PLUS (Providence & Linc United Services)

Elwis House

Inspection Report

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Overall summary

Elwis House is a care home for up to four people, all of whom were present when we visited. The home had a registered manager in post but they were absent for the inspection. The home provides accommodation and personal care for people with learning disabilities, some of whom have additional physical disabilities.

The service had a registered manager in post but in the past year there had been periods of absence and the temporary management arrangements were not always satisfactory. This had resulted in the poor organisation of records.

We found that the home was safe, clean, hygienic and well maintained. Plans were in place to refurbish the kitchen and adapt the height of the worktops to enable a person using a wheelchair safe access to kitchen equipment.

Staff had developed effective relationships with people they cared for and were familiar with people living in the home. Staff were gentle and patient, and treated people with respect. People were involved in decisions about their own support. People's diverse needs were understood and supported. The service promoted a culture that was centred on the person as an individual, open, inclusive and empowering.

We talked with all four people using the service. People were happy living at the home, some people were able to express this verbally, others communicated by gesturing and using body language. We saw that the staff on duty understood their care needs, likes and dislikes and responded in an appropriate manner. People described the care staff as "my buddy" and "caring".

Staff made referrals, as appropriate, to other professionals and community services. People had access to healthcare services and received on-going healthcare support. The service worked in cooperation with other organisations such as hospitals to make sure people received effective care and support.

Staffing levels were adjusted to meet the changing needs of people, and so people had support when they needed it, and could access activities in the community. People confirmed they had opportunities to lead meaningful lives; they had access to activities that were important and relevant to them. At meetings for the people who lived at the service people's opinions were sought on issues such as planning social events and holidays. We found that people were listened to and felt that they mattered. One person attended the local "Speak Up" group and represented the views of people with learning disabilities to local government.

People told us staff had the time they needed to care for them, tasks were unhurried and this enabled them give quality time.

Risks to individuals were managed so that people were protected, but their freedom of choice was supported and respected. People told us they trusted staff and felt safe using the service. There were systems in place to identify, assess and manage risks to the health, safety and welfare of people using the service and others, including the safeguarding people from the risk of abuse.

Staff told us they were supported, and received up to date mandatory training, and additional specific training when necessary. We saw that staff had the necessary skills required and communicated well with the people they supported. This view was supported by relatives of people living at the home and was also reported in reviews undertaken by social workers.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People who used the service were protected from the risk of abuse. Safeguarding procedures were robust and staff understood how to safeguard the people they supported. All staff on duty were knowledgeable on safeguarding procedures and knew how to respond if there were any concerns about an individual's welfare.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards which applies to care homes. The home had policies and procedures in relation to the Mental Capacity Act and Deprivation of Liberty Safeguards although no applications had needed to be submitted. Relevant staff had been trained to understand when an application should be made, and in how to submit one. The provider confirmed they were planning relevant training for the staff team in the home.

People who used the service were assessed as having capacity in decision making in many areas, they were asked for their consent and the provider acted in accordance with their wishes. Where a person did not have the capacity to give consent about particular issues, advice was obtained and best practice was followed.

The premises were safe, clean and hygienic. Equipment was well maintained and serviced regularly therefore not putting people at unnecessary risk.

Are services effective?

People's needs were assessed and care and treatment was planned and delivered accordingly. People in the home were given appropriate information and support regarding their care or support, each person kept this information in their bedroom, it contained their contract and detailed services agreed. Individuals were supported to be involved in their own care planning and to be as independent as possible.

Staff receive received training in specific areas that reflect the needs and conditions of people, such as epilepsy and dementia, this enabled staff to deliver an effective service.

Are services caring?

Staff were observed to be kind and compassionate and to interact and engage well with the people they cared for. People told us that staff were kind and helpful. Relatives also confirmed positive staff attitudes, they each had an assigned support worker who provided continuity of care.

Summary of findings

People told us they liked the individualised care and support they received at the home. Staff were familiar with the people they supported and aware of their needs.

Are services responsive to people's needs?

People were cared for by appropriate numbers of suitably skilled staff who were able to respond to their needs appropriately. The needs of people were monitored and prompt action was taken to respond to any changes arising. People who used the service and their relatives told us staff were responsive when people needed to see healthcare professionals.

