

Elysium Healthcare (Acorn Care) Limited

The Woodlands

Inspection report

20 Woodlands Avenue
Newcastle Under Lyme
Staffordshire
ST5 8AZ

Tel: 01782622089
Website: www.elysiumhealthcare.co.uk

Date of inspection visit:
31 July 2019
01 August 2019

Date of publication:
10 September 2019

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?

Requires Improvement ●

Summary of findings

Overall summary

About the service

The Woodlands is a residential care home providing personal care to people with a learning disability and/or autism. The care home accommodates six people in one adapted building. Six people were living at the service at the time of our inspection.

Services for people with learning disabilities and or autism are supported

The service has been developed and designed 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 was a small service which was registered for the support of up to six people. Six people were using the service. This is in line with current best practice guidance. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

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

Audit systems were not always effective to check the quality of the service. Appropriate audit documentation was not always available to ensure consistency of audits.

Systems were in place to protect people from abuse and staff understood them. Processes were in place to ensure staff were recruited safely. Risk was managed and reviewed to ensure people were kept safe.

People's needs and choices were assessed and promoted effectively. Staff were skilled and had the knowledge to deliver effective care. Staff worked well together and with healthcare professionals to effectively meet people's needs.

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 were supported by kind and caring staff who displayed empathy and compassion. People and their relatives were encouraged to be involved in making decisions about their care. People were supported by staff who respected their privacy and dignity and promoted their independence.

People were supported by staff who understood their preferences and individual communication needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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 14 October 2016). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make improvement. Please see the Well Led section of this full report.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the Well Led section of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for The Woodlands on our website at www.cqc.org.uk.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

The Woodlands

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 team consisted of one inspector.

Service and service type

The Woodlands 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 feedback from the local authority regarding 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 five people who used the service and three relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, senior

support worker and support workers.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

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 under the previous provider, 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.
- Staff knew how to recognise the signs of potential abuse and how to report and record their concerns. A staff member told us, "I would raise a safeguarding issue if a person raised a concern about threatening behaviour, for example. I would speak to the manager and document everything that was said."
- Systems and processes were in place to protect people from abuse and we saw these worked effectively.

Assessing risk, safety monitoring and management

- Systems were in place to monitor accidents and incidents.
- People had risk assessments in place where required and staff understood how to manage risk to people. For example, a staff member told us that one person was at risk of seizures but would not communicate to staff if they had had a seizure. The staff member told us when they supported them with a bath, they checked for any unexplained bruises or cuts to determine if the person may have experienced a seizure when they were on their own.
- A relative told us, "If there are risks, staff definitely respond and address them."

Staffing and recruitment

- Staffing levels were appropriate to meet people's needs. Staff and relatives told us and we observed sufficient staff to keep people safe.
- Safe recruitment practices were followed to ensure people were supported by suitable staff. We saw that Disclosure and Barring Service (DBS) checks were undertaken prior to staff commencing employment. These checks will show if prospective staff have any criminal convictions or are barred from working with vulnerable people.

Using medicines safely

- People's medicines were administered safely. People were given time to take their medicines and staff completed Medicine Administration Records (MARs) to show when medicines had been administered at the home.
- Medicines were stored safely in locked trollies.
- Clear and personalised protocols were in place to guide staff when to administer 'as required' medicines.

Preventing and controlling infection

- Relatives told us and we observed the home was clean and tidy.
- Staff followed infection control procedures and people were protected from the risk of infection and cross

contamination. A staff member told us, "I wear Personal Protective Equipment (PPE), use hand sanitisers and wear gloves when preparing food. When people prepare their own meals, they also wear gloves and aprons are used."

Learning lessons when things go wrong

- Lessons were learnt when things went wrong. For example, when a person demonstrated some behaviours of concern which placed them at risk, advice was taken from other professionals and their care plan was reviewed immediately so changes could be made to reduce the risk of this happening again.

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 under the previous provider, this key question was rated as Good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by staff who were knowledgeable and had the skills to provide effective support. A relative told us, "The staff seem to be well trained and skilled to meet [Person's name]'s needs."
- The registered manager showed us the training matrix which showed staff were not all up to date regarding mandatory training. The registered manager explained this delay was caused by a change in available training due to the change of provider. The registered manager showed us training had now been made available by the provider and all staff should have completed mandatory training by the end of August 2019.

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

- People's needs and choices were assessed. People's care plans were personalised to each individual and considered each person's holistic needs.
- Assessments and care plans were reviewed and updated as people's needs changed.
- Care was delivered in line with the assessment of people's needs and choices.

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

- People were encouraged to choose their own meals and drinks. We observed people eating individual meals they had chosen themselves. One person told us, "Sometimes I cook for myself. We all do a menu every week and choose what we want."
- Staff understood how to support people with specialist diets to meet their dietary needs. One person told us, "Staff help me because I'm trying to lose weight so they help me with what food and drinks to buy."

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

- Staff worked closely with other agencies to ensure people receive effective care. We observed a social care professional had complimented the home on their joint working and consistent support given to a person who had settled well into the service.

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

- People's needs were met by the design and decoration of the home. People were able to access the communal areas and garden independently.
- People told us they were encouraged to be involved in choosing the decoration and furniture in their rooms and we saw that people's bedrooms were decorated to each person's taste. A relative told us, "They let [Person's name] pick what they want in their room."

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

- People were supported to access health professionals when needed. Care records showed staff had contacted GP's, nurses and dieticians when people required support.
- One person told us, "When I need to see the doctor, the staff call them." A relative told us, "They always make referrals if [Person's name] needs to see a health professional."

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 asked people for consent before supporting them with personal care.
- People were supported to make decisions for themselves and staff helped people with decision making when needed. For example, a relative told us "[Person's name] finds it difficult to make decisions themselves but staff guide them and discuss with them rather than making decisions for them."
- At the time of inspection, no DoLS applications were required for any people using the service.

