

Extel Limited

CTTM Elmfield Cottage

Inspection report

Alcester Road
Hollywood
Birmingham
Tel: 01214304293
Website: www.cttm.co.uk

Date of inspection visit: 5 June 2015
Date of publication: 05/10/2015

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 

Overall summary

The inspection took place on 5 June 2015 and was unannounced.

Elmfield Cottage is registered to provide accommodation and personal care for up to five people with learning disabilities. At the time of this inspection four people lived at the home.

The manager was appointed in January 2015 and is currently registering with us. 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.

People felt supported by staff, who knew how to keep people safe and were aware of their support needs. Staff were aware of how they would identify and report potential harm and abuse. There were sufficient staff on duty to respond to people's health and welfare needs. Staff had received specialist training in assisting to meet and support people with their behaviour which challenges.

Summary of findings

Staff respected people's rights to make their own decisions and choices about their care and treatment. Staff knew how to communicate with people and provided reassurance when people became anxious and or had changed their minds when making decisions and choices.

Where people did not have the mental capacity and received care to meet their safety and wellbeing (which may be restricting their liberty) the manager had made applications to the supervisory body. By taking these actions the manager made sure people's liberty and freedom were not being unlawfully restricted.

People were offered choices regarding their food. Staff encouraged healthy eating to support and effectively meet people's individual eating and drinking requirements. Staff showed us how they helped one person keep to their weight loss diet, as recommended by the dietician.

Staff asked people for their permission before entering their rooms and asked whether they wanted to join in social events. People liked living at the home and we saw that there was lots of laughter and jokes during conversations between staff and people. Staff showed they cared for people who lived at the home and that positive relationships had been formed.

People told us that they knew how to make a complaint but they had not needed to. They felt able to discuss any concerns with either staff or the manager. These were acted upon and recorded.

Staff were clear on their roles and felt supported by the management team. We saw systems were in place to monitor the quality of care. The acting manager indicated that they had a clear vision on how they wanted to lead the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People were supported by sufficient numbers of staff to meet their care and welfare needs. People told us they felt safe. Risk's were considered and managed. People received their medicines as prescribed in a safe and timely manner.

Good



Is the service effective?

This service was effective

People's capacity to consent to care and support had been assessed People were supported to make their own choice and decisions around their care and treatment .

People enjoyed the food they received.

People were helped to access health care when they needed it.

Good



Is the service caring?

This service was caring

People received care that met their needs. Staff understood how to provide care in a dignified manner and treated people as individuals.

Good



Is the service responsive?

This service was responsive

People who used this service were supported by staff, to take part in a range of social activities in the home and out in the community.

People and their relatives could raise concerns and felt that these would be listened to, acted upon and improvements made.

Good



Is the service well-led?

This service was well-led.

People told us that improvements had been made and they felt involved in important decisions about how the service was run.

Staff told us that they felt supported by the acting manager and now felt supported and valued in their work

There were systems in place to monitor the quality of care . We saw improvement plans and actions recorded.

Good



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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.

The inspection took place on the 5 June 2015 and was unannounced. The team consisted of two inspectors.

We looked at the information we held about the service. This included statutory notifications and speaking to the local authority contracting team. A statutory notification is information about important events which the provider is required to send us by law.

We spoke with two people who lived at the home, a health professional, the home manager and three members of staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at two people's care plans, health action plans, the management of medicines and records about staff meetings, training, quality of the service and relative feedback questionnaires.

Is the service safe?

Our findings

People spoken with told us they felt safe and liked living at the home. They told us they liked the manager “as she was good”. We saw that staff communicated in a positive friendly manner with people, offering reassurance when they became anxious. We saw that staff supported people with their feelings and behaviour which challenged. Staff were aware of risks associated with people’s wellbeing and what they needed to do so that people’s needs were met in a safe way. For example, one person became distressed about attending an appointment. Staff sat with this person and provided lots of reassurance about what would happen at the appointment. We saw from the person’s facial expressions they started to relax.

We spoke to staff about how they kept people they supported safe and free from physical harm and risks. Staff were able to identify types of abuse and what steps they should take if they wanted to raise concerns. They told us they had received training about abuse and how to report it.

We saw staff supporting people when they were in the kitchen and being mindful of the safe storage of objects which could cause injuries to people. Staff also helped people to go out into the community, for example, making sure staff were aware of each person’s abilities when crossing main roads. Staff who we spoke with were able to identify people’s levels of risk and how they managed these in relation to all aspects of people’s care and support. They told us that when a person had a new risk identified this was shared with all staff so that people received consistent support to help keep them as safe as possible.

Staff understood how to report accidents, incidents and near misses and knew the importance of following these policies to help to reduce the risks to people. The manager monitored all accidents and incidents which had

happened. They told us that by monitoring these they could identify any trends which may indicate a change in people’s needs or health condition. We saw records of the actions taken by the manager in response to incidents.

