

Ryan QC Homes Ltd

The Elms

Inspection report

10 Repton Court
Northampton
Northamptonshire
NN3 3RQ

Tel: 01604947965
Website: www.ryanqchomes.co.uk 

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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:

The Elms is registered to provide accommodation and personal care support for up to three younger and older adults with a learning disability, autistic spectrum disorder, physical disability, dementia and sensory impairment. Three people were living at The Elms, three people received the regulated activity of personal care.

The Elms also provides personal care and support to people living in their own homes, so that they can live as independently as possible. At the time of the inspection eight people were being supported with the regulated activity of personal care.

People's experience of using this service:

- The service worked within the principles and values that underpin Registering the Right Support and other best practice guidance. This ensured that people could live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control over their own lives, choice, and independence.
- 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.
- People were empowered to achieve their hopes and dreams by staff that were kind and caring and enjoyed spending time in their company.
- Staff promoted people's independence. People living at the Elms and in their own homes were supported to lead fulfilled lives.
- People and their relatives were involved in reviewing care delivery to ensure it was meeting people's individual needs.
- Regular keyworker reviews enabled people to discuss what was working and not working for them, so they could be supported to address any issues or concerns.
- People's privacy and dignity was respected. People's diverse needs were embraced, and staff supported people to express their individuality.
- People and staff felt valued by a management team that was passionate about enabling people to achieve their hopes and dreams and to challenge discrimination.
- Staff were supported by a management team that was well-led
- People knew how to raise a complaint and felt confident these would be addressed to their satisfaction.
- People received safe care from staff that understood how to recognise and protect them from abuse. Staff had received training relevant to their role and were well supported by the management team.

Rating at last inspection:

This is the first comprehensive inspection under this registration. The service was registered on 21 March 2018.

Why we inspected:

This was a planned inspection.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our re-inspection schedule for those services rated Good.

For more details, please see the full report which is on the CQC website at www.cqc.org

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.

The Elms

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection team consisted of one inspector.

Service and service type:

The Elms is a care home registered to provide accommodation and personal care support. It is also registered to provide personal care and support to people living in their own homes.

The service had two managers 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 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care, people also had their own commitments during the day. We needed to be sure they would be in.

What we did:

The provider completed a Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

The inspection started on the 13 March 2019 and ended on 14 March 2019. We spoke to staff on the 13th March 2019 and visited the location on the 14 March 2019. During our inspection we spoke with one person living at The Elms, three people in receipt of personal care living in their own homes, one friend, two

registered managers, the compliance manager, a human resources manager, one team leader and three carers.

We reviewed information we had received about the service. This included details about incidents the provider must notify us about, such as abuse; feedback from the local authority, professionals working with the service and the clinical commissioning group (CCG). We used this information to plan our inspection.

During the inspection we reviewed:

Three people's care records, four staff recruitment files and documents relating to the management of the service such as policies, audits, meeting minutes and safeguarding records.

Some people living at the Elms had limited communication abilities, we therefore spent time observing interactions between them and the staff.

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People told us they felt safe receiving care from The Elms.
- Safeguarding systems and processes were in place and embedded in practice. The compliance manager ensured all notifiable incidents were referred to the Local Authority and CQC.
- The management team had investigated safeguarding concerns to ensure people received safe care.
- Staff knew how to recognise abuse and protect people from the risk of abuse.
- There was a whistleblowing policy and process for reporting concerns. Staff felt confident about whistleblowing, and had been provided assurance by the management team they would be supported and respected if they raised a concern.

Assessing risk, safety monitoring and management:

- Comprehensive risk assessments were in place and updated as and when people's needs changed.
- The provider made best use of assistive technology to keep people safe. An epilepsy alarm was used for one person. This alerted staff to seizures at night. One staff member told us, "It's great as we [staff] were concerned [name] would have unwitnessed seizures."
- Emergency evacuation plans were in place to ensure people and staff knew how to leave The Elms and their homes safely in the event of a fire.
- People had access to easy read information to support them to stay safe at home and in the kitchen.