People were supported to participate in a range of activities both within and outside the service.

People knew how to make a complaint if they were unhappy and had been frequently asked for their views of the service. The provider used this feedback to improve the service. People were assured that their views were taken into consideration in regards to the running of the service.

Are services well-led?

The service worked well in partnership with key organisations, including the local authority safeguarding team, to make sure people received their care.

Staff carried out regular environmental safety checks and equipment in use had been safety tested by appropriately trained people. The service had a quality assurance system in place, the provider visited the service often, but the records seen showed that some of the shortfalls identified were not addressed within reasonable timescales. The management provision was not always satisfactory as staff did not have full management support if the registered manager was absent.

Summary of findings

What people who use the service and those that matter to them say

We talked with all four people living in Elwis House, they told us directly or indicated to us by gestures they were happy in their home. They were pleased they had support from regular staff they knew, and who provided them with the care and the stability they needed. A person living in the home said, “This is a lovely place to live, friendly and happy, we are all leading full lives getting out and about and doing the things we enjoy.”

Another person living in the home explained they did not engage in many activities in the community any longer as they had developed some health problems, however, they found staff engaged with them in the home and kept their spirits upbeat.

The relative of a person in the home told us, “[My relative] receives good care from staff. Their health needs have changed considerably over the past few months, and I am very impressed with how the staff and management have coped with this. They are taken regularly to the doctors for check up, and for any other reason, should the need arise.”

Other people spoken with said their relatives were well cared for and settled, and the home was managed in a safe and comfortable way.

People living in the home and their relatives told us they found staff were “trained and caring” and they were aware of people’s needs.

Elwis 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 was planned to check whether the provider is meeting the regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process under Wave 1'

Before our inspection, we reviewed the information we held about the home. This included the report on the last unannounced inspection in May 2013 when the service was found to be compliant with regulations.

We contacted health and social care professionals involved in the care of people who lived there. We also requested and received reports from the most recent statutory reviews completed for all four people living in the home. Commissioners shared their recent contract monitoring reports with us. We used this information to focus our inspection.

This inspection was undertaken by one inspector. During our inspection visit, we observed how people were cared for and spoke with the four people who used the service and reviewed their care files. We talked with four members of staff and the provider's area manager, as well as three family members. We also reviewed the written information given to us by the provider.

Are services safe?

Our findings

Feedback from four people using the service described it as "good", as they felt "safe". People were safe because the service protected them from bullying, harassment, avoidable harm, and potential abuse. The service did this consistently by having regular staff present who were known to the people who used the service and who understood their needs. This helped make people feel safe in the home.

Staff on duty demonstrated to us that they knew what to do and who to tell if they suspected or witnessed any form of abuse happening. There were procedures in place for staff to refer to. These had also been produced in an easy read format, illustrated with pictures, to meet the needs of the people using the service. Staff had received safeguarding training within the past year. Records showed that the provider had taken appropriate action to safeguard people when concerns had been raised; they had notified the relevant authorities including the Care Quality Commission (CQC) about any reportable incidents of concern.

CQC monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The home had proper policies and procedures in relation to the Mental Capacity Act 2005 and DoLS although no applications had needed to be submitted. Records for all four people demonstrated they were assessed as having capacity to make their own decisions about particular activities, and supported to be as independent as possible. Relevant staff were trained to recognise if an individual did not have capacity to make a decision. They knew how to seek further advice and how to submit a DoLS application, if required.

Staff understood individuals' behaviour and protected them if they were at risk of harm. There was evidence that one person's behaviour had improved since they had moved in. A health professional had been consulted, and shared with staff how to respond appropriately to the person if they displayed behaviours which challenged. Relatives commented to us the person had not had any incidents of this kind for a long period.

People who lived at Elwis House told us they felt safe as they had enough staff to care for them. They told us they had developed "good relationships" with regular staff who had worked with them for some time. One person told us, "I have lived here for many years and love my home, I get all the support I need, my support worker knows exactly how to support me safely." We observed staffing levels enabled people receive the support they needed at a time they preferred, for example, staff supported people who needed assistance in the dining area so they could enjoy their meals together.

