

Elysium Healthcare (Healthlinc) Limited

The Cottage Specialist Residential Service

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

About the service

The Cottage Specialist Residential Service is a residential care home that was providing accommodation and personal care to four people at the time of the inspection. The service can support up to four people with a learning disability, autism and/or complex conditions including mental health problems.

The service was provided in a house, located on a residential street with individual bedrooms on the first floor and communal living areas on the ground floor. The service had been developed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service adjoined other specialist services for people with learning disabilities, autism and other complex conditions under the same provider. The management team had responsibilities for more than one service.

People's experience of using this service and what we found

People told us they felt safe at the service. Staff protected people from abuse and avoidable harm. Risks associated with people's health and safety were assessed and were well managed. Staff understood the risks and knew how to care for people safely. People received their medicines as prescribed. Processes were in place for the prevention and control of infection.

People had confidence in the ability of staff to deliver their care effectively. New staff completed a planned induction when they started work at the service and training records indicated staff received regular training required for their roles. Staff were encouraged to develop their knowledge and skills. Staffing levels were planned to meet people's needs and care was provided by experienced staff who had a good knowledge of the people they cared for.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff promoted people's independence and decision making whilst they were using the service. People were provided with a nutritious and balanced diet.

Care was personalised according to people's assessed needs and preferences. Good teamwork and information sharing ensured staff took a consistent approach to people's care. People had access to health professionals when needed and the staff team worked in partnership with health and social care professionals to ensure people received the support they needed to remain well. When complaints were made, they were investigated and managed in line with the provider's complaints policy.

The culture in the service was open, positive and honest with transparent management and leadership. Areas of responsibility and accountability were identified and the quality of the service was frequently reviewed. Audits were carried out and records kept up to date. Staff and people using the service felt involved and engaged.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 25 October 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

The Cottage Specialist Residential Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

The Cottage Specialist Residential Service is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We used all of this information to plan our inspection.

During the inspection

We spoke with three people using the service and six members of staff including the registered manager, the senior nurse, service lead and three care staff. We reviewed a range of records including two people's care records. A variety of records relating to the management of the service were also reviewed.

After the inspection

We reviewed additional information provided by the registered manager including the training matrix and staff rosters.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the service. They spoke about disturbances caused by other people using the service and said staff acted promptly to keep them safe. One person said, "Staff calm things down," and another person said, "Staff are very good at handling things."
- Information was displayed for people about adult safeguarding and how to raise a concern and easy read booklets on the subject were readily available.
- Staff had completed training in adult safeguarding and had access to a whistleblowing policy. They were aware of procedures to safeguard people from abuse. They said they would report any concerns to one of the management team and they knew how to escalate concerns if they felt it was necessary.

Assessing risk, safety monitoring and management

- People's care records contained risk assessments to identify risks to people's health and safety and their care plans included actions to reduce those risks.
- Staff were knowledgeable about each person's individual risks and how to reduce them. This included actions to support people who could sometimes behave in a way that could put their own safety at risk or be challenging for others.
- The required risk assessments and maintenance checks related to the buildings and environment were completed.

Staffing and recruitment

- Staffing and recruitment were safely managed. There were sufficient staff to meet people's needs and people received support from a consistent group of staff.
- People told us staff were available when they needed support and staff said they felt there were sufficient staff to provide safe levels of care and provide one to one support when it was required.

Using medicines safely

- Systems were in place for the ordering, management and administration of medicines. However, the room used to store medicines was also used as an office and was not always fully secure, although the room was locked when unattended. This was on the risk register for the service and plans were approved to upgrade the facilities and create a separate medicines room within the coming months. Room and fridge temperatures were not always recorded daily. The registered manager agreed to ensure these were recorded consistently in the future.

- Staff completed regular medicines administration training and their competency was assessed. People received their medicines regularly and people told us staff explained their medicines to them. Information was available about medicines that were prescribed to be given only when needed, to ensure they were administered consistently and not overused.

