

# Community Homes of Intensive Care and Education Limited

## Elliott House

### Inspection report

Reading Road North  
Fleet  
Hampshire  
GU51 4AW

Tel: 01252628588  
Website: [www.choicecaregroup.com](http://www.choicecaregroup.com)

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28 November 2018

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### Ratings

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

## Overall summary

Elliott House provides accommodation and personal care to a maximum of nine people who live with a learning disability, autism and/or associated health needs, who may experience behaviours that challenge staff.

At the time of the inspection eight people were living at the home. The service is a residential home that has been developed and adapted in line with the values that underpin the Care Quality Commission's 'Registering the Right Support' and other best guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can lead as ordinary life as any citizen.

The home had a registered manager. A registered manager is a person who has registered with the CQC 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 and associated Regulations about how the service is run.

This comprehensive inspection took place on 27 and 28 November 2018. The inspection was unannounced, which meant the staff and provider did not know we would be visiting.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At our last inspection in March 2016 we found the provider was required to improve the recording of the administration of people's prescribed medicines and staff recruitment processes. At this inspection we found the provider had made the required improvements to accurately record medicine administration and staff recruitment procedures.

People were protected from avoidable harm, neglect, abuse and discrimination by staff who understood their responsibilities to safeguard people. Risks to people had been assessed and plans minimised potential risks, whilst promoting people's independence. There were sufficient suitable staff deployed to support people safely who had been enabled to develop and maintain the necessary skills to meet people's needs. There was a positive attitude to learning from incidents and near misses.

People's care and support were delivered in accordance with detailed assessments and care plans, which were reviewed regularly. People were supported to eat a healthy balanced diet. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The registered manager had developed effective partnerships with relevant professionals and quickly referred people to external services

such as GPs, neurologists, dieticians, opticians and dentists, when required to maintain their health. Staff supported people to maintain high standards of cleanliness and hygiene in the home, which reduced the risk of infection. Staff followed required standards of food safety and hygiene, when preparing or handling food.

There were positive, caring relationships between people and the staff who supported them. The provider supported people to be actively involved in decisions about their care and support. The service people received had a very positive impact on their dignity, independence, self-esteem and confidence.

People were supported by regular staff who were kind and caring, which had a positive impact on their mental wellbeing. Staff treated people with dignity and respect and were sensitive to their needs regarding equality, diversity and their human rights.

People were supported to take part in activities that they enjoyed and to maintain relationships with their families and those that mattered to them. This helped to protect them from the risk of social isolation.

The registered manager sought the views of people and their relatives and used these to drive improvements in the home. People and relatives were confident that the staff would listen to them if they had any concerns and would take the necessary action to deal with them.

The service was well led. The vision, values and culture of the service were understood and delivered by staff whilst they supported people. The safety and quality of support people received was effectively monitored and identified shortfalls were acted upon to drive continuous improvement in the service.

Further information is in the detailed findings below.

## 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 had improved to good.

### Is the service effective?

Good ●

The service had remained good.

### Is the service caring?

Good ●

The service had remained good.

### Is the service responsive?

Good ●

The service had remained good.

### Is the service well-led?

Good ●

The service had remained good.

# Elliott House

## Detailed findings

### Background to this inspection

This unannounced inspection took place on 27 and 28 November 2018 and was carried out by one adult social care inspector.

Before the inspection, we reviewed all the information we held about the service including previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is used by registered managers to tell us about important issues and events which have happened within the service. The provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, such as what the service does well and improvements they plan to make. We used this information to help us decide what areas to focus on during our inspection.

During our inspection we spoke with seven people living at the home, some of whom had limited verbal communication. We used a range of different methods to help us understand the experiences of people using the service who were not always able to tell us about their experience.

Throughout the inspection we observed how staff interacted and cared for people across the course of the day, including at mealtimes, during activities and when medicines were administered. We spoke with the registered manager, deputy manager, assistant manager, an assistant area director, the cook, activities coordinator and 12 members of staff covering the day and night shifts, including three bank staff.

We reviewed each person's care records and eight staff recruitment, supervision and training files. We examined the provider's records which demonstrated how people's care reviews, staff supervisions, appraisals and required training were arranged.

We also looked at the provider's policies and procedures and other records relating to the management of the service, such as staff rotas covering November and December 2018. We considered how people's, relatives' and staff comments were used to drive improvements in the service.

Following the visit, we spoke with five relatives of people and two health and social care professionals. These health and social care professionals were involved in the support of people living at the home. We

also spoke with the commissioners of people's care.

The last inspection took place in March 2016 where we rated the service as good but requires improvement in relation to their recruitment and medicine administration records.

# Is the service safe?

## Our findings

At our last inspection we found that medicine administration and staff recruitment records had not been completed accurately. At this inspection we found the required improvements had been made.

People experienced care that met their needs and made them feel safe. One person told us, "I am safe because I can talk to [named staff] and they listen to me." One relative told us, "We went through a turbulent time last year, with a lot of challenges which made some staff leave but the new manager has done a good job to steady the ship. [Their loved one] is much more relaxed and feels safe now."

