

Vivre Care Ltd

Ellenbrook 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

This inspection took place on 24 August 2017. The inspection was unannounced.

The inspection was carried out by one inspector.

The service provides specialist support and treatment for up to four people living with eating disorders. Some of the people receive care and treatment within the frameworks of the Care Programme Approach (CPA) and Community Treatment Orders (CTO) of the Mental Health Act 2007. There were four people being supported by the service at the time of this inspection.

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 felt safe. Staff had received training to enable them to recognise signs and symptoms of abuse and knew how to report them, protecting people from avoidable harm and abuse.

People had risk assessments in place to enable them to be as independent as they could be whilst being kept safe.

There were sufficient staff, with the correct skill mix, on duty to support people with their needs. Effective recruitment processes were in place and followed by the service to ensure staff employed were suitable for the role.

Medicines were managed safely. The processes in place ensured that the administration and handling of medicines was suitable for the people who used the service. Most people administered their own medication.

Staff received a comprehensive induction process and on-going training. They were well supported by the registered manager and had regular one to one time for supervisions and annual appraisals. Staff had attended a variety of training to ensure they were able to provide care based on current practice when supporting people.

Staff gained consent before supporting people and had signed consent within their care plans. People were supported to make decisions about all aspects of their life; this was underpinned by the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

People were able to make choices about the food and drink they had, and staff gave support when required.

People were supported to access a variety of additional health professionals when required. Staff provided care and support in a caring and meaningful way. They knew the people who used the service well. People and relatives were involved in the planning of their care and support. People's privacy and dignity was maintained at all times.

A complaints procedure was in place and accessible to all. People knew how to complain. Effective quality monitoring systems were in place. A variety of audits were carried out and used to drive improvement.

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been recruited using a robust recruitment process.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had attended a variety of training to keep their skills up to date and were supported with regular supervision.

People could make choices about their food and drink and were provided with support when required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were able to make decisions about their daily activities.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care plans were personalised and reflected people's individual

requirements.

People were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

Good ●

Ellenbrook 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 unannounced comprehensive inspection took place on 24 August 2017

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 checked the information we held about this service and the service provider. We also contacted the Local Authority. No concerns had been raised.

We spoke with one person who used the service. We also spoke with the registered manager, the clinical lead, the dietician, art therapist, the occupational therapist, a senior support worker and a support worker.

We reviewed two people's care records, two medication records, five staff files and records relating to the management of the service, such as quality audits.

Is the service safe?

Our findings

The person we spoke with told us they felt safe at the service, and would speak to a member of staff if they were concerned about their safety. Staff told us they had received training specific to safeguarding. They knew what constituted abuse and how to report any suspicions. One staff member said, "I would record it and report it to [name of clinical lead] who is our safeguarding lead." The provider had policies and procedures in place to safeguard people and staff. These included a whistleblowing policy. Staff we spoke with were aware of this and told us they would use it to report colleagues or poor practice if the need arose.

Each person had personalised risk assessments in place. These identified the risks they could be exposed to and the support they needed to minimise the risks. Risk assessments included; self-administration of medicines and food preparation. We saw they had been reviewed on a regular basis. Risk assessments for the house and environment had also been carried out.

The provider had a business continuity plan which covered a variety of potential issues including; flood, power failure and complete evacuation. This was to ensure people would still receive the care and protection they required in the event of an emergency. This had recently been reviewed.

Staff were recruited following a robust procedure. One staff member said, "I had to bring in a lot of documentation when I applied for the role." Documentation showed this had been carried out for all staff before they started.

Rotas we viewed showed there was enough staff with varying skills on duty to provide the care and support people who used the serviced required. One staff member said, "There is always enough staff around." We observed this during our inspection.

The provider had a three-stage system to assess whether people were able to manage their own medicine regimes. All four people managed their own medicines. People who took their own medicines had locked drawers to keep them safely in their bedrooms. Staff regularly audited people's medicines. This meant that they could easily check if people were taking their medicines as prescribed by their doctors.

Is the service effective?

Our findings

People were supported to have their assessed needs met by staff who had received appropriate training for their roles. One staff member said, "The training we have is good." Another said, "We have just done first aid, the trainer was very good and made it interesting." Some training was face to face and some was e-learning. All support workers had either gained or were working towards a nationally recognised qualification. The registered manager kept a training matrix to ensure all training was up to date.

Staff told us they were supported by the registered manager and other senior staff. One staff member said, "We have regular supervisions and are well supported." The registered manager also told us that they held group supervisions every two months.

It was the criteria for admission to the service that people had mental capacity to make decisions and give informed consent to their care and treatment. Therefore at the time of this inspection, the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards were not applicable because people's care and treatment was managed under the provisions of either the Care Programme Approach (CPA) or Community Treatment Orders (CTO) of the Mental Health Act 2007. 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 as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff showed a good understanding of consent and mental capacity. We observed staff gaining consent from people, for example, asking if they would like to speak with the inspector and if the inspector could access their care plan. Within care plans we found signed consent to care and treatment.