Staffing and recruitment:

- Staffing ratios were reviewed monthly by the management team to ensure there were enough suitably trained staff to meet people's needs.
- People told us staff were always available to meet their needs. People living in their own homes received support at the time they needed it and reported there had been no gaps in their care.
- Comprehensive recruitment checks had been undertaken to ensure people were protected from being supported by unsuitable staff. This included seeking an enhanced disclosure and barring service (DBS) check and references.

Using medicines safely:

- A new medicines system ensured staff followed safe protocols for the receipt, storage, administration and disposal of medicines. A staff member told us, "It's a better system, it makes you really think."
- People received their medicines as prescribed.
- Protocols were in place for the administration of as required medicines, these provided enough detail for staff to know what medicines to give and when.
- Staff received medicines training and undertook competency assessments prior to administering medicines at The Elms and in people's own homes.

Preventing and controlling infection:

- Staff had a good knowledge of infection control requirements.
- Staff had access to personal protective equipment such as gloves and aprons, these were used appropriately during personal care to minimise the spread of infection.
- We observed the environment to be clean and odour free.

Learning lessons when things go wrong:

- Incidents and accidents were regularly audited to check for trends or patterns and identify learning. For example, one person told staff they had fallen the day before. The person's risk assessment and care plan was reviewed identifying the need for increased monitoring and supervision.

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

Good: 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:

- There was a focus on assessing, planning and delivering care and support that focussed on people's physical, spiritual, psychological and social needs.
- The service used assistive technology to empower people to be more independent whilst maintaining their safety, and delivering high quality care and support. For example, the use of epilepsy monitors to reduce the dependency on staff.
- Care and support was regularly reviewed with people and where appropriate, their friends and relatives. Reviews were tailored to meet people's communication and healthcare needs.
- People's needs were detailed in their care plans. This included comprehensive information in relation to their background and history.
- Staff applied learning effectively in line with best practice guidance relevant to the needs of people receiving support.

Staff support: induction, training, skills and experience:

- People were involved in the recruitment of staff. They asked questions important to them during interviews and had an influence on the outcome. People's views were also sought on staff's performance to inform supervisions, appraisals and probation reviews.
- An induction programme was in place for new staff. This included shadowing more experienced staff members until confirmed as competent and people were happy to be supported by them.
- Staff received suitable training to ensure they had the skills to do their job. Staff had undertaken training the provider deemed mandatory and additional training relating to people's individual needs. For example, abdominal massage for management of constipation.
- There was a proactive support and appraisal system that recognised the need for continuous development to enhance the quality of care people received.
- Staff told us they were empowered to further develop their knowledge and expertise. One staff member told us, "The training is absolutely brilliant, nowhere is as good as here. I have done my NVQ 3, it was a big achievement for me."

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

- There was a strong emphasis on the importance of eating and drinking well, people were encouraged to make healthy food choices and could access drinks, fresh fruit and snacks whenever they wished.
- People living in their own homes did their own food shopping and meal preparation with staff support.
- People were fully involved in planning their meals taking nutritional advice into account.
- Pictures of meals, snacks and drink were available to support people to plan their menu's.
- People's dietary intake was monitored closely to ensure they were eating and drinking enough. One staff

member told us, "We noticed [name] wasn't eating very well, so referred to the SALT, they came yesterday." Changes were made to the consistency of the person's diet.

Staff working with other agencies to provide consistent, effective, timely care:

- People received individualised support as detailed in their care plan.
- Staff communicated well with other each other, the management team ensured information from other agencies was promptly communicated to the staff team.
- Reviews were undertaken with commissioning authorities to ensure The Elms continued to meet people's individual needs.

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

- People living at The Elms had personalised their rooms. Their preferences and views had been considered when decorating the home.
- There were different areas at The Elms for people to use for their preferred activities, and private space to spend time with their families or visitors, or to have time alone.
- People living in their own homes were supported by staff to personalise them as they wished.