Staff told us there were sufficient numbers on each shift. A member of the management team was available on call in case of emergencies. Staff who worked in the home were either permanent team members or regular bank staff who covered leave. We observed staff on duty communicated effectively with every person using the service and were familiar with the various communication tools used. Two of the people living in the home told us that they got on well with staff and the other people living there and nobody made them anxious. A person told us they had developed trusting relationships with staff, and felt confident care staff understood and respected confidentiality. A family member spoken with after the inspection visit said, "staff really understand how best to support my relative, they seem to have a great relationship with staff, and this is reflected in how at ease they are."

The home was clean and hygienic. Health and safety checks were undertaken in accordance with the provider's policies and procedures, this identified any risks and actions which needed to be taken to promote a safe environment. We saw a person's mobility needs had changed, but the initial solution to this had increased risks, so the person was reassessed by a physiotherapist; and a more suitable solution was found. Other appropriate measures taken to minimise risks and to keep people safe were seen, for example water temperatures in bathrooms/ showers were checked daily to ensure they were within safe limits.

If people had difficulties swallowing, the care records showed that appropriate actions had been taken to address this. Referrals were made to the Speech and Language Therapist (SALT) through the GP, and a pureed diet or other measures were introduced. When pureed diets were used, staff were able to describe the consistency required and understood why it was important to puree the food. Staff showed us a list of foods which were not suitable for a person at risk from choking.

We saw people were involved in full discussions about their goals and needs. For other people, who were less able to

Are services safe?

participate due to their communication needs, relatives and advocates were involved. This meant that people with understanding of their likes and dislikes were involved. When required, an appointee was involved in supporting people to manage their finances safely.

Each person was encouraged to do as much as possible for themselves. We saw that one person was making hot drinks and they had been provided with an appropriate kettle to enable them to do so safely. People were encouraged to express their views; one person belonged to a local authority self-advocacy service for people with learning disabilities. The home held meetings to find out people's opinions on issues such as planning social events and holidays. Risks were assessed and suitable travel and accommodation arrangements were made to enable people to have breaks both in this country and abroad. Two people showed us photographs from their last holiday, their expressions reflected how much pleasure they were getting from the holiday.The service followed clear procedures when it identified unsafe or inappropriate practice by staff; we heard how an issue had recently been addressed. This demonstrated the provider followed procedures and took appropriate action to address poor practice.

Systems were in place to make sure that managers and staff learned from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. This reduced the risks to people and helped the service to continually improve.

Are services effective?

(for example, treatment is effective)

Our findings

The service helped people to live their lives in the way they chose; it enabled them to be as independent as possible. People's health and care needs were assessed with them, and they were involved in developing their own plans of care, these were written, using their own words when possible. Each person's support needs during each task or activity were detailed in their care plan. Records and our observations confirmed that this support was provided.

Information provided to people to help them make choices was in a form they understood. Two people who used the service were able to sign their care plans, this indicated that their views and consent had been sought. Relatives or advocates had been involved to support others. Care plans noted signs that staff needed to look out, for such as indicators of well-being and ill-health. Daily records focused on these; this meant that, as well as physical symptoms, any changes to psychological or emotional needs were identified and appropriate action was taken. We saw examples of appropriate referrals being made to other services as soon as a need was identified. Staff we spoke with were aware of the content of people's care plans and provided care, treatment and support in line with them.

People in the home were given appropriate information and support regarding their care or support, each person kept this information in their bedroom, it contained their contract and detailed services agreed. Individuals were supported to be involved in their own care planning and to be as independent as possible.

Staff received training in specific areas that reflect the needs and conditions of people, such as epilepsy and dementia, this enabled staff to deliver an effective service.

People were involved in decisions about any moves between, in or out of services and their preferences and choices were respected. When people required admission to hospital, staff ensured all the necessary information, such as methods of communication and things the person liked, was shared with the hospital team. Staff told us they supported people during hospital stays by visiting them daily and ensuring communication was clear with ward staff.

We saw that staff communicated effectively with people. They were familiar with the various methods of communication aids used by people, for example pictures were used to enable some people in the home make a choice about what activity they wanted to engage in. We saw that staff knew the people they cared for well. Staff told us they had worked at the home for many years and this was reflected in how they knew the individual needs of people they supported. For example, a staff member assisting a person with eating their meal recognised when the person had enough of the meal by interpreting the body language. We observed staff understood the need to seek people's views before carrying out care or making decisions about activities of daily living, including eating and drinking.

