

Partnerships in Care Limited

Elm Cottage

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection was unannounced and carried out on 13 November 2015.

Elm Cottage is a residential care home that provides care and support for up to three people with complex neurological needs following a traumatic or acquired brain injury. The service aims to provide short-term and long-term rehabilitation service and enable people to maximise their potential for improvement. At the time of our inspection there were three people using the service.

A registered manager was in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered manager was also registered to manage another similar service, Elm House, provided by Partnerships in Care, the same provider and located a short distance away.

People were protected from avoidable harm and potential abuse. This was done consistently so that people were safe whether they were in the service itself or out in the community. Potential risks of harm to the individual or others in their daily lives were assessed and identified. Detailed management strategies were planned for to provide guidance to staff on what actions to take to minimise risk and provide appropriate and individualised support that enabled people to participate in activities of their choice and access the community safely. Management and staff had a positive attitude towards managing risk while balancing the need for preference and choice with safety and effectiveness.

The provider had a thorough recruitment and selection process in place to check that potential new staff were suitable to work with people who used the service. People were supported by sufficient numbers of staff. Staffing levels were flexible and supported people to follow their interests, receive care and therapy, take part in social activities and, where appropriate education or work.

Medication was stored safely and administered correctly. The provider had robust systems in place to ensure medication was managed safely and appropriately.

Staff had developed good relationships with people living at the service and respected their diverse needs. They were caring and respectful and had the required knowledge and skills they needed to meet people's needs appropriately and safely. Staff knew people's individual care and support needs well. People's privacy and dignity was respected and upheld and they were supported to express their views and choices.

Management and staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions in some areas of their care and support.

People received personalised care specific to their individual needs; their independence was encouraged and their hobbies and interests supported. They received continuing specialist help pertinent to their needs and healthcare needs. They had prompt access to healthcare professionals when they became unwell.

The provider had arrangements in place to routinely listen and learn from people's experiences, comments and views. There was a strong emphasis on promoting good practice in the service and there was a well-developed understanding of equality, diversity and human rights and management and staff put this into practice. The registered manager was knowledgeable and inspired confidence in the staff team, and led by example.

Quality assurance systems were robust and helped to ensure the service delivered was of a good quality and safe, and continued to improve.

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.

People were protected from abuse and avoidable harm.

People's care needs and any associated risks were assessed before they were admitted to the home to ensure they could be met.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received their care from sufficient numbers of staff that had the experience and knowledge to provide safe care.

People received their prescribed medication from competent staff and were protected against the risks associated with unsafe management of medicines.

Is the service effective?

Good ●

The service was effective.

People received care and support from staff who had the training, acquired skills and competencies they needed to carry out their role and responsibilities and meet people's needs.

Staff understood and had a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. They put these into practice effectively, and ensured people's human and legal rights were respected.

People experienced positive outcomes regarding their health; healthcare needs were met and monitored and other healthcare professionals were appropriately involved when necessary.

Is the service caring?

Good ●

The service was caring.

Staff had developed positive caring relationships with people using the service.

People were treated with respect and their dignity and privacy was promoted.

Staff put into practice effective ways of supporting people to exercise choice, independence and control, wherever possible.

Is the service responsive?

Good ●

The service was responsive.

People received personalised care and support that was responsive to their diverse needs. Their needs, care and support were regularly assessed and kept under review.

People were supported to participate in meaningful activities and were provided with a range of opportunities, according to their individual wishes and preferences, including support to access the community.

The provider had arrangements in place to routinely listen and learn from people's experiences, concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

The service promoted a positive culture that was person-centred, open, inclusive and empowering.

The service had good management and leadership and staff were well supported to carry out their role and responsibilities.

There were systems in place to assess the safety and quality of the service, drive improvement and deliver good quality care.

Elm Cottage

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 legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 13 November 2015 and was unannounced. The inspection was carried out by one inspector. Before we visited the service we checked the information that we held about the service. No concerns had been raised.

There were three people using the service at the time of our inspection and we spoke with two people. We also spoke with two support staff and the registered manager. We reviewed their care records, assessed how they were supported with their medication administration and also looked at records relating to the management of the service including staff recruitment and training.

Is the service safe?