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 under the previous provider, 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 were supported by kind and caring staff. We observed positive interactions between people and staff and one person told us, "The best thing about here is the staff. I get on with everyone and they are really kind to me."
- People were supported by staff who demonstrated empathy. A relative told us, "The staff discuss things with [Person's name] and know how to deal with their anxieties."

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

- People were encouraged to express their views and make decisions about their care. One person told us, "I get to make lots of choices myself, I make different choices every day. Staff always listen to what I want to do".

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to do things for themselves. One person told us, "The staff encourage me to be independent and do things for myself. I do my own laundry. Staff just help me when I need it." A relative told us, "[Person's name]'s independence has been encouraged since they have been here. They walk to work experience and medical appointments on their own."
- People's privacy was respected by staff. A relative told us, "Staff respect [person's name]'s privacy. They have their own room and ensuite and staff remind them about their personal care."
- People were supported by staff who promoted their dignity. A staff member told us, "I wait on [Person's name]'s bed when assisting him with washing to give him privacy and preserve their dignity and wait for their cues when they want me to go in."

Is the service responsive?

Our findings

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

At the last inspection under the previous provider, 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

- People's equality and diversity needs were considered in assessment and care plans. The registered manager told us they intended to expand upon this and had plans to carry out some LGBT education sessions with the people who lived there.
- People were involved in their own care planning. A relative told us, "I get invited to meetings when changes are made to [Person's name]'s care plans and [Person's name] also sits in so we are involved."
- People were given choice and supported to make decisions regarding their needs. We saw staff asking people what they wanted to eat and supporting people to go to the shop to choose what they wanted.

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.

- People were provided with easy read feedback forms to ensure they were able to provide feedback in a way they understood.
- People were supported by staff who knew how to meet their communication needs. A relative told us, "Staff know [Person's name] very well. [Person's name] has their little ways and staff are really good at understanding them." A staff member told us, "[Person's name] communicates with a lot of gestures so I have got to know them and how they communicate."
- The registered manager told us they had purchased a computer programme which would make all documentation easy read format once they had implemented it.

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

- People were supported to engage in activities of their choice. We saw people participated in activities including the gym, karaoke and day trips. One person told us, "I choose what I want to do, we do different things. We're doing some more filming today at drama club. I love drama club."
- People were supported to access education and work opportunities. A person told us, "I do voluntary work in a café." A relative told us, "[Person's name] has just finished college so we've worked with the management to make sure they have enough activities to do."
- People are encouraged to develop relationships with other people at the home and through social groups they attend in the community. A relative told us, "The staff take everybody out, they go out together a lot

which is very good as they are mixing together."

- People are supported to maintain relationships with their families.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to complain.
- A complaints policy was in place but the registered manager told us no one had complained. The people and relatives we spoke to told us they had never had a reason to complain. A relative told us, "I've never had to complain about anything since he's been here. I think they'd listen if I did have to complain though."

End of life care and support

- The service was not providing care to people at the end of their life at the time of inspection.
- People's end of life wishes and preferences had been considered as part of their care plan but most people had declined to discuss this.

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 under the previous provider, this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Audit systems in place to check the quality of the service were not always effective. Some audits were undertaken but these were not always documented so it was not possible to see what checks had been undertaken. For example, staff told us MAR charts were audited and we saw evidence of this in team meeting minutes where the registered manager had addressed missed signatures on MAR charts. However, there was no audit documentation to support this.
- The registered manager told us audit documentation provided by the new provider was not always appropriate to use in a care home setting. We viewed some of this documentation and saw that some of the documentation was more appropriate to audit health care services. The registered manager told us they were currently working with the management of another care home to devise new audit documentation that would be suitable to undertake quality checks for this type of service.
- The registered manager submitted a Quality Account Update to the provider each month which compiled an overview of the results of quality checks undertaken. For example, this showed information including the number of incidents that had occurred that month, whether each person had appropriate care plans and risk assessments completed and whether complaints had been responded to in a timely manner.
- The registered manager was aware of their legal responsibilities in relation to making notifications to CQC and appropriate notifications had been made when required.
- A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate. The rating of the last inspection was on display at the service and on the website.

Continuous learning and improving care

- The management team identified where improvements were required and actively escalated these to the provider to try to improve care. However, this learning was not always put into place immediately to improve care for people. For example, the registered manager had identified that audit systems and training for staff needed to be improved. We saw that changes had been made to implement appropriate training for staff and that staff were all scheduled on to the new training. However, the provider had not yet fully addressed the concerns regarding audit processes.
- Staff told us the management team encouraged them to learn from their mistakes and put steps in place to improve care where possible. A staff member told us, "After the MAR sheets weren't signed following home visits, we have already discussed how we can improve."

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

- Staff felt supported and listened to and had the opportunity to raise concerns.
- People and staff told us the management team were approachable and they were very confident that any concerns would be addressed. A staff member told us, "Management are brilliant, I can't speak highly enough of them. They would address it if I had any concerns whether they were or weren't on shift."
- People were supported by a management team that promoted person centred care which was followed by staff.

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 open and honest during the inspection and highlighted some areas for improvement before this was identified by the inspector.

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

- Staff told us they had regular team meetings where they could provide feedback to the management team which they found useful. A staff member told us, "Managers ask for ideas about how to develop the service."
- People who used the service were encouraged to be involved through completing feedback forms in easy read format to communicate their views regarding the service.

Working in partnership with others

- The registered manager told us they worked in partnership with other health professionals to ensure people had their care needs met effectively. We saw there was regular input from a range of different professionals in people's care to support them to remain safe and healthy.