

# Elysium Care Partnerships No 2 Limited

# Felbrigg House

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Felbrigg House is registered to provide personal care and accommodation for up to 11 people in one adapted building. There were 11 people using the service at the time of our inspection who had a range of health and support needs, these included learning disabilities. Some people had additional conditions such as sensory impairment, epilepsy and autism.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

#### Right Support:

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.

People could communicate with staff and understand information given to them as staff supported them consistently and understood their individual communication needs.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome. Staff supported people to play an active role in maintaining their own health and wellbeing.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### Right Care:

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Staff understood and responded to their individual needs

People's care, treatment and support plans reflected their range of needs and this promoted their individuality, wellbeing and enjoyment of life. People could take part in activities of their choosing at the service or in the wider community and pursue their own interests. Staff received training and support to provide care effectively.

People were provided with meals and drinks to maintain their wellbeing. People were supported by health care professionals who worked in partnership with the service to maintain people's health and wellbeing.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

#### Right Culture:

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviours of the management and staff. Staff placed people's wishes, needs and rights at the heart of everything they did. The stable management and core staff team supported people to receive consistent care from staff who knew them well. People received compassionate and empowering care which was tailored to their needs.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. All the relative we had contact with were complimentary and positive about the service and the care and support their loved ones received.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published on 24 August 2017).

#### Why we inspected

This inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the Key Questions Safe and Well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Felbrigg House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service well-led?**

The service was well-led.

Details are in our well-led findings below

**Good** ●

# Felbrigg House

## 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 Health and Social Care Act 2008.

#### Inspection team

One inspector carried out the inspection.

#### Service and service type

Felbrigg House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Felbrigg House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements

they plan to make.

We used all this information to plan our inspection.

During the inspection

We communicated verbally and nonverbally 5 people. We spoke with 6 members of staff including, registered manager, deputy manager, and 4 support workers. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records, including 4 peoples care and support plans, multiple medicine records and records relating to the management of the service.

After the inspection we sought feedback from relatives and visiting professionals.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- People lived safely and free from unwarranted restrictions because the service assessed, monitored and managed safety well. People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible.
- The staff helped keep people safe through formal and informal sharing of information about risks. Staff understood the risks to people and knew how to support them safely. For example, there was detailed step by step guidance in place for a person with epilepsy and how to manage seizures safely.
- People's individual health risks had been assessed, monitored and managed. For example, people who lived with diabetes had guidance in place for staff to follow.
- Staff recognised when people were becoming upset or distressed. They knew how to support them to minimise the need to restrict their freedom to keep them safe. Staff used a consistent approach with one person when they were upset. They knew what to say and what not to say to the person to minimise the impact of their distress.
- Risks within the environment had been assessed and mitigated where possible. Checks were completed on the service to ensure it was safe, for example to make sure electrical and fire equipment was in good working condition.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

### Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The staff worked well with other agencies to do so. If safeguarding concerns were identified they were reported to the county council safeguarding team. Investigation were completed and appropriate action was taken to prevent them occurring in the future.

- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us they would not hesitate to report any concerns to the registered or deputy manager and they were confident action would be taken. They also knew who to report concerns to externally.
- Relatives were confident that their loved ones were safe living at Felbrigg House. One relative told us, 'I have every confidence the staff make sure my relative is safe. I trust the staff.'

### Staffing and recruitment

- A relative told us, 'The staff at Felbrigg appear to have all the time in the world to support my relative and their needs. I could not be happier that (my relative) has been placed in the care of Felbrigg House. I am confident that client needs have always been met and are paramount.'
- There were enough staff, including for one-to-one support for people to take part in activities and visits how and when they wanted. Staffing levels fluctuated day to day to allow for people to take part in the activities they enjoyed or attend health appointments. Staff knew how to take into account people's individual needs, wishes and goals.
  - The numbers and skills of staff matched the needs of people. Staff told us they felt there was enough staff and if there were any shortfalls bank or agency staff were used to make sure everyone received the care and support, they needed.
- Staff had been recruited safely. Staff recruitment and induction training processes promoted safety. Recruitment checks were carried out centrally by the provider to ensure that staff were recruited safely. For example, to make sure disclosure and Barring service (DBS) checks had been completed. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- The staff ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both). There was clear individual guidance in place for when people needed 'as and when' medicines. People's medicines had been successfully reduced.
- Staff followed effective processes to assess and provide the support people needed to take their medicines safely. This included where there were difficulties in communicating. People were given choices about how they took their medicines. Some people were supported to take their own medicines. This had been risk assessed and was continually monitored.
- Staff had undertaken training and competency checks for the administration of medicines. Staff told us, "We've had training and we check the medicines every day for any errors."
- We reviewed medicines audits which showed that the management team checked for any potential errors and lessons that could be learnt in relation to medicines.

### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.

- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- The provider was facilitating visits for people living in the service in accordance with the current government guidance.

#### Learning lessons when things go wrong

- There was a culture of learning when things had gone wrong. The management team had reflected on past situations when they could have acted differently. They described the things they had learned and put in place to help minimise the same happening again.
- Staff knew how to respond to and report any accidents and incidents. All significant events were reviewed and analysed by the registered manager. Any patterns or trends were identified, and action taken to reduce the chance of the same things from reoccurring.
- Lessons learned were shared with the staff team.

# 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 our last inspection we rated this key question good. The rating for this key question has remained good. 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

- The registered manager and staff understood the aims and values of the service to provide personalised care and support, this was the culture amongst the staff team. People were priority and at the heart of the service.
- The registered manager and deputy manager were visible in the service, approachable and took a genuine interest in what people, staff, family and other professionals had to say. The registered manager worked directly with people, their relative and the staff team. They led by example. People approached and interacted with the registered manager throughout the inspection.
- Relatives spoke highly of the registered manager and the staff team. A relative told us, 'The registered manager and deputy, have gone out of their way to be both approachable, understanding and supportive in every way. I would have no hesitation in raising any matters with them and would be sure of a positive response.'
- The registered manager spoke about providing care and support to people which promoted their independence, valued them as individuals and identified positive personalised outcomes which was evidenced in peoples care plan.
- People were supported to do as much as possible for themselves and live fulfilling and active lives within Felbrigg House and in their local area.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.
- The registered manager understood their responsibilities under the duty of candour when incidents occurred (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment). The registered manager kept families informed of any concerns with their loved one.
- A relative said, 'I have always received prompt communications from Felbrigg House. Matters have varied from news of outings, health matters and newsletters. I have no doubt that they will always keep me fully informed.'

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

regulatory requirements

- The registered manager had the skills, knowledge and experience to perform their role and had a clear understanding of people's needs. They had oversight of all aspects of Felbrigg House and the people who lived there.
- The management team worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights and enabled them to develop and flourish. The provider offered incentives and rewards to the staff team to recognise their hard work to make sure people lived the best life. All staff understood their roles, responsibilities and the lines of delegation within the service. A staff member told us, "[Registered manager] is a great. People are well cared for and so are the staff."
- Governance processes had been effective in identifying shortfalls and action was taken when any shortfalls were identified. Regular auditing of the quality of the overall care provision was carried out. Action plans were in place to address any shortfalls.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- The registered manager promoted equality and diversity in all aspects of running the service. Peoples individual needs were identified and respected. People were communicated with in ways they understood and suited them best. People had a 'voice' and their views were listened to and acted on.
- People, and those important to them, worked with the registered manager and staff to develop and improve the service. The registered manager sought feedback from people and those important to them to help to develop the service. People were supported to take part in regular house meetings where they discussed what they would like to do. Relatives told us they were regularly asked for feedback and suggestions.
- Staff told us they had supervisions with the registered manager who was supportive with their role. The registered manager also held team meetings where staff could discuss issues and ideas.

Continuous learning and improving care; Working in partnership with others

- The service had good working relationships with other agencies, including local primary care services. People had involvement with the Speech and Language Team (SALT) Occupational Therapists and had support and input from a Positive Behaviour Support Therapist employed by the provider.
- The registered manager worked closely with staff to help them develop their knowledge, skills and confidence.
- The registered manager had access to meetings, news and updates through the provider to ensure they were updated in relation to any changes in legislation or good practice guidance.