Preventing and controlling infection

- Staff were aware of the precautions needed to prevent and control the spread of infection and used personal protective clothing and equipment appropriately.
- Cleaning schedules were completed to ensure all parts of the service were cleaned regularly. At the time of the inspection all areas of the service were visibly clean and we observed staff adhered to food hygiene procedures when preparing and serving meals.

Learning lessons when things go wrong

- Staff reported accidents and incidents and the registered manager reviewed and collated information from these monthly. Reports were produced and themes identified.
- The management team for the service and adjoining services, held daily meetings for senior managers with the neighbouring services to review all incidents and share lessons learned. The provider produced a regular staff newsletter called the "Golden Thread", that summarised the lessons learned across the organisation.
- Learning from incidents were discussed in a range of meetings. De-brief sessions were held following an incident when appropriate and learning cascaded through handovers, emails and team meetings. An example of this was changes made to a person's care plan following an incident when they were travelling in a car, to ensure the person was unable to access the door when the vehicle was moving.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed, documented and regularly reviewed in collaboration with the person themselves and other professionals where appropriate.
- Care was planned based on best practice guidance. Each care plan referenced the information sources on which the care plan was based, including national institute of health and care excellence (NICE) guidance and other best practice guidelines.

Staff support: induction, training, skills and experience

- Staff completed the training required for their roles and received regular refresher training. Staff said they received emails prior to their training becoming due and the management team ensured training was completed in a timely way.
- Staff received regular supervision and appraisal. They told us they were able to identify their training needs and were encouraged to undertake further training and development.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff encouraged people to choose their own meals and contribute to meal preparation. On the day of the inspection, one person chose to go out for lunch and others stayed within the service and a member of staff prepared their lunch.
- We observed staff discussing the benefits of a healthy balanced diet with a person and how they could more easily maintain a healthy diet when eating at the service rather than eating fast food frequently. This was supported by information displayed in the kitchen about a 'balanced plate' to encourage people to consider healthy eating when preparing meals.

Staff working with other agencies to provide consistent, effective, timely care

- Staff ensured people had access to input from a range of health professionals according to their needs. Advice from these professionals was documented in people's care records and incorporated into their care plans.
- People had access to an annual health check. They had regular access to a dentist and other preventative health care services such as the annual flu vaccination.

Adapting service, design, decoration to meet people's needs

- The environment was adapted to meet people's needs. One area was designated as a quiet area where

people could go if they wanted to have time away from others. People were involved in choosing the décor, furnishings and pictures within the communal areas and their bedrooms were personalised and decorated according to their preferences.

- Some areas of the service were due for re-decoration and refurbishment and staff were planning this to minimise the disruption to a person who became anxious when they encountered unfamiliar people or when their routine was disrupted.

Supporting people to live healthier lives, access healthcare services and support

- Planned care and support included actions to support people to maintain their health. For example, one person's goals included undertaking regular exercise and they had a care plan for keeping healthy which included exploring options to increase the fruit and vegetables in their diet, to undertake exercise including walking, and to ensure they had adequate sleep.
- People's were encouraged to maintain good dental hygiene and had access to a dentist regularly. However, care records did not always focus on oral hygiene and the management team said this was an area they would address going forward.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

- Staff worked within the principles of the MCA. They supported people to make their own decisions where possible. When they were not able to make a decision, staff completed mental capacity assessments and made decisions in people's best interests, in collaboration with their family and other professionals.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were caring and friendly. One person said, "Staff are very nice." They said they could talk with any of the staff if they were unhappy and staff listened to them. One person said, "This is the best place I have lived in a long time."
- Staff received equality and diversity and human rights training that raised awareness of the importance of treating people equally and fairly whilst recognizing and respecting their differences. This was reflected in the way staff spoke with and about people. They treated people respectfully and with understanding of the things that were important to them.

Supporting people to express their views and be involved in making decisions about their care.

