the strategies to use to prevent the person becoming upset and to keep them and others in the service safe. For example, to massage the person's hands and to allow them space. One relative said, "[Person] does not like change and they are very settled here. Everything is good and [person] is being looked after well."

Relatives told us there were sufficient numbers of staff to meet people's needs. One relative said, "[Person] has one, two or three to one staffing as they need it, dependent on what they are doing." The registered manager had a good understanding of the hours of support that people required to meet their assessed needs. Where people were funded for specific hours, we saw that this was provided. Staff also told us that there were enough of them to care for people safely. The service had a robust recruitment process in place where all of the appropriate checks had been carried out before staff started work. We saw that staff were attentive to people's needs and requests for assistance were responded to promptly.

Medicines were well managed. We carried out a random check of the medicines system and observed these being administered. We found that the system was in good order with clear completed records and we saw that medicines were administered appropriately. We saw that people received their medicines at the required time and that staff didn't rush them. Staff had been trained and had their competence to administer medicines regularly assessed. People received their medicines as prescribed.

Good

Is the service effective?

Our findings

At this inspection we found staff had the same level of skills, experience and support as they did at the previous inspection and the rating remains good.

People were cared for by staff who said they felt supported and valued. Staff told us, and the records confirmed that they had regular supervision and appraisals. One staff member said, "I have supervision every one or two months. I can be open and honest as the registered manager is approachable. If I need [registered manager] they are there." Another staff member said, "Supervision is helpful and any issues are discussed regarding performance." Staff said, and the records confirmed that they had received a range of training appropriate for their role which had been regularly updated. One staff member said, "Training makes you feel more confident to deal with a situation." People were cared for by competent staff.

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 Mental Capacity Act 2005 (MCA). The procedures for this in care homes and hospitals are 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 were being met. Where needed, DoLS applications had been made to the local authority. Staff had been trained and understood the importance of gaining consent from people, although they would benefit from some additional training to refresh their knowledge regarding the MCA and what this means for people. Records identified people's capacity to make specific decisions and how they would demonstrate this, for example, one care plan said, "I will show by my actions if I want to take part." Where decisions were made in a person's best interests, appropriate people were involved in making the decision and this was recorded. The advocate confirmed that the staff team were always working in people's best interests. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People's nutritional needs were assessed and they were provided with enough to eat and drink and supported to maintain a balanced diet. Staff had a good understanding of people's dietary needs and preferences and people could choose where to eat their meal and this choice was respected. Where people required support to eat, this was provided in a polite, kind and sensitive way, although we observed that there could have been more interaction with some people during mealtime to enhance the experience. The registered manager had identified this issue and was addressing it through supervision with individual staff members.

Care records included a Health Action Plan (HAP) which detailed the actions needed to maintain and improve the health of the individual and any help needed to achieve them. When needed, people were supported to access relevant health services. We saw records of visits to health care professionals in people's files and people had annual health checks with their GP.

Good

Is the service caring?

Our findings

At this inspection we found that people were still cared for by kind, caring and compassionate staff and the rating remains good.

Relatives were very complimentary about the care provided by the staff team. One relative told us, "They [staff] couldn't be more caring. They are so good with [person]. Another relative said, "I have no concerns. They [staff] are doing the best for [person]."

The atmosphere within the service was welcoming, relaxed and calm and staff had developed positive and caring relationships with the people they supported. People were happy and we saw that staff had a good rapport with the people they were supporting. Staff provided people with a supportive and caring place to live.

Staff we spoke with were enthusiastic about their role. One member of staff said, "I love my job. We are a good team and we work well together." Another commented, "All of the people here are very individual and have got great personalities. The best thing is the happy atmosphere." Staff told us that care plans contained detailed information to enable them to provide support in line with people's wishes. They were given time to read these during their shifts as the information changed and was updated regularly. This enabled staff to get to know people well.

People were involved, where possible; in decisions regarding their care and support and where this was not possible, relatives and the independent advocate were fully involved as and when needed. The advocate told us that the registered manager and staff team were very receptive to any advocacy input. This ensured that those being supported were at the centre of any care and support that they received. The advocate told us that staff had an in depth understanding of people's needs and that people living at the service were happy and settled.

