

Psycare Limited

Eltisley Manor

Inspection report

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27 November 2018
18 December 2018

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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:

Eltisley Manor is a care home that provides nursing and personal care to 37 adults and older people. This service caters for people with mental health needs, some of whom also have physical disabilities.

Three of the 37 people live in the Coach House, which is a separate building on the same site, intended as a 'step-down' unit for people who are planning to move on to more independent living in the community.

People's experience of using this service:

- People were happy living at Eltisley Manor because they felt safe and staff looked after them well. Staff enjoyed working at the home and the registered manager and deputy manager provided them with strong leadership.
- There were enough staff to meet people's needs. New staff underwent a thorough recruitment process so the provider knew they were suitable to work with people living at the home.
- The staff team was committed to providing a high-quality, personalised service and keeping people safe. They had undertaken training in a wide range of topics so they had the skills and knowledge to effectively meet people's needs. Staff understood their responsibilities to report any concerns.
- People helped to plan their care and support. Staff involved them in assessing risks to themselves and others. Staff supported people to be as independent as possible so that people gained confidence in doing things for themselves. This included taking responsibility for their own medicines, cooking their own meals and learning everyday living skills.
- Staff followed infection prevention and control procedures and staff gave people their medicines safely and as they had been prescribed.
- The kitchen staff made people a choice of nourishing food. People could make their own drinks, with or without staff support, at any time. External healthcare professionals supported people to stay as healthy as possible.
- There were good relationships between people and the staff. Staff knew people well, respected people's choices and always asked for consent before they carried out any tasks for the person.
- Personalised support plans gave staff clear guidance about how to meet each person's needs in the way they preferred.
- People had a range of opportunities. They could choose to be involved in paid work in the home, go to college, do voluntary work or follow their own interests.
- The registered manager sought people's views about the running of the home and put actions in place to make improvements wherever possible. Staff felt involved in the home, supported by the registered manager and said their ideas were listened to.
- The provider had a clear structure in place to monitor the quality of the service, which included regular auditing and visits to the home by the provider's staff.

More information is in the full report

Rating at last inspection:

At the last inspection we rated this service Good (report published on 10 June 2016).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor this service.

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.

Eltisley Manor

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection 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

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of people with mental health needs.

Service and service type

Eltisley Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 27 November 2018. It was unannounced. We received further information on 18 December 2018.

What we did

Before the inspection visit we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to let us know about. On 22 December 2017 the provider had sent us a completed provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who lived at Eltisley Manor and we spoke with seven of the people who lived there. We spoke with 12 members of staff: four health care assistants; two nurses; the chef; two housekeepers; the administrator; the deputy manager and the registered manager.

We looked at four people's care records as well as other records relating to the management of the home. These included staff rotas, meeting minutes and audits. We asked the registered manager to provide us with some additional information. They sent this to us on 30 November 2018.

We asked the local authority for their views about the service.

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

- The provider had systems in place to protect people from abuse and avoidable harm and people told us they felt safe at Eltisley Manor.
- Staff were confident they could keep people safe. They had undertaken training in safeguarding people and knew what to do if they had any concerns.
- The provider's safeguarding policy and procedures were in line with those of the local authority. The registered manager had displayed posters reminding people, staff and visitors how to report any issues.
- One person told us about what they described as "bullying" between two other people. Records showed that this was well-documented, with clear guidance for staff on how to safely manage the situation. Staff had alerted the local authority's safeguarding team.

Assessing risk, safety monitoring and management

- The provider had systems in place to assess and manage any potential risks to people. The registered manager had used nationally recognised assessment tools to assess risks to each individual.
- Staff supported people to take positive risks so they could have maximum control over their lives. For example, people having a key to their bedroom and people taking control of their medicines. Support plans contained clear guidance for staff on reducing risks for each person, whilst enabling people to take acceptable risks.
- Risk assessments addressed each person's diverse needs, for example around their particular mental or physical health needs.
- Staff encouraged people who wanted to take community leave, for example to spend time with their family, to complete a self-risk assessment. This involved describing how they felt and whether their mood and mental state was in a good place or if they needed staff support before taking any leave. One person told us this process had helped them think about their own safety and mental state.
- Maintenance staff undertook regular checks of all the equipment in the home to make sure it was safe for people and staff to use. This included checks of the fire safety equipment to ensure it would all function properly in the event of a fire.
- Each person had a Personal Emergency Evacuation Plan in place so that staff and others such as the fire service would know how to help evacuate the person in an emergency.

Staffing and recruitment

- There were enough suitable staff deployed to ensure they could meet people's needs and keep people as safe as possible.