People were protected from avoidable harm and discrimination. Staff understood how to protect the human rights of people who lacked a voice and safeguard them from abuse.

People experienced care from staff who were aware of their individual risks and how to support them safely. For example, people knew how to support people identified to be at risk of choking or seizures.

Staff understood the provider's safety systems, policies and procedures, for example; fire safety and emergency evacuation procedures.

There were sufficient numbers of staff to meet people's needs safely, which we observed in practice. The registered manager regularly reviewed staffing levels and adapted them to meet people's changing needs and dependency. Staff suitability for their role had been appropriately assessed by the provider.

Risks to people associated with their behaviours were managed safely. During our inspection we observed timely and sensitive interventions by staff. This ensured that people's dignity and human rights were protected, whilst keeping them and others safe.

People received their medicines safely from staff who had received appropriate training and had their competency to administer medicines assessed regularly. Medicines administration records accurately reflected what medicines had been given, when and to whom. This ensured their practice was safe and in accordance with national guidance.

Staff reviewed all incidents and near misses to reduce the risk of a future recurrence. There was a culture in the home where learning from mistakes was encouraged. For example, implementation of improved practice based on lessons learnt from medicine errors.

Staff maintained high standards of cleanliness and hygiene in the home, which reduced the risk of infection. All staff clearly understood the provider's policies and procedures on infection control, which were up to date and based on relevant national guidance.

We observed staff supported people to follow the required standards of food safety and hygiene, when they prepared or handled food.

## Is the service effective?

### Our findings

People continued to receive effective support from staff, who had been enabled with the required skills and knowledge to enrich their lives. Relatives praised the determination of staff to provide opportunities for people to grow and experience the best quality of life. One relative told us, "They [staff] understand [loved one] and how to support him. They always thinking about what they can do to give them [people] the best life possible."

Professionals reported that staff effectively followed their guidance, which had resulted in positive outcomes for people. Staff referred people promptly to external healthcare services which helped to maintain their health and ensured that changes to their physical and mental health needs were met.

People's needs were assessed regularly and detailed care plans were enhanced by positive behaviour and communication support plans, which promoted people's independence and provided opportunities to maximise their potential.

Staff completed a thorough induction and had undertaken the required training to develop and maintain the necessary skills and knowledge to deliver good quality care, which met people's needs.

People were protected from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions by attentive staff. Mealtimes were arranged to suit individual needs and routines. Staff encouraged people to eat a healthy diet of their choice. People were involved in decisions about the decoration of their rooms, which met their personal and cultural needs.

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.

Staff supported people and their relatives where appropriate, to make choices, in line with best interests decision-making. For example, in decisions regarding surgical procedures and the use of assistive technology to monitor people's safety. The registered manager passionately advocated and protected people's human rights.

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. Procedures for this in care homes are called the Deprivation of Liberty Safeguards. We found that legal requirements were met and people's human rights had been recognised and protected.

The registered manager had developed effective partnerships with relevant professionals, for example GPs, community learning disability nurses, speech and language therapists, dentists and chiropractors.

# Is the service caring?

## Our findings

People continued to experience caring relationships with staff who consistently treated them with kindness and compassion. One person told us, "They [staff] help me to do the things I like" and "They take care of me if I'm not very well."

Relatives told us their family members were happy and settled at the home. One relative told us, "The carers are very kind and everything they do is to make [family member] feel Elliott House is their home and to do as much as they can to fulfil their lives."

People, relatives and staff spoke fondly about the inclusive, family atmosphere they experienced living and working at the home. Staff were highly motivated and demonstrated a real passion to support people living in the home. For example, one staff member said, "I have never looked forward to coming to work more." Another staff member said, "You would have to be mad to do this job for the money but no amount of money can match the feeling you get inside when you see them [people] smile or achieve something."

Relatives consistently reported that staff interaction with their loved ones had a significant positive impact on their well-being and happiness. Staff had the time, information and support they needed to provide care and support in a compassionate and person-centred way.

People and where appropriate their relatives were involved in their care planning, which considered their wishes, needs and preferences. Relatives consistently told us that the registered manager and staff made them feel their feelings and opinion mattered.

Staff spoke with passion and recognised people's talents and achievements, which demonstrated how they valued them as individuals. The registered manager had created a stable core staff team, which meant people experienced good continuity and consistency of care. Staff knew about people's life histories, their families, their interests, their hopes and aspirations, and what was important to them.

Respect for privacy and dignity was at the heart of the home's culture and values. Staff demonstrated these values in their day to day support of people. People's care records detailed their needs in relation to equality and diversity. Staff supported people in a calm and sensitive manner and used a variety of tools to communicate with people according to their needs.

The consistent and calm interactions of caring staff had reduced some people's levels of anxiety. This had made them feel confident and able to explore new opportunities and experiences, which enriched their lives.

Staff promoted people's choices and independence by supporting them to do things themselves, rather than doing things for them. Staff sensitively encouraged people and gently reminded them when they forgot to do things, such as cleaning their teeth or wearing appropriate clothing for the weather conditions.