- Staff listened to people's views and involved them in decision making on a day to day basis. They were encouraged to be involved in their care reviews and they chose how they spent their time. For example, a person said, "I put it in my planner what I want to do for the week."
- Our observations during the inspection showed people had good relationships with staff and when they made unwise choices, staff had a full discussion with the person, to increase their understanding of the issues whilst respecting their right to choose.

Respecting and promoting people's privacy, dignity and independence

- People told us that when they wanted time on their own, they could go to their bedroom or to the conservatory (a designated quiet area). A person said their bedroom was their own space and people did not come into their room unless they gave them permission.
- People were encouraged to develop their independence. A person told us they had a part time job and another said they made their own meals once or twice a week. They were encouraged to contribute to keeping their bedrooms clean; one person helped with cleaning the communal areas and this gave them a sense of responsibility that they were proud of.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff had an in-depth knowledge of people's life history, care and support needs and their individual preferences. They used this to develop positive relationships with people and a personalised approach. Consistency of staffing enabled staff to build the trust of the people they cared for and to enable them to achieve positive outcomes.
- Care plans contained clear information on each person's care and support needs and there was clear guidance for staff on how to manage risks to the person. Health care plans had detailed information about the impact of the condition on the person and the support they required to manage their condition.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans contained information about each person's communication needs. People had access to a speech and language therapist when necessary, who was based at the adjoining service. This enabled different ways of communicating with the person to be explored to achieve optimal outcomes for people.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to follow interests and activities that they enjoyed and expressed an interest in pursuing. They suggested new activities for people to widen their interests and activities. A member of staff said, "They (people using the service) tend to be set in their own routines and we try to motivate them to try new things."
- People were supported to maintain relationships with their families. Some were able to visit their relatives independently whilst others were accompanied by staff.

Improving care quality in response to complaints or concerns

- People knew how to make a complaint or raise a concern. They told us they felt able to speak to any of the staff or the management team and they would be listened to. Information in accessible format about how to make a complaint was displayed in the service.
- The provider had a complaints policy. There was a low level of complaints and all complaints were

documented and investigated in a timely manner.

End of life care and support

- No one was receiving end of life care at the time of the inspection. There was no documentation within people's care plan about their wishes if they became unable to express them in the future. The management team told us they had recognised the need for this and were about to commence a piece of work focusing on discussing people's wishes with them and recording them within their care records.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received personalised care from staff who showed understanding and empathy for the people they cared for. A member of staff spoke of mutual compassion towards people using the service and staff. They said they felt well supported by the management team who came over regularly, "To ask how we are."
- The service achieved good outcomes for people. People developed trusting relationships with staff and this enabled them to move forward and improve their independent living skills. Care plans showed goals were identified for people and staff to work towards, that promoted people's independence and positive engagement with others.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was clear about their responsibilities under the duty of candour. A member of staff said, "We discuss incidents openly, everyone knows it's not personal and that mistakes can be made; we talk about how we can improve."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear structure and accountabilities. Clinical governance meetings were held monthly and the registered manager said they identified issues to be escalated to the provider at these meetings. Daily meetings were held on site to review all incidents, complaints and other learning.
- There was comprehensive schedule of planned audits that were completed to monitor the quality of the service provided and the provider also completed regular audits of compliance with quality standards.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People using the service and staff were involved in decisions about refurbishment and structural changes. Staff told us they had been involved in decisions about the creation of a new medicines room and office. Feedback from people was collected on an ongoing basis.
- The service had developed positive relationships in the local community and were welcome within the village. Staff helped out at the local church with decorations at Christmas and a person had a part time job

there. Events were held to promote the involvement of people and their families and increase their understanding of different aspects of the service.

Continuous learning and improving care

- Action plans were developed in response to the findings of audits completed by the service and external professionals. We found that most issues were addressed in a timely manner, although there were a small number of outstanding actions.
- Learning was cascaded through the service to bring about improvements. Staff told us communication was good and they were able to contribute fully to discussions about any changes.

Working in partnership with others

- Staff had good relationships with other health and social care professionals and worked collaboratively to achieve positive outcomes for people.