- The provider had a recruitment policy in place, which ensured as far as possible that new staff were suitable to work at Eltisle Manor. The registered manager carried out checks such as a Disclosure and Barring Service check, references and identification. Staff confirmed that the provider had all the checks in place before they started work.

Using medicines safely

- Staff managed medicines well so people received them safely and as the prescriber intended.
- Staff supported a few people to look after their own medicines. They carried out a thorough risk assessment and agreed a plan with each person so that eventually the person would be able to take their medicines independently. One person told us, "I feel confident taking my own medicine now and I know how important it is for me to take my medicine."
- Staff signed records correctly and secure storage ensured that medicines were only accessible to trained staff. We checked some stock and the quantities matched the records. Senior staff undertook regular audits of medicines so they could find and deal with any errors quickly.

Preventing and controlling infection

- Staff followed the provider's infection prevention and control policies and procedures so they knew how to keep people safe from the spread of infection. Staff wore disposable gloves and aprons and changed them regularly. They used good hand-washing techniques and housekeeping staff described the different equipment they used in different areas of the home.
- The home was clean and hygienic and staff carried out daily and weekly audits to ensure it stayed that way.

Learning lessons when things go wrong

- The registered manager had a system in place to monitor incidents and understood how to use them as learning opportunities to try and prevent future occurrences. For example, staff had had a challenging time with one person whose needs changed so much that staff could no longer meet them. The person had left. Staff had used reflective practice sessions to thoroughly discuss whether there was anything they could have done differently or better. They asked themselves, "Did we do as well as we could have done?"

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

- The registered manager and deputy manager carried out thorough, holistic assessments of people's needs before they offered the person a place at the home.
- The assessment process considered protected characteristics under the Equality Act. For example, staff recorded people's religious or cultural needs so that they could discuss ways of meeting those with the person.
- The registered manager kept up to date with good practice in a number of ways. They told us they attended the local Registered Managers' Forum where they met managers from other care services locally. Staff and managers attended seminars where they met staff from other services. The registered manager received several professional magazines related to care and the GP and district nurses had facilitated learning sessions at the home. The management team cascaded information to the staff team, which ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff were knowledgeable and confident in their roles. They had undertaken training in a range of topics so that they could do their job well.
- New staff underwent a thorough induction process during which they completed a Skills for Care programme and the provider's mandatory training.
- The registered manager organised additional training so that staff would be able to meet people's specific needs. For example, some of the nurses had done phlebotomy training so people who did not want to go the surgery could have blood tests carried out at home. Two people told us they much preferred this. The registered manager had arranged training in a particular medical procedure so that one person could return from hospital. The registered manager had qualified as an independent nurse prescriber.
- Staff felt well supported by the management team. For example, they received regular one-to-one supervision sessions, attended staff meetings and completed an annual survey. The registered manager also introduced sessions where the team discussed reflective practice scenarios and took part in team-building activities.
- Due to the difficulty in recruiting permanent staff, the registered manager employed some agency staff. They used the same staff, who they inducted thoroughly and trained to meet the needs of people living at Eltisley Manor. Agency staff attended staff meetings and reflective practice sessions so they felt part of the staff team.

Supporting people to eat and drink enough with choice in a balanced diet

- People liked the food and enjoyed their meals. The chef and kitchen staff provided people with appetising, nutritious meals. One person described the food as "wonderful" and another as "fantastic".
- People had opportunities to make suggestions for meals they wanted included on the menu and could select from several choices at each mealtime. One person told us, "I love curries and the chef often cooks curry for me."
- The chef knew people's likes and dislikes well, and produced special diets for people who needed them. People at risk of malnutrition who needed high-calorie food, had ingredients such as cream, cheese and butter added to their meals.
- As well as three meals a day, staff offered people snacks and hot and cold drinks and always made more if people asked them to.
- People living in the Coach House shopped for their own food and cooked their own meals. A small kitchen upstairs in the main house meant people could buy food from the main kitchen to cook for themselves if they wanted to.

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

- Staff worked closely with other agencies such as the local mental health team and hospital to make sure the care provided met people's mental health needs. People were not all from the local area, so staff also worked with each person's own locality teams to ensure the support they were giving was effective for the individual.

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

- People visited external healthcare professionals who supported them to maintain or improve their health. Staff encouraged people to make appointments and visit surgeries such as the GP, the dentist and the optician.
- The registered manager had arranged for a mobile dentist and a mobile optician to visit the home so people who were unable, for whatever reason, to go out did not miss out on these services.
- The provider employed a number of healthcare professionals, such as a psychiatrist and a psychologist to support people across all their homes.