Supporting people to live healthier lives, access healthcare services and support:

- Staff recognised when people needed healthcare support and promptly co-ordinated appointments with professionals.
- Excellent working relationships had been formed with health and social care professionals. We saw positive feedback from a social worker, physiotherapist, SALT, health facilitator and epilepsy nurse specialist.
- People were empowered to make choices about their health and how it should be monitored and managed. One person told us they were supported by staff with medical interventions.
- Some people had complex healthcare needs. Staff sought to improve their care treatment and support by identifying and implementing best practice. A healthcare professional said, "I always find that [staff] who attend appointments with [people] have all the necessary information needed for the appointment. They also have excellent relationships with [people] and help support them to achieve their health goals."
- Team leaders and staff had a comprehensive knowledge of people's individual health needs. One team leader told us, "I read up on everything, I find epilepsy really interesting."
- Clear and concise records were kept regarding people's health needs to inform healthcare appointments.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The provider had appropriately submitted Deprivation of Liberty Safeguards (DoLS) applications to the local authority.
- Where people lacked capacity decision specific mental capacity assessments had been completed and best interest decisions made in consultation with the person, key professionals and relatives taking into consideration legislation and people's wishes. MCA paperwork had been reviewed following feedback from people and professionals to make it more accessible.
- 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 place supported this practice. People's choices were respected.

- The Elms had liaised with professionals for advice and support regarding the need to consider administering medicines disguised in food for someone without capacity.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- Throughout our inspection we observed warm, kind and caring interactions between people receiving care from The Elms and staff. One person told us, "I can be quite fiery, but they [staff] are very patient with me... they wait for me to calm down and then help me. They understand me... I can just be myself and it's accepted."
- Staff had developed positive relationships with people and enjoyed spending time with them. One person told us, "What makes it good is they [staff] all want to be here, they are not here because they have to be, they do the job because they want to."
- A relative told us, "They [staff] are very caring towards [name]... they look after [name] and go the extra mile. When [name] went to hospital, [name of staff] went home to see [name] in hospital after work instead of going straight home."
- People were supported by staff with similar interests that knew them well. A staff member told us, "Yesterday [name] looked uncomfortable, I asked them to tell me if they were in pain when I touched their stomach. I found where the pain was and gave [name] pain relief."
- To ensure people had consistent care and their needs were always met, the management team provided people's care themselves if there was a shortfall in staffing.
- Staff completed training in equality and diversity. They were committed to ensuring people's equality and diversity needs were met and felt confident challenging discrimination.
- People were supported to maintain relationships with family and friends.

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

- People had access to an advocate if they needed to have someone to help them speak up about their care.
- There was an emphasis on supporting people to be heard. The provider had developed Residents Rights and Safe Care leaflets, which were discussed in weekly meetings to support people to express their views.

Respecting and promoting people's privacy, dignity and independence:

- People's privacy and dignity was respected. During a phone call to one person, we heard the staff member say, "I will leave you to the phone call, give me a shout when you need me."
- People's independence was promoted. One person told us, "The main thing you want is care that promotes your independence and choice. The fact they [staff] give you that is the most important thing. They always give choice... Never a question they wouldn't."
- People were supported to apply for jobs and with interview preparation, one person had been successfully appointed to a voluntary role at a local theatre.
- Staff recognised the importance of confidentiality and people's care records were stored securely.

- The provider had considered the impact of the General Data Protection Regulation and had introduced measures to protect people's personal data.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care plans reflected their individual needs. They detailed people's like, dislikes, preferences, routines, communication needs and how staff could best support them. One person told us, "I decide whether I have males or female or supporting me."
- People and their relatives were fully engaged with care plan reviews as and when people's needs changed. One person told us, "I have regular care plan reviews with the team leader."
- Staff told us care plans contained more than enough information about people's needs and all staff members we spoke with knew people well.
- People had 'aspirations' plans which considered how to support them to achieve their hopes and dreams.
- People met with their keyworker a minimum of weekly to identify what was working or not working for them and agree goals. One person told us, "I request meetings when I want and am encouraged to question anything about my care, I am very much in control of my care."
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
- People receiving care from The Elms were not always able to express their needs vocally; their individual communication needs were met. For example, picture cards had been introduced to support a person to communicate their thoughts and feelings which reduced distress.
- People accessed activities of their choosing. Some people accessed a day centre, other people chose to engage in their hobbies and interests from home.
- One person told us they went on a holiday last year with a staff member of their choice and "Had a wicked time."
- Once a week people receiving care from the provider could meet at a local pub for lunch and play bingo. People looked forward to meeting their friends and talked about shared hobbies and interests.
- Feedback from visiting professionals showed the service was focused on providing person-centred care and support. One healthcare professional said, "The [provider] has showed me that they are committed to improving the lives of people with learning disabilities, they provide person centred care in warm and caring environment."

