

# Elysium Healthcare (Ann House) Limited

## 39a Castle Road

### Inspection report

39a Castle Road  
Kendal  
Cumbria  
LA9 7AU

Tel: 07940121132

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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

39a Castle Road is a residential care home, providing accommodation and personal care to one person. The service can support one person in a self-contained flat which has an enclosed garden. The building also has a separate entrance leading to offices used by the provider's managers and staff.

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

The person who lived in the home was safe and protected from the risk of abuse. Risks to their safety had been identified and managed. Staff followed dynamic, positive risk assessments to promote the person's independence and choices. There were enough staff to support the person and to keep them safe. Staff supported the person to take their medicines safely. The provider had robust infection prevention and control procedures. The provider had systems to ensure lessons were learnt from incidents to further improve the safety of the service.

The registered manager had carried out a thorough assessment of the person's needs before they were offered accommodation in the home. Staff were trained and skilled to provide high-quality care which met the person's needs. Staff knew the person's preferences around meals and drinks and supported them to enjoy a healthy diet. Staff had supported the person to access healthcare services as they needed. The service had been designed and developed to meet the person's needs.

The person was 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.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was meeting the underpinning principles of Right support, right care, right culture. The person lived in their own flat and staff supported them to make choices about their life. They received person-centred care and were supported to achieve positive outcomes. The focus of the service was to promote their rights and choices.

Staff treated the person in a respectful, kind and caring way. They worked with the person to support them to gain skills and independence. The staff knew how the person communicated and gave them information to make choices in a way they could understand. The staff respected the decisions the person made about their support.

The registered manager had gathered detailed information about the person, their likes and dislikes. The information gathered was used to develop a detailed support plan to guide staff on how to care for the person. The care plan was reviewed as the person gained skills and independence. Staff supported the person to follow activities they enjoyed and to maintain relationships that were important to them. The provider had a procedure for responding to complaints about the service.

The management team and staff were passionate about providing person-centred care which placed the person at the centre of the service. The management team modelled empowering and person-centred behaviours which staff followed. The person received high-quality, person-centred care that promoted positive outcomes and enhanced their quality of life. The provider understood their responsibilities under the duty of candour and were open with people when incidents occurred in the home. The management team and staff were committed to the continuous improvement of the service. They continually assessed the quality, safety and effectiveness of the service to identify how it could be further improved to promote positive outcomes for the person. Staff worked cooperatively with other services to ensure the person received the care and support they needed.

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

This service was registered with us on 28 February 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection based on our inspection scheduling.

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.

#### 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.

# 39a Castle Road

## 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 carried out by one inspector.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Service and service type

39a Castle Road 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

We gave the service 24 hours' notice of the inspection. This was because the service is small and the person who lives there is often out, and we wanted to be sure they would be at home when we inspected.

#### 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. 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 the person who lived in the home and observed how staff interacted with them. We also spoke with the registered manager, the provider's regional service lead and three members of staff. We looked around the accommodation provided. We reviewed the care records for the person who lived at the home.

We spoke by telephone to the relatives of the person who lived in the home to gather their views of the service. We also contacted two members of staff and three health care professionals to gather their views.

#### After the inspection

We looked at additional evidence we had asked the registered manager to send us. These included records around staff training and recruitment and records relating to how the service had responded to the COVID-19 pandemic.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Everyone told us they were confident the service was safe and the person living there was protected from the risk of abuse. We observed the person was confident and relaxed with the staff working in the home.
- Staff were trained and confident to identify and report abuse. They said they would report any concerns immediately and were confident action would be taken. Staff told us they knew the person well and would identify from their body language if they felt unsafe with any staff member.
- The provider had robust systems for ensuring all staff understood the importance of reporting any concerns.

Assessing risk, safety monitoring and management;

- The registered manager had identified how the person may be at risk and robust risk assessments were in place to guide staff in how to ensure the person's safety.
- Staff used positive, dynamic risk assessments to support the person to gain further skills and independence. This had led to positive outcomes for the person.
- Any incidents were analysed, and risk assessments reviewed as required.

Staffing and recruitment

- There were enough staff to meet the needs of the person who lived in the home. The provider had assessed staffing levels to ensure the safety of the service and promote positive outcomes for the person.
- There was a core staff team who knew the person well. The staff team were supported by agency staff. Healthcare professionals told us the agency staff also knew the person and how to support them. The provider was recruiting additional staff at the time of our inspection.
- The provider carried out thorough checks on new staff to ensure they were suitable to work in the home. All new staff completed a thorough induction and training in how to ensure the safety of the service before working as part of the staff team.

Using medicines safely

- Staff were trained in how to use medicines safely. The person living in the home received their medicines as they needed and as their doctors had prescribed.
- Staff worked closely with healthcare professionals to monitor the person's medicines and to assess if prescribed medicines were still required. This was in line with best practice in supporting people who have a learning disability and/or autism.

Learning lessons when things go wrong

- The provider had robust systems to analyse incidents and to ensure lessons were learnt to ensure the quality and safety of the service. They shared the lessons learnt with the staff team to further improve the safety of the service.

#### 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 meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- The registered manager had completed a thorough assessment of the person's needs before they were offered accommodation in the home. The service had been designed and developed to meet the person's needs.
- The registered manager had taken advice and support from appropriate professionals, who knew the person well, to develop detailed needs assessments and to plan and develop their support.
- Staff followed best practice in supporting people with a learning disability. Everyone told us the care provided had improved the person's quality of life.