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

- The provider had made significant improvements to the home since the last inspection. People had been involved in making decisions about the decoration for their own rooms and for the shared areas of the home. The registered manager had bought new furniture.
- The staff responded creatively to people's individual and changing needs. For example, one person was losing their sight and had struggled to find their bedroom. Staff had put a reflective strip around the person's bedroom door so that they could find their room. Staff had placed chairs in the corridor to enable one person whose mobility was deteriorating, to still get around unaided.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- Staff had assessed each person's capacity to make specific decisions. Support plans included a list of areas in which the person had capacity to make decisions. Care plans emphasised how important it was that staff asked people's consent before carrying out any care tasks.
- Staff had undertaken training about the MCA and DoLS and were aware of how this legislation affected their work. Staff asked people for their consent before they gave any personal care or support and they offered people choices in all aspects of their lives.
- The registered manager and nursing staff monitored the conditions on the DoLS authorisations to ensure staff support met the conditions.

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

- A team of staff who were kind, compassionate and professional cared for and supported people who lived at Eltisley Manor. People's comments about the staff included, "The staff are lovely"; "Staff really care for us here"; "We get good care in here" and, "It's just perfect here." People and staff had good, respectful relationships and enjoyed each other's company.
- Staff enjoyed their work. One member of staff said, "I feel so rewarded working with these fabulous residents every day." Another member of staff told us, "I love working with the people here. I do to them what I would like to have done. I want them to feel at home and that they are loved."
- Staff showed kindness and confidence when they managed incidents of challenging behaviour and people responded well to their approach.
- Staff supported and encouraged people to maintain relationships with friends and relatives. They also encouraged people living in the Coach House to maintain friendships with people in the main house.

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

- Most people who lived at Eltisley Manor were fully involved in making decisions about their care. Some people wanted their relatives involved and staff supported people to enable this to happen.
- Information about advocacy services was available to people if they wanted an independent person to help them with their affairs.
- Staff told us that most of the time there were enough staff so that individual members of the team could spend quality time with individual people. A keyworker scheme meant that people had a named member of staff to meet with each week or to go to if they had any issues.

Respecting and promoting people's privacy, dignity and independence

- Staff showed that they respected and admired people. Staff supported people to maintain their privacy and dignity. They knocked on people's doors, waited for the person to invite them in before they entered and announced who they were. They described ways in which they supported people to retain their dignity, such as closing curtains and covering people if they were supporting them with personal care.
- If a person needed support with personal care, staff approached them very discreetly. Staff did not talk about people in front of others and the provider had arranged secure storage for confidential records.
- Staff encouraged people to be as independent as they could be. For example, people who wanted to could cook their own meals and made their own drinks, with staff support if needed. People carried out their own risk assessments if they were going out. One person told us, "This gives me the control, which is how it

should be."

- Staff supported one person to carry out some daily living tasks such as laundry and budgeting. This was to increase their confidence and allay their anxieties about how they would manage when they moved on from Eltisley Manor.
- Staff always made visitors to the home welcome.

Is the service responsive?

Our findings

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

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

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

- Each person had a fully personalised support plan, which showed that, if they were able to, the person had signed to agree they had been involved in planning their care and support. Healthcare professionals, both external and those employed by the provider, had also assisted the staff to complete the plans. Some people had relatives who the person had wanted involved in making decisions about their support and staff contacted these relatives to discuss the person's support plans.
- The support plans, incorporating risk assessments, gave staff detailed guidance on how to support people in the way they preferred and which kept them safe. Each plan included a section with the titles 'what I want to achieve', 'how will I achieve this' and 'what I need staff to do to help me achieve this'. People had been involved in completing this section and reviewing it regularly with their keyworker.
- The registered manager had introduced quarterly clinical reviews. The clinical team at Eltisley Manor met each quarter to discuss and review each person's progress. The registered manager sent these reports to external bodies such as the person's care coordinator and their funding authority. The review meant that the staff team could look at what impact their interventions had had on each person's progress, what worked and what they could do differently. The registered manager said that they had demonstrated these reviews benefitted people. These reviews fed into the annual reviews which their care coordinators carried out.
- The registered manager had introduced a 'resident of the day' system. Each day staff made one person feel extra special by spending a lot of time with them, reviewing their care and support and taking them out if they wanted to go. One person had chosen to have a meal with their family and to make it a celebration of their birthday.
- The responsive support given by the staff had enabled some people's physical and mental health to improve so that people were now in a much better position. For example, one person who had spent most of their life in secure accommodation now lived at Eltisley Manor with one-to-one support. Another person had made such progress that they had moved into the Coach House and would soon be applying for a flat.
- At the time of the inspection there was no activities coordinator employed. The inspection the local authority safeguarding team carried out the previous week had commented there were not enough activities taking place. However, the registered manager told us that people had had numerous opportunities to undertake activities of their choice. They said, "We look at each individual and work out how we can enhance their life." People could undertake paid work at the home, such as preparing for mealtimes, cleaning and car washing. Each job had a job description and people signed a timesheet so they could claim their wages. People spoke positively about the job opportunities and liked the extra money. One person said, "I feel I am contributing something." Another person told us, "It's good to feel I have something to offer." One person was involved in the initial interviews for new staff. The provider had bought electronic tablets for two people who they felt would benefit from using them. People volunteered at a local farm,