Information about people was treated confidentially and the provider kept and stored records in accordance with the Data Protection Act.

# Is the service responsive?

## Our findings

People continued to experience care that was responsive to their individual needs and preferences. Care plans had been regularly reviewed to monitor people's progress against their personal goals and aspirations.

The registered manager and staff ensured people had as much choice and control over their lives as possible. Families told us the staff worked closely with them, to ensure they were fully involved in their loved one's care.

People received care that reflected their wishes, from staff who understood how to promote their independence and maximise the opportunity to do things of their choice. For example, staff supported people to try new experiences and to do everything they were capable of. One relative told us, "One of their [the service] great strengths is their ability to help people reach their potential and do things you wouldn't have thought possible."

Staff enabled people to take part in person-centred activities and encouraged them to maintain their hobbies and interests. For example, one person was supported with their passion for mathematics and a famous football team, whilst others were supported to enjoy sensory activities and arts and crafts.

People's changing care needs were identified promptly and referred to relevant professionals when required. Where aspects of people's health were monitored, records demonstrated that staff responded quickly when required. Changes to people's care were discussed at staff shift handovers to ensure staff responded to people's current needs.

Staff understood the needs of each person and delivered care and support in a way that met these needs and promoted equality. Staff identified, recorded and shared relevant information about the communication needs of people living with a disability or sensory loss. We observed staff converse with people using their preferred methods of communication.

Staff supported people to maintain relationships with their families and friends that mattered to them and encouraged social contact and companionship. People had been supported to create individual Christmas gifts of their choice for their respective loved ones. People were protected from the risk of social isolation and loneliness.

Relatives consistently praised the imagination and tenacity of staff to try new and innovative ideas to improve the quality of their loved one's life. One relative told us, "They [staff] are very good at finding new things to do that challenge [loved one]." One relative told us, "They [staff] get the best out of him [person]."

One person had been supported to repeatedly verbalise positive statements about themselves, which enabled them to achieve things which had historically not been thought possible. When staff members asked why this process worked the person said, "Because you believed in me."

People and their relatives were given the opportunity to give their feedback on the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided.

People had been provided with a copy of the complaints process in a format which met their needs. Two complaints that had been made since our last inspection, which had been dealt with in accordance with the provider's policy. The registered manager used the learning from complaints to improve the quality of care people experienced.

People's preferences and choices for their end of life care were clearly recorded, communicated, kept under review and acted upon. Relatives of a person who had sadly passed away since our last inspection kept in touch with the service. They told us their loved one experienced exceptionally compassionate care which enabled them to experience a comfortable, dignified and pain-free death.

The provider compassionately supported people's families, other people using the service and staff when someone died.

# Is the service well-led?

## Our findings

The home continued to be consistently well-managed by the registered manager who led by example and provided clear and direct leadership.

Staff told us the registered manager and deputy manager were approachable and inspired them to put people's needs and choice at the heart of everything they did. The provider and registered manager had created an open, person-centred culture, which achieved good outcomes for people, based on the provider's key values.

The provider's vision was to provide services for people with learning disabilities, autism and mental health needs by delivering care in line with values they identified together with people who used their services. These values were to be committed and passionate, to act with integrity, to treat people with dignity and respect, to strive for excellence in the quality of their service and to be trustworthy and reliable. We observed staff demonstrating the provider's core values during their day to day support of people, which promoted their dignity, independence and choice.

People, relatives, staff and professionals praised the commitment and dedication of the registered manager to provide the best possible support for people. Comments made by relatives included, "She has steadied the ship, and the carers want to work for her, which means people get good continuity of care from regular staff who know them well" and, "She really knows how to support people with learning disabilities and how to promote their freedom and choice."

People, relatives and professionals told us the registered manager and staff had created a close family atmosphere in the home, where people and staff cared for one another. People and staff told us the registered manager made them feel respected, valued and well supported. People, relatives and staff frequently referred to everyone at Elliott house as 'our family'.

Staff consistently praised the registered manager for their emotional support, tact and diplomacy whilst dealing with sensitive issues. We observed the registered manager and staff sensitively and compassionately support colleagues who were experiencing challenging personal circumstances at the time of our inspection.

The registered manager readily recognised good work and staff achievements. Staff felt comfortable to suggest new ideas to the management team and were then encouraged to implement them.

Where there had been accidents or near misses, the registered manager had completed reflective sessions, which supported people and staff and ensured they received the required support or counselling. The registered manager ensured that good practice was shared during staff meetings and supervisions and acted on throughout the service.

The registered manager operated effective quality assurance systems to monitor the quality of service being

delivered, including a series of audits including care files, medicines management, health and safety, fire safety management and maintenance. Action plans were developed following audits, which were monitored to drive the continuous development and improvement of the service.

The staff had developed good links in the local community and the registered manager had established effective partnerships with professional services that reflected people's needs and preferences. The service worked effectively in partnership with key organisations to support joined-up care. For example, they worked with different health care professionals to ensure people's choices and human rights were respected. Health and social care professionals told us they experienced good communication with the management team and staff who were always open and honest.