Our findings

People were protected from bullying, harassment, avoidable harm and abuse. It was evident from our observations and discussions with people using the service that they felt safe and comfortable within their environment and had a good rapport with staff supporting them. We saw that staff responded well when supporting a person who may express anxiety through their behaviour when confronted with people they do not know; they acted in a calm manner and provided continued reassurance. Staff demonstrated a good understanding of their responsibilities in relation to safeguarding vulnerable people and protecting them from harm, at home and out in the community.

Information about keeping people safe, raising concerns and whistleblowing was evident around the service and freely available and accessible to people using the service, staff and others. Staff told us, and records showed that they had undertaken relevant and current training in these areas. The registered manager was fully aware of their responsibilities and had suitable arrangements in place to ensure that people were safeguarded against the risk of abuse and harm. New employees were appropriately checked through robust recruitment processes to ensure their suitability for the role. A newly recruited staff member confirmed that all necessary checks had been completed before they had commenced working with people. There had been no concerns raised in relation to safeguarding issues in the last 12 months or more.

Risks to individuals were managed well so that people were protected and their freedom was supported and respected. The registered manager and staff spoken with demonstrated a good understanding of people's individual needs and the varied and profound physical, psychological and social consequences a person with an acquired brain injury may have following injury. Risk assessments were undertaken which were centred around the needs of the person and identified any actual or potential risks to the individual or others in their daily lives. Detailed management strategies provided clear guidance to staff on how the person should be supported in a safe and consistent way which protected their dignity and rights. They showed that the service respected people's rights to take informed risks, while balancing the need for preference and choice with safety and effectiveness. Good support and management systems were in place to enable people to maintain a normal lifestyle. Opportunities for people to participate in activities they enjoyed and access the wider community were fully explored. Arrangements were in place such as care planning and Care Programme Approach (CPA) reviews where people were involved in any decisions taken about the type and level of support they needed to manage risks. The management and staff had a positive attitude towards managing risk and promoting independence.

There were sufficient numbers of suitable staff to keep people safe and meet their individual needs. The registered manager was also registered to manage another service, Elm House, provided by the same provider and located a short distance away. The two services were very similar and provided support and rehabilitation to people with a traumatic or acquired brain injury. Staff worked flexibly between the two services. Staff told us that this arrangement worked very well because they worked as one team and they were very familiar with the needs of all the people using both services. This enabled them to provide cover and deputise as required without disruption to people receiving care and support. Staffing levels were based on people's individual needs and fluctuated on a day to day basis according to the type and level of

support each person required throughout a day with regards to going out and planned activities. Staff were deployed in a way that was consistent with personalised care and were allowed time to focus their attention on people using the service. At the time of this inspection there were two support staff on duty providing care and support to three people.

The service provided a family environment. Access to the community was arranged for individuals at varying times which gave others the opportunity to enjoy personal space and time in the communal areas of the service.

People's medicines were safely managed and they received their medicines in a timely way and as prescribed by their doctor. Medicines were stored safely and were locked away when unattended. The provider had robust systems in place to ensure medicines were managed safely and staff were appropriately trained and competent to manage and administer medicines in a safe way.

Is the service effective?

Our findings

The needs of people were met by staff who had the right competencies, knowledge, skills, attitude and behaviours they needed to carry out their role and responsibilities. Staff had a thorough induction that gave them the skills and confidence to carry out their role and responsibilities effectively. A new member of staff confirmed that they had completed an induction which included attendance at Elm Park Hospital, the parent service. This provided them with the opportunity to gain confidence and understanding in relation to the early stages of treatment and rehabilitation for people who had a traumatic or acquired brain injury. They explained they had received training in relation to safeguarding vulnerable people and Breakaway skills. This training taught staff how to avoid or how to 'break away' from challenging situations and provide an appropriate response to safeguard themselves from physical injury, and the person involved. The staff member told us they had not yet worked independently and were currently shadowing an experienced member of staff and getting to know the needs of the person they were supporting.

The induction for new staff was thorough, service specific and included The Care Certificate Standards and assessment of competence.

The service had a proactive approach to staff members' learning and development needs. Staff told us and training records showed that they received training in core subject areas and subjects specific to the needs of people using the service, this included introduction to the brain, brain injury and associated behaviour.