Staff spoken with felt there were enough staff on duty each day. They told us there were currently two staff vacancies so there was a need to use agency staff on occasions to make sure people’s needs were responded to and met. The manager told us she tried to use the same agency staff to help with consistency and minimum disruption for people. She felt this was important because people who had autism, liked to have their needs met by familiar staff. The provider was using an agency to help with staff selection and recruitment.

Appropriate checks were completed on new staff before they started to work at the home. This included obtaining references from previous employers.

People were supported to take their medicine when they needed it. Staff offered people their medicines, stayed with them while they took them and gave support where needed. We saw medicines were stored securely and medicine records showed people had their medicine at the right time and in the right way. Staff confirmed they had received training in medicine administration. Weekly medication audits were performed to ensure people received their medication as prescribed.

We spoke to the manager about the way they monitored the use of ‘as required’ or PRN medication. Clear instructions were in place as to when it should be given. Each time a PRN medication had been given there was a clear explanation of when and why it had been necessary to give it recorded on the back of the medication administration record (MAR). The team leader was able to describe why and when she would administer the medication.

Is the service effective?

Our findings

We spoke to new members of staff who were able to tell us about the people they supported and their chosen routines, likes and dislikes. Staff we spoke with described people's care routines and their likes and dislikes. Staff put their knowledge into practice offering people choices. Staff spoke to us about the good team spirit and how they supported each other, which they felt was important when working in a service that helps people with behaviour that challenges. They told us the acting manager would offer support and advice as necessary.

Staff told us that they had received a detailed induction programme. This included a two week shadowing shift system in order for both staff and the people who use the service, opportunity to familiarise themselves with each other. This gave the staff opportunity to put their knowledge and skills into practice. As part of their induction staff start their training in autism, challenging behaviour and person centred care. Staff told us training was on going throughout their career, specific training needs were identified through staff supervisions and appraisals.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA). This law protects people who do not have the mental capacity to make decisions about some aspects of their care. The acting manager had applied for Mental Capacity Assessments for all of the people who use the service as she had assessed that people living at the service required support to make certain decisions. The decisions the assessments referred to were listed, for example one person required support on attending a medical appointment. We saw relatives and other representatives were involved to help people make decisions that were right for them. We asked staff about their knowledge of the MCA. They were able to confirm their knowledge and were able to describe the importance of assessing each person's capacity to make their own decisions.

The Deprivation of Liberty Safeguards (DoLS) requires whenever a care home or hospital identifies that a person lacks capacity is being deprived of their liberty or risks being deprived of their liberty. They must apply to the 'supervisory body' (Local Authority or CCG) for authorisation of the deprivation of liberty. The acting manager had identified that some people did not have mental capacity so she had applied for Deprivation of Liberty Safeguards (DoLS) to ensure that the people who live at Elmfield Cottage do not have their freedom inappropriately restricted. Currently one person was subject to DoLS.

We asked one person about their choices of food and drink. They confirmed they were given two choices of meal and had their dislikes of certain food and drinks accounted for. Meal times were relaxed and unrushed. On the day of the inspection one person wanted to eat their lunch outside in the garden and staff supported this request.

People were supported to help stay healthy and well. Each person using the service had a health action plan in place which detailed people's individual health needs. We reviewed people's plan which confirmed people received additional professional help from the GP, dentist, optician and physiotherapist. People were supported by staff to attend appointments. A relative we spoke to confirmed their family member attended these appointments.

Staff were able to describe what action they would take if they were concerned about someone's health. We asked staff to give examples of what action they would take if a person told them they felt unwell, they told us that they would report it to their team leader or manager, then phone their GP if required. We saw from the daily records that staff had referred people to the dietician at their request. On the day of our inspection we saw one person being supported to attend a GP appointment.

Is the service caring?

Our findings

People at the home told us they liked the staff and the manager. We saw from a relative feedback survey comments that staff are friendly and helpful.

We saw positive interactions between staff and the people who used the service. One person sat in the garden laughing and joking with staff. The visiting health professional commented that staff seemed caring and had been responsive to any suggestions.

People were treated as individuals with everyone's independence promoted. Staffing was arranged to promote their independence and support people whose behaviour which challenge. Every effort was made to help each person access community activities of their choice. If more than one member of staff was required to support people to attend a social engagement, the rota would reflect this. The manager told us staff were flexible in their working hours and would stay over if in order that people could attend late social activities.

Staff were able to describe people's individual likes and dislikes, the best ways to keep people engaged with activities. They seemed knowledgeable about each person's care routines. This was supported by detailed care

plans. People who used the service were given choices to as to when they went to bed and what time they chose to get up. The care plans stated details of the type of environment a person preferred, one person liked listening to classical music to help them relax.

We saw that staff treat people with dignity and respect, they knocked on bedroom and bathroom doors and waited before entering. We saw staff address people by their preferred name. Staff approached people in a friendly individual style and showed us they were familiar with their character and interests.