Staff support: induction, training, skills and experience

- The staff were very well trained and skilled to support the person. They were passionate about providing high-quality care and were trained to do so. They understood the needs of the person and how best to meet them. We saw the person received high-quality care because the staff understood how to support them.
- All staff completed a range of training, relevant to supporting the person, before they worked as part of the staff team. There were senior support workers employed who were skilled to guide the staff team. The provider also had qualified staff who gave support and guidance to the team on how to support the person in line with best practice and in a person-centred way.

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

- The registered manager had gathered information about the person's preferences regarding their meals and drinks. Meals, drinks and snacks were provided to meet the person's needs and to promote a balanced diet.
- Staff promoted healthy eating by providing attractively presented meals and encouraging the person to try new foods.

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

- The home was designed and developed to meet the needs of the person living there. The person's needs were considered in every feature of the home. The provider revised and adapted the service in response to changes in the person's needs. This had allowed the person to enjoy different experiences as their skills, independence and confidence increased.
- The staff viewed 39a Castle Road as the person's home. They had supported and encouraged the person to personalise their surroundings as they wished. The person's relatives told us, "We wanted [relative] to come home but we don't now, we want [relative] to stay there, it is [relative's] home."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- The staff supported the person who lived in the home to access healthcare services as they needed. They had advocated for the person to access healthcare. This had led to improvements in their quality of life.
- Healthcare professionals we contacted told us the staff worked cooperatively with them and acted on any advice they gave.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager and staff were very knowledgeable about the MCA and their responsibilities under it. The rights of the person living in the home were promoted and respected.
- Staff supported the person to make decisions about their support. Where the person did not have the mental capacity to make a decision the staff team had worked with other professionals to make decisions about the person's care in their best interests. This had included decisions related to healthcare and receiving the COVID-19 vaccine. All assessments of the person's capacity to make a decision were specific to the decision to be made. The service held robust evidence of how the person's rights under the MCA had been respected.
- The registered manager ensured any restrictions on the person's liberty were appropriately authorised and the least restrictive option for maintaining their safety.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- Staff knew the person who lived in the home well and were kind and caring towards them. They spoke to and about the person in a respectful way.
- One staff member told us, "I care for [the person] as I would want my own family member to be cared for." A health care professional told us, "The staff genuinely care."
- The service had been developed and designed to meet the needs of the person who lived there. It was focused on promoting positive outcomes for the person. Everyone we spoke to told us the person had experienced positive outcomes due to the support provided in the home.
- Staff were proud of the person's achievements. They supported the person to have greater independence and the service was adapted as the individual's independence and skills increased.
- The registered manager had gathered very detailed information about the person's background, needs and preferences. Staff knew the person very well and provided support to take account of their psychological, emotional and physical needs.
- Staff supported the person in a manner which met their needs and protected their dignity. They knew how the person needed to be supported in order to ensure their wellbeing.

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

- Staff had learnt how the person communicated their wishes and choices. They respected the decisions the person made. They gave the person choices in a way that met their communication needs. The staff understood the person's needs and gave them the time they needed to make decisions about their support.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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; 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 provided very personalised care which took account of the person's needs and preferences. They placed the person at the centre of the service and were focused on providing individualised care which promoted positive outcomes.
- Staff had developed positive relationships with the person living in the home. They were creative in developing activities which enhanced the person's quality of life. This included supporting the person to be part of their community and having meaningful contact with people who were important to them.
- The service had developed a very detailed and person-centred support plan for the person. We observed the staff were very knowledgeable about how to support the person in a positive, person-centred way.
- The service had been developed to meet the person's needs. The registered manager and staff team were regularly adapting the service as the person's confidence increased to give them opportunities to overcome challenges in a supportive environment.

### 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.

- The registered manager had gathered detailed information about how the person who lived in the home communicated. The person's care records held very detailed guidance about how staff needed to support them to communicate. The staff understood how the person could use non-verbal communication to express themselves. We observed the staff followed the person's communication care plan. They were skilled at giving the person guidance in a way that met their communication needs.

### Improving care quality in response to complaints or concerns

- The provider had a procedure for receiving and responding to complaints about the service. Relatives we spoke with told us they had no concerns about the service. They said they would speak to the registered manager if they had any concerns and were confident action would be taken to resolve any issues raised.

### End of life care and support

- At the time of our inspection the service was not providing end of life care. The provider had links to appropriate services that could support people if they required end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 management team had developed a very positive and person-centred culture which was focused on enhancing the quality of life of the person who lived in the home. The person's relatives and healthcare professionals who worked with the individual told us their quality of life had improved greatly since they moved into the home.
- The management team were passionate about providing person-centred care which was inclusive and empowering. They modelled empowering and person-centred behaviours which staff followed.
- The staff showed a very good understanding of the principles of person-centred care. They had developed close and caring relationships with the person living in the home. They had worked hard to understand the person and how they expressed their wishes. They placed the person at the centre of the service provided.

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 provider and registered manager understood their responsibilities under the duty of candour. They had been open and honest when incidents occurred where the duty of candour applied.

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

- The registered manager and staff were very clear about their roles and responsibilities. Staff said they felt well supported to provide high-quality care.
- The registered manager had notified us of significant events, as required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The registered manager and staff gave the person living in the home choices about their daily life in a way they could understand. Staff had developed positive relationships with the person and understood how they expressed their wishes and choices.
- The management team asked staff for their views and suggestions on how the service could be further developed to promote positive outcomes for the person. Staff told us the management team listened to their views and suggestions.
- The management team, provider and staff were committed to the continuous improvement of the service. They continually reviewed the service as the person's needs and interests changed, to ensure the service

continued to promote positive outcomes for them.

#### Working in partnership with others

- The staff worked cooperatively with other services to ensure the person received support to meet their needs. They had used their knowledge about the person and their needs to support them to be able to attend healthcare appointments.
- Healthcare professionals told us the staff liaised with them appropriately and acted on any advice they gave.