People's care plans provided good information about their preferences and described how they wanted staff to care for them. Staff promoted people's independence and encouraged and supported them to do as much as they could themselves. For example one care plan said, "Encourage me to take my dirty laundry to the laundry room." Another said, "Help me with my personal care using your hand over my hand." We saw people being appropriately supported to move around the service during our visits.

People were supported and encouraged to maintain relationships with their families. The registered manager told us that visitors were welcome at any time. This was confirmed by the relatives we spoke to and we saw that one person had a visitor on the day of inspection.

Good

Is the service responsive?

Our findings

At this inspection we found that people still received personalised, responsive care that met their individual needs and the rating remains good.

People's needs had been fully assessed before they moved into the home and their care plans had been developed from the assessment process. Care plans were personalised and sufficiently detailed to provide guidance to the staff team on the level of care and support each person needed. They described people's likes and dislikes and provided information about their background to help staff to care for people in a way that they preferred.

People were encouraged to make choices and express their preferences. One care plan said, "Give me short instructions and give me time to respond." We saw that staff were patient and gave people the time they needed to process information. Staff knew the best way to communicate with people effectively and we observed staff communicating well with people by responding to signs and body language. One staff member said, "[Person] has different vocal noises and we learn what these mean." Staff adapted the support that they provided to ensure positive outcomes and that people's preferences were respected.

People received care and support specific to their needs and were supported to participate in activities which were important to them. People accessed the community on a regular basis including trips to the zoo, Duxford air museum and swimming. One person had recently begun a cycling activity. People had goals they were aiming to achieve to ensure that they continued to try new things and learn new skills, For example, one person had been having reflexology and another, who found having a haircut difficult, was now having a haircut on a regular basis.

On the day of inspection, four petting dogs visited the service. One person was throwing a ball for the dogs and one person came out of their bedroom and sat in the lounge quietly watching what was going on. People were encouraged to interact with the dogs and the atmosphere was calm and people were happy and relaxed in the dog's presence.

People had two keyworkers, one who supported the person during the day and one who supported the person at night. The keyworkers were responsible for ensuring that care plans reflected people's needs, organised holidays and were the first point of contact for family members to liaise with. Monthly meetings were held with the staff team and advocate where each person's care plan, activities and wellbeing were reviewed to see if any changes could be made to further enhance the person's quality of life.

Bedrooms were personalised with people's own belongings and people were encouraged and supported to individualise their rooms with items that they liked to ensure they were comfortable within their environment.

Relatives and the staff team told us that the registered manager took any concerns seriously and resolved matters quickly. There was a good complaints process in place and a pictorial complaints process

displayed. One complaint had been received in April 2016 which had been investigated fully and responded to appropriately.

Good

Is the service well-led?

Our findings

At this inspection we found that the service still provided people with a well led good quality service and the rating remains good.

There was a registered manager in post. The registered manager promoted an open, positive person-centred culture where relatives and staff felt that they could raise issues at any time. Relatives and the staff team told us that they felt the service was well led. One staff member said, "[Registered manager] is approachable and we talk often which is good." Another staff member said, "The service is well organised and the manager is approachable. I have no problems."

Views and opinions on the service were encouraged by the registered manager through regular meetings. Records showed that discussions had taken place where the food, the care and health and safety concerns were discussed. Action had been taken to make any required improvements to the service, such as staff wearing a 'do not disturb' tabard when administering medicines.

The registered manager analysed any incidents that occurred within the service and made changes where required. For example, when one person continuously became unhappy during the staff handover time, one staff member sat and had a cup of tea and a biscuit with the person while the other staff took part in handover. This resulted in the situation being resolved.

The registered manager carried out annual quality assurance surveys where feedback had been sought from people's relatives. The 2016 survey results were all positive. Surveys had been completed by the staff team and included comments such as, "I love working with the residents and seeing them smile and be happy." Where staff had fedback areas that could be improved, action had been taken to address these.

The quality monitoring system was effective. The registered manager carried out a monthly self-audit to check on a range of areas such as the environment, training, incidents and staffing. They also completed checks on the medicines system to ensure that people received their medication correctly.

We saw that there were written compliments which included, "Staff are brilliant and [person] couldn't be in a better place." and, "Thanking Eleni House staff for keeping [person] relaxed, safe and happy."

People's personal records had been stored safely in locked offices when not in use but they were readily accessible to staff, when needed. The registered manager had access to up to date information. This was shared with staff to ensure that they had the knowledge to safeguard people, protect their well-being and provide them with a good quality service.