People living in the home benefited from an effective service, the records showed how they had progressed in achieving their goals. The daily records showed details of small, but significant, steps taken towards each person's personal goals.

We looked at the management of people's health conditions and found that there was effective liaison with health care professionals, including the GP and specialist healthcare staff. District nurses visited and carried out procedures, such as injections, which were beyond the remit of the service. A professional we had contact with stated their clinical colleagues "had no concerns" about the service. Some people were prescribed medicines for their conditions. Staff administered the medicines at the times prescribed. Medicines audits were conducted weekly in the home to ensure procedures were adhered to. Staff supported people to see their GP and have their medicine reviewed, this was confirmed in people's health action plans.

Each person living in the home had a recent statutory review undertaken by social workers. These evaluated an individual's progress. Positive outcomes were noted for people in relation to both their health and social care needs. A social care professional commented on how effective the service was in supporting a person who developed complex health issues, they described the prompt action taken by staff in to prevent the person's health deteriorating.

External health professionals told us their recommendations were taken on board by staff, for example, a person at risk of urinary tract infections was encouraged to increase their fluid intake and staff ensured

Are services effective?

(for example, treatment is effective)

they had a juice they liked. A visiting health professional we met at the service told us, “staff have developed good and effective working relationships with health and social care professionals.”

Support for staff was provided through training and development, supervision and appraisal. From our discussions with staff and from the service records we found staff had the right competencies, knowledge, qualifications, skills, and experience to support people using the service. We observed their attitudes and behaviours were reassuring to people. This helped enable them to provide support and meet people’s needs effectively. The service had systems in place to ensure that any gaps in training and practice were addressed in a timely manner.

Staff told us they provided personalised care to meet individual needs. They told us they were supported to develop skills required to meet the needs of people who used the service, including those with additional health needs, such as continence management. We observed staff practice and we discussed with staff the preparation and support they received. Staff felt they were suitably trained and supported by the structures within the organisation. Regular observations of staff practice, attitude and approach were made by senior managers who monitored the service.

Are services caring?

Our findings

People experienced care, treatment and support that met their needs and protected their rights. We saw people were supported by regular staff they were familiar with, and who were capable and competent at providing the assistance and support required. Staff knew and understood people's unique ways, their history, likes, preferences, needs, hopes and goals.

The service promoted people's human rights. Staff showed respect for people's diversity and were proactive in preventing discrimination. Staff were aware of people's needs which arose from their cultural and religious backgrounds. One person was supported to attend religious services and to receive visits from religious leaders. Staff demonstrated awareness of the discrimination sometimes experienced by people with disabilities out in the community and were mindful to ensure people were safe. We heard about instances where they had advocated for people living at the service to ensure their rights were upheld.

The service put people at the centre of care planning and delivering care and support. We saw that care was individualised and centred on each person, for example, one person chose to stay in the lounge for tea time while two others preferred to eat their meals in the kitchen. We noted that staff effectively supported people when moving between services and when accessing other services. A member of staff told us they always supported people with health appointments, and showed us the health action plans used by healthcare professionals to record the outcome of appointments.

Senior staff made quality visits and asked people how they were treated by staff. People's individual communication skills, abilities and preferences are were known to the staff team, and to staff from the wider organisation. We observed that a range of methods were used at house meetings, such as use of observation skills, to make sure people were able to express how they felt about the care they received. Feedback was used to improve the quality of care.

People told us they felt valued by staff. We observed the staff were alert to the needs of people less able express themselves. Staff were observed engaging with people in a warm and respectful manner. Relatives also confirmed the positive staff attitudes and spoke of witnessing this. They said each person had an assigned support worker who related well to their personality and provided continuity of care. We saw how a member of staff encouraged a person to engage by stroking their hand and using kind words, the person responded with a wide smile. When staff went out to buy food for the home, they included people who used the service in the task. We saw how staff arranged for a person to be supported with visiting a relative.

The environment supported people's privacy, dignity and confidentiality and promoted their independence. All the areas of the home, both inside and outside, were wheelchair accessible, bedrooms were spacious and were suitably equipped with ceiling track hoists, and en suite bathrooms.