Systems were in place to ensure the manager was aware of staff skill and competencies and when they were due for refresher training; the training management system showed that staff training was managed well, monitored effectively and up to date. The programme was accessible to staff individually and enabled them to review and manage their own professional development needs. The registered manager confirmed that requests from staff members for additional training opportunities were always considered and accessed where possible. All staff were supported to complete the Qualifications and Credit Framework (QCF) in social care. This is a nationally recognised training system that awards credits for assessed learning and gives the learners the ability to get qualifications at their own pace.

Supervision, appraisal and other systems were used to develop and motivate staff and review their practice behaviours. The provider operated a staff excellence award to recognise staff who demonstrated good behaviours and values in their work. Staff confirmed that they felt well supported by the registered manager and their colleagues and were confident in their role. They felt able to raise any concerns and said the staff team worked effectively to meet the needs of people using the service.

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. 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 were being met. We found that the provider

had properly trained and prepared their staff in understanding the requirements of the Mental Capacity Act in general, and the specific requirements of the Deprivation of Liberty Safeguards. This was put into practice effectively, and ensured people's human and legal rights were respected. Related assessments and decisions for people had been taken properly. It was clear from care planning records that appropriate strategies had been used to support people's ability to make a decision for them self where possible. We observed that people were given opportunities to make choices and decisions throughout the day and they were respected.

People were supported to have sufficient to eat and drink. The time and content of meals were entirely the person's preference and choice. Drinks, snacks and fresh fruit were readily available and freely accessible.

People experienced positive outcomes regarding their health. Care records detailed specific and individual health needs and the actions needed to maintain and improve the health of the individual and any help needed to achieve them. The service engaged proactively with health and social care agencies and acted on their recommendations and guidance in people's best interests. People had access to a range of health care professionals and therapies to help support their care, treatment and rehabilitation programs. Regular healthcare reviews and appointments with other healthcare professionals were attended to maintain health and wellbeing and staff acted promptly when any health concerns were identified.

Is the service caring?

Our findings

People were consistently positive about the care and support they received. They told us that the staff and registered manager were very kind and provided the help that they needed. They were happy and at ease with staff and we saw that staff had a good rapport with them; staff demonstrated warmth, understanding and kindness. They explained to people the purpose of our visit and were alert to any changes in people's behaviour they provided appropriate reassurance and when necessary diverted people's attention, which reduced their anxiety. Staff had a good knowledge about people's backgrounds, their current needs, strengths and anxieties and the type and level of support each person needed.

People were involved, where possible, in decisions regarding any interventions for rehabilitation, care and support and their concerns were always acknowledged. One person told us they had access to lay advocacy services and met with their advocate each month. People were proactively supported to express their views through various forums such as resident meetings, surveys, key worker meetings, support plan reviews as well as through daily interactions and activities.

The relationship between staff and people receiving support consistently demonstrated dignity and respect at all times. Staff involved people and facilitated choice on how they spent their day, where they wanted to go out to and what they wanted to eat. People had choice over their daily routines and were supported to change activities and plans when they decided to. People told us they chose their own key worker; their key worker provided them with additional support emotionally and in personal activities such as shopping for new clothes.

Independence was promoted and staff provided active and individualised support that enabled them to participate, where they were able, in day to day living activities such as shopping, cleaning, laundry, cooking and bed changing.

People and/or their representatives/family members were involved in the care and support planning process. It was evident from discussion with people, the registered manager and review of care records that important events such as family occasions, family contact and involvement and continued care with health and social care professionals was recognised and facilitated. One person told us how the registered manager had taken them on a long distance visit and facilitated a meeting with close family they had not seen in a long while and the joy this had brought for them and their family. Good verbal and written communication was maintained with families about any changes with people or that affect them in the home.

The atmosphere within the service was welcoming, relaxed and homely. Each Sunday the two services came together for a Sunday roast which staff told us promoted a family feeling. People told us that they looked forward each week to this event and that it was a nice social occasion.

Is the service responsive?