A member of staff told us that they considered each person's religious beliefs and helped them attend their chosen place of worship.

The acting manager spoke about having best interest meetings and the importance of liaising with health and social workers to promote the best care for the people who lived at the home. We saw that one person had been using the local advocacy service for support.

We saw that the provider had actively sort the views of the people living at the home by asking them to complete customer satisfaction questionnaires. Relatives had been asked their views and responded one person commented "staff are willing to bring [person's name] on home visits".

Is the service responsive?

Our findings

The people we spoke to told us that they liked living at Elmfield Cottage and enjoyed the activities. One person told us about the holiday they were due to go on. They were excited because they had asked to go with staff to an exhibition and this was going to be happening next week.

We saw the staff team demonstrated their responsiveness when one person became anxious and decided they didn't want to go out on an activity. The staff team quietly reassured him, waited and then when felt ready, tried again. They then decided to go for the walk with the staff as planned. This demonstrated how the staff were trained to respond to any challenging behaviours and anxieties that the people had.

We saw staff out in the garden having positive interactions with one person, talking and planning activities such as a holiday and day trip they had requested.

Each person using the service was assigned a member of staff to look after their interests. The member of staff felt they knew the person they worked with well, demonstrating to us their likes and dislikes in activities and food choices. They knew what triggered changes to the person's behaviour. They told us that by knowing this, it enabled them to try to avoid situations which made the person anxious.

We saw feedback from a response from a carer's survey stated: "Staff are always willing to bring [person's name] home for home visits". The manager told us she was in regular weekly contact with one relative to try to resolve some concerns they had raised.

The acting manager acknowledged that as this service was a 'transition service' it was important that the staff team worked with members of the community learning

disabilities team. She told us she was, "Overwhelmed by the support she had received" and thought it was essential to work together in order to get the best outcomes for people.

The acting manager told us how they dealt with complaints that the service received. They showed us how they were recorded and what actions were taken. From the evidence they showed us complaints were dealt with in a timely manner, and lessons learned for the future.

In the hallway was information for people who used the service telling them how to make a complaint. Information was in an easy read format, to ensure that people with communication difficulties could understand how to make a complaint. We asked people what they would do if they were not happy with something with the service, they confirmed they would go to the manager.

We spoke to the acting manager who told us about the complaint system the provider used to make sure that all allegations were documented, investigated and reported. We were shown the provider's complaint procedures and evidence that actions had been taken. The acting home manager showed us that she was dealing with one complaint and actively having weekly conversations with a relative in order to resolve the problem.

The provider had sent out satisfaction surveys to carers and relatives to seek feedback on how they felt their relatives were cared for. One carer stated "All staff are friendly and helpful".

We discussed the possibility of someone new moving in to the home. The manager described the process and the importance of making sure the new person was compatible with people already living there and how she would assess their needs and introduce them to the home.

Is the service well-led?

Our findings

The acting manager has applied for registration with us and is awaiting their interview, they had been in post since January 2015.

All of the staff we spoke with felt very positive about their new manager. They told us that in the past there had been a high turnover of staff, but one member of staff described the new manager as “making the world of difference”, and “She listens to her staff”. We heard how the manager was receptive to the demands of the work put on staff and would step in as necessary to support the team. The manager told us they felt the current staff team worked well together and offered consistency and support to each other, more importantly delivering a good quality service to people who lived there.

Whilst talking to the acting manager one person interrupted her and requested the manager make a hot chocolate, which she did. They told us they liked her and it was clear from their body language and facial expression this was the case. The manager saw themselves as part of the care team and felt it was important to be an active part of the workforce, they gave us examples of where she would stop any office work and respond to any challenging behaviour incidents. She also told us the importance of debriefing staff and learning lessons from any incident that occurred, to avoid it happening again.

The acting manager told us of their plans to improve the service and brought in a number of quality controls and audits. The quality of the service provided was audited by

the provider’s operations manager. These included health and safety, environment, medication audits any deficits were highlighted and an action plan put in place to prevent a further occurrence.

Staff had regular supervisions, the acting manager told us they felt it was important for the staff and the people’s well-being to be supported and have the opportunity to speak in confidence about any concerns they had. Staff were able to describe the provider’s whistleblowing policy and confirmed they would not hesitate to use this to make sure people were not at risk from harm.

Providers of health and social care services have to inform us of important events that take place in their services. The records we have showed that the acting manager has a good history of informing us of notifiable events. The acting manager showed us the records of incidents and accidents which had then analysed in order to take steps to prevent them happening again.

The acting manager had in place a system to audit any physical restraint and shared this information with the relevant social workers and community learning disabilities team. Since coming into post the amount of physical intervention had reduced significantly. The acting manager explained that this was due to a different approach to management that they had brought to the service. There were plans in place for all staff to be trained in “Positive Response Training”.

We saw an email from a social worker stating how helpful and professional the staff were in relation to a person who used the service in what are at times difficult circumstances.