Improving care quality in response to complaints or concerns:

- The provider had a clear procedure and policy in place to manage complaints and feedback.
- Easy read complaints information was displayed in the home. People were also able to raise concerns during weekly house meetings and felt confident these would be addressed. One person told us, "I go to managers with any concerns, they will sort it."
- Concerns and complaints were investigated by the management individualised action plans were developed to ensure the resolution to the complaint was satisfactory to the person receiving care and

people received a personalised, complaint outcome letter. Records showed complaints had been appropriately addressed.

End of life care and support:

- Serious illness plans and end of life plans had been completed in conjunction with people's circle of support and professional teams that documented their wishes for care and treatment.

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.

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were two registered managers in post. Both understood the regulatory requirements and had submitted legally required notifications and evidenced lessons learned when things went wrong.
- Robust quality assurance systems were embedded and included internal and external audits to identify required improvements. These were effective, reviewed regularly and reflected best practice.
- Staff, people and relatives were complementary of the management team and told us they would recommend the service. One person told us, "I would definitely recommend them, as the care the [staff] give is amazing."
- Staff received training to ensure people received support appropriate to their needs. There was a focus on developing staff to achieve better outcomes for people. Staff actively promoted people's independence.
- Staff were treated equally. There was a high level of job satisfaction and staff were proud of their work. Without exception all staff told us they loved their job and provided positive feedback regarding the support from the management team.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- The provider ensured they met the regulatory requirement to be open and transparent with people using the service when things went wrong by liaising with people and their families and involving them in investigations.
- People were at the heart of everything the service did and were consulted about every aspect of their care. People's care was delivered as they chose and took into consideration their individual and diverse needs.
- People were supported to achieve their hopes and dreams by staff that were passionate about supporting people to live their best life.
- The management team had a visible presence. We observed kind, caring and warm interactions between the registered managers and people. People looked forward to seeing members of the management team.
- The provider was passionate about ensuring people were given equal opportunities and knew their rights. They had developed and were proud of an easy read 'Fundamental standards' leaflet that helped people identify the standards of care they should expect.
- The provider wrote to people to let them know when they had made a safeguarding referral or notified CQC about an incident. Correspondence detailed measures people could take to keep themselves safe, or the support that would be provided to keep them safe. For example, one person had experienced an increase in falls. Their letter stated 'The team will continue to offer you lots of encouragement to ensure you are

wearing your helmet, putting your callipers and boots on and using your walker whenever you want to mobilise'.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics:

- People and their families were asked for feedback during reviews and via annual surveys. This was used to drive improvements.
- People were involved in the development of easy read satisfaction surveys.
- One person told us about some suggestions they had made and said, "They [provider] have listened and they are making changes, which is what you want any company to do as they are doing something about it."
- Regular staff and team leader meetings took place to share best practice, to discuss people's needs and to identify improvements.
- People met with their key workers regularly to provide feedback regarding the care they received, they were also empowered to provide feedback on staff's performance to inform supervisions.
- The provider empowered people receiving care from The Elms to help other people speak up about their care. One person told us how they had spoken to the management team on behalf of their housemates in relation to improvements needed to the home environment. The management team listened and took appropriate action.

Continuous learning and improving care:

- The senior management team met regularly to discuss the improvements required for the service. For example, introducing weekly spot checks.
- Staff told us the management team welcomed suggestions for improvements and acted on these.
- The provider was in the process of recruiting team managers to oversee the team leaders in each home and drive further improvements.
- The provider communicated areas for improvement in a monthly newsletter and during staff meetings to enhance the quality of care people received.

Working in partnership with others:

- The provider worked in partnership with people, their relatives, social workers, commissioning authorities and sought support from other health professionals promptly as needed.
- The provider actively sought feedback from professionals to identify areas of good practice and areas for improvement. We saw positive feedback from health and social care professionals involved in the care of people living at The Elms. One healthcare professional said, "I would recommend the service as a whole, as a Learning Disability provider."
- The provider told us of plans to open a café to provide employment opportunities for people receiving care from the provider, to enhance their community presence and to offer support and guidance to other people.