Our findings

People received care and support that was planned and centred on their individual and specific needs. Care plans were personalised and sufficiently detailed to guide staff on the nature and level of care and support they needed, and in a way they preferred and how this was to be delivered for an effective recovery and rehabilitation programme. They contained relevant information in relation to the individual's likes, dislikes and preferences, goals and aspirations. Care and support plans and risk assessments were reviewed regularly and this ensured they were current and relevant to the person's needs. The monthly reviews identified how things were going and any changes necessary to their support and rehabilitation programme. The registered manager and staff demonstrated a good understanding of the varied and profound physical, psychological and social consequences a person with a traumatic or acquired brain injury may have following injury or disease.

People had in their rooms their own planned and structured activity timetable according to their needs and recovery and rehabilitation pathway. The activities were aimed at minimising difficulties and maximising performance in daily living tasks and activities. These ranged from basic self care to more extended activities, for example meal planning, accessing the community, shopping, money management and meal preparation; work, classes, social and leisure activities. People told us that they visited Elm Park, the parent service and independent hospital where support and therapy from psychologists, occupational therapists and if needed speech therapists was available. We also saw the provider offered Residents Real Work Opportunities, an initiative of paid opportunities of work within services carried on by the provider to give people where able purpose and ownership within their rehabilitation programme. Nobody at Elm Cottage was currently using this initiative.

Support was provided that enabled people where able to take part in and follow their interests and hobbies. This included regular access to the local community and access to community social activities. The registered manager encouraged staff to work in a creative way to enhance the lives of those they supported and ensure they were maximising every opportunity. Records of activities undertaken by people showed that their abilities, levels of engagement and enjoyment were considered at each care and support review to ensure that the activities were suited to their needs, ability, preference and choice. One person told us that it was recognised when they had taken on too much and they were supported to reduce activities and then gradually build them up again according to how they were managing and feeling.

Bedrooms were personalised with their own belongings and people were encouraged and supported to individualise their rooms with items they favoured and which meant something to them. The environment was very homely and provided facilities that enabled people to live a normal lifestyle within a risk management and rehabilitation programme. The long term goal for people, where able, was to relearn and develop independent living skills to enable them to move on to a more independent lifestyle within a supported living arrangement.

The provider's complaints policy and procedure was visible and freely available to people who used the service and others. There were details of relevant external agencies and the contact details for advocacy

services to support people if required. Staff knew people very well and recognised when they were concerned or upset and were able to support them in these instances. The service had not received any concerns or complaints in the last 12 months.

Is the service well-led?

Our findings

The service had a clear vision and set of values which staff were very clear about and put into practice. Care and support was delivered in a safe and personalised way with dignity and respect ensuring equality and independence were promoted at all times.

There was a positive culture in the service that was person centred and inclusive. People using the service, where able were involved in a meaningful way for example setting questions for or participating in recruitment interviews for new staff and having the opportunity to give their views for the selection of potential new staff.

Peoples views were sought through various methods such as resident surveys, resident meetings, individual key worker meetings and during day to day conversations. Holidays, a horticultural project to plant, grow and produce, internet connection, smoking shelter and seeking to find a befriending service had or were in the process of being addressed as a result of people's requests.

The service was well organised and had effective leadership. The registered manager also managed another similar service provided by the organisation which was in close proximity to Elm Cottage. The registered manager visited each service daily and provided 24 hour cover for guidance, advice and emergency situations. A senior support worker with the support of the registered manager provided day to day leadership. Staff told us there was good team working and the approach to delivering care and support was centred on people using the service. Staff said that they were treated fairly, listened to and encouraged to share ideas and proposals if they felt they would enhance practice and the lives of those they supported. The registered manager and senior support workers carried out regular one to one supervisions with each member of staff where they had the opportunity to discuss any issues, support they needed, guidance about their work and any training needs. Additionally, due to the service being small, staff received direct support on a daily basis and they told us that the registered manager was open and approachable.

There were good quality assurance systems in place that ensured the quality and safety of the service delivered and drove improvement. Audits were regularly carried out that ensured all systems were working properly for example medication handling, health and safety practices and management of peoples finances. Outcomes with associated actions where needed and timescales were communicated to staff in staff meetings and one to one supervisions.

The service was visited and monitored regularly by representatives, on behalf of the provider. Reports of these visits were also received by the Commission telling us of the outcomes and findings. The reports showed that the views and experiences of people using the service were sought during these visits and all aspects of the safety and quality of the service were reviewed. Action was taken by the registered manager to address any shortfalls identified.