People's treatment plans included them being supported to consume enough nutritionally balanced food and fluids. We saw that people had individual nutritional plans and these were reviewed regularly by the dietician. Each person had their own cupboard in the kitchen and fridge/freezer space. They were supported to prepare foods by staff where necessary.

The service worked closely with people's GPs and other professionals to ensure that people were making good progress towards recovery. An occupational therapist, dietician and an art therapist were employed by the service to support people. One staff member said, "We support the whole person, our care is holistic." Within care plans we found evidence of additional healthcare support. On the day of our inspection one person had a doctor's appointment and had asked staff to accompany them, which they did.

Is the service caring?

Our findings

It was obvious from our observations that people were treated with kindness and compassion. One person we spoke with said, "They are all good. [Name of one staff member] is fantastic."

Staff knew the people they supported well. They explained they needed to know as much about the person to enable them to provide appropriate care and support. They also needed to gain the trust of people. We saw positive interactions between staff and people who were using the service.

We saw that people were actively involved and encouraged to make decisions. Care plans showed they were written with the person and in a person centred way. One person said, "We are all treated as individuals." They went on to tell us they knew what was in their care plan and had been involved in its development.

People were treated with privacy and dignity. Each person had their own room which they could keep locked. We observed staff knocking and waiting for a reply before entering. There was also a quiet room where people could go to be private and have one to one time.

People were encouraged to be as independent as possible; however, they still needed to attend a variety of sessions to aid their recovery. The clinical lead told us one person had been to college and completed their course whilst at Ellenbrook House. This had given them a lot of self-confidence.

People were encouraged to maintain relationships with friends and families where possible. One person was on home leave at the time of our inspection. The registered manager told us they went home on a regular basis and were well supported to do that.

Is the service responsive?

Our findings

Care plans we saw showed that people had been involved in their pre assessment which was used as a basis to develop their care plans. Care plans we saw reflected individuals care and treatment needs. These included; physical needs, psychological needs, weight management, meal planning and medication. These had been reviewed regularly.

Staff said, "We have a weekly Multi Disciplinary Team (MDT) meeting every Tuesday to discuss each individual." They went on to explain what was discussed and how this was fed back to the individual. This was to ensure all staff were aware of any progress and plans for the following week.

Staff told us that people had weekly meetings with a staff member to review the previous week's goals and to reflect on their past week. People were encouraged to write reflective diaries to monitor their own progress. This could then be discussed with a member of staff and appropriate support put in place if required.

People chose to engage in a range of educational, therapeutic and recreational activities. The provider employed an occupational therapist and an art therapist to assist people with their therapy. Each person had an individual occupational therapy assessment and had been supported by the occupational therapist to plan how they wanted to spend their time when they were not taking part in therapeutic activities. For example, we saw that some people liked to go for short walks a few times a day, attend the gym and aqua aerobics. Records showed this happened as planned,

One person told us they had been to visit their home town the previous day for an assessment as they were working towards moving on from Ellenbrook house back to their home town. They told us staff had been with them and had been very supportive to enable them to regain their independence.

The provider had a complaints policy. People were given information on how to make a complaint and it was also displayed in the entrance hall. There had been no formal complaints made. The provider had a concerns book where minor concerns were recorded along with the actions taken and an outcome. These had been actioned to people's satisfaction.

Is the service well-led?

Our findings

There was an open and inclusive culture in the service. Staff told us they had been involved in the development of the service. The registered manager was also the provider, they told us that the service was run as a family and staff and people who used the service were involved in every step of any development of the service as every one's opinion was of value.

Staff we spoke with told us they were able to speak with the registered manager/provider or any of the senior staff. One staff member said, "We have a lot of opportunities to speak with someone. We have one to ones, group supervision and the clinical staff have clinical supervision."

The registered manager told us that they had a whistleblowing procedure. Staff we spoke with were aware of this and were able to describe it and the actions they would take. This meant that anyone could raise a concern confidentially at any time.

There was a registered manager in post. People we spoke with knew who they were and told us they saw them on a daily basis. During our inspection we observed the registered manager chatting with staff and people who used the service and assisting people with their support. It was obvious from our observations that the relationship between the registered manager, the staff and people who used the service was open and respectful.

Information held by CQC showed that we had received all required notifications. A notification is information about important events which the service is required to send us by law in a timely way. Copies of these records had been kept.

The registered manager told us there were processes in place to monitor the quality of the service. These included; checking of fire escapes, fire doors and equipment and medicines. Records we viewed showed these were carried out regularly and records kept. Where there had been actions they had been completed in a timely way and signed off as complete.

As the service was unique they worked closely with specialist and consultants who worked with people with eating disorders. A leading consultant visited the service monthly for guidance and support.