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People who used the service, and those that mattered to them, were encouraged to make their views known about their care, treatment and support. We saw staff responded appropriately to people's requests, such as short notice requests to go to local shops. A person chose to go to the barber on a specific day of the week to take advantage of the price reduction. Staff listened to people and responded by providing the necessary support. This included promoting people's community involvement.

Each person attended activities in the local area, these included sailing, going to social clubs, and meeting up with family members. One person worked at a local project, staff provided support with getting to the location. The person indicated to us that this experience of employment had increased their self-esteem.

People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care. The service had a complaints procedure which people were aware of. Relatives told us the service responded promptly if they had a complaint and people were given clear explanations following an investigation.

People told us staff had the time to between them give the care people needed, tasks were unhurried and this enabled them give quality time.

Electronic versions of support records for the people were not available when we visited as they were being updated, staff on duty were unable to assist with accessing these as there was no manager on duty.

Care and support plans were also completed in paper format, but some of these records were at head office being updated when we visited the service. We looked at a summary of a care/support plan for a person who had experienced a deterioration in health. Various health professionals contributed to planning the care. The plan was current and well detailed, and was person centred. The daily records showed the care and support was responsive to the person's changing needs, it was given over a twenty four hour period, and the person was responding well. Care records seen for another person, reflected advice from a speech and language therapist and their recommendations were included in the daily delivery of care and support.

Care and treatment was planned and delivered in a way that promoted people's health and welfare. Risk assessments were conducted so that people's activities were not unnecessarily restricted. For example a person at risk of seizures had suitable management plans in place that enabled them participate in events they enjoyed. Staff monitored the person's condition and records showed the person was given the prescribed medication when it was due.

Staff told us that the provider had increased staffing levels at night in response to the changing needs of people within the home.

Are services well-led?

Our findings

Staff felt supported in their role, they had regular team meetings, and one to one support. Senior management had systems in place to assess and monitor the service and to ensure they had suitable numbers of staff on duty over the 24 hour period. We saw evidence that staffing levels had been adjusted to meet people's changing needs at night. Effective systems were in place to communicate with those with complex needs, and good staff retention had ensured stability and consistency in the service and in using the communication tools.

The home had a registered manager, but in recent months there had been a lack of consistency in leadership due to their absence from work. The impact of this had not affected the quality of care and support people received, but had the potential to do so if not addressed. On this inspection visit the registered manager was absent, and it was not clear how all of their role was being covered. This meant staff did not always receive the consistent leadership and direction they needed.

The lack of consistent and effective management showed in how the records were maintained for people living in the home. These were not well organised and were difficult to access which meant there was a potential risk of staff not recording essential information. We saw that a number of records were placed in a large bundle on the desk for filing; no dates were seen to indicate how long these were awaiting filing. Electronic records were not accessible to staff on duty, and some of the written care plans were not available on the inspection day as they had been removed for updating. We received confirmation from the provider that records were updated and placed back in the home two days later, and received copies of updated care records. We saw the monthly visit reports recorded these records had required updating in January/ February 2014 so there had been a delay. People living in the home were not placed at risk as all staff on duty were familiar with their support needs and there was supplementary information available for each person which staff followed.

We looked at how people were supported with managing their finances. People were enabled to control their own money except where they did not wish to do so. Systems were in place to help people manage their money safely, and to support them to withdraw cash from their bank accounts. For each person there was a file of all their financial transactions, and bank statements. These were audited at frequent intervals by a senior manager to ensure there was no mismanagement of funds. We found, however, that staff at the home did not always follow the correct procedures. We saw that on two occasions there was no manager's signature to authorise the financial transaction that took place. The provider may like to note that this issue had not been identified by those responsible for auditing and monitoring financial procedures.

We found complaints and safeguarding matters were dealt with in an open, transparent and objective way, with good cooperation with all external stakeholders. Appropriate notifications took place to relevant authorities of incidents and actions. There had been no concerns raised about the service or about the welfare of people who lived there. The service worked well with other agencies and services to make sure people received their care in a joined up way.

On this inspection we found a number of in-house provider led arrangements in place to assess the quality of the service provision. These included care plan reviews, maintenance checks, risk assessments, surveys and audits. However, effective use of these arrangements was not always being made, such as identifying and responding to gaps in leadership, the unsatisfactory organisation of records, and identifying when financial procedures were not followed.