growing and packaging the produce.

- The provider had installed a café on the first floor so that people could make themselves drinks and have a space where they could sit and drink them with friends and staff.
- Staff told us about one person who had wanted to go on holiday. One member of staff had supported them to go to a holiday park. The staff member said, "It was lovely and [name] enjoyed it."
- During the inspection, when a member of the housekeeping team had finished their work, they sat with one person and read to them. They told us they do this most afternoons as it helps reduce the person's anxieties.
- The service used technology in several ways to enhance people's support and safety. For example, the provider had installed CCTV cameras in the corridors and staff encouraged people to use mobile phones to ring the home if they needed support when they went out alone.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure and had displayed this around the home. People knew how to make a complaint and staff were fully aware of how to support people to do this if they needed support.
- The registered manager told us that the community meetings held each week enabled people to raise any issues, which staff then addressed. They said, "The meetings work well as a forum for early complaints' resolutions."
- The registered manager kept a clear record of all complaints and responded within the timescales in the provider's policy.

End of life care and support

- The provider did not admit people to Eltisley Manor specifically for end-of-life care. Nevertheless, the registered manager had arranged for some staff to undertake a training course in end-of-life care so that they knew what to do should someone get to that stage.
- As part of the assessment and support planning process, staff had asked people about their last wishes. Staff were confident that the GP would support people if needed.

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.

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

- People who lived at Eltisley Manor made positive comments about the service that the staff team gave them.
- Staff also made positive comments about the home. They particularly liked the person-centred approach to support that the provider promoted. Several staff told us how much they "loved" working at the home. Staff were fully aware of their responsibility to provide a high-quality, personalised service. One member of staff told us, "The care we provide here is the best care we can give."
- The service had a clear set of values, which the provider displayed in the home and which staff discussed at staff meetings
- The registered manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong. Prior to the inspection a whistle-blower had raised some issues, which the registered manager had investigated. Although she found no evidence to substantiate any of the issues raised, the registered manager said, "It gave us an opportunity to look at all our systems and show that we are doing it right."
- One member of staff told us, "[The registered manager and deputy manager] are really helpful. They're always there if you have a problem."

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

- The registered manager and deputy manager provided strong leadership to a competent and knowledgeable staff team who worked hard to give people high quality care and support.
- The registered manager had had difficulty in recruiting staff so had used some creative ideas to improve the situation. For example, because the home was quite isolated, she arranged transport for staff coming from the local town who did not drive.
- Staff told us that the registered manager had shown she had confidence in them as she had prepared them to manage the home if she was not available. For example, she put together an evidence file so that staff could manage a CQC inspection if she was not there. The registered manager had shown staff how to complete paperwork such as CQC notifications so that they felt confident to complete this in her absence.
- Staff were happy, and proud to be working at Eltisley Manor. One member of staff told us, "I like my staff team – they're very good, very supportive."
- The registered manager understood their legal duties and submitted notifications to CQC as required.

- The provider had a quality assurance system in place. The management team and the provider carried out audits of various aspects of the service such as medicines, health and safety and care records. Any shortfalls were actioned.

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

- People had several opportunities to share their views about the management of the home and any improvements they wanted to see. A 'community meeting' took place every week. One of the people who lived at the home chaired the meeting and people who attended led the meeting. People fed back that chairing the meeting "is empowering".
- The registered manager encouraged people to share their views, listened to them and acted on them when possible. For example, in the very hot summer of 2018 people had requested that an ice cream van called at the home. Staff achieved this and people enjoyed buying their own ice creams from the van.
- The provider had set up a Service User Council. Representatives from each of their homes met to talk about how the staff teams could best meet the needs of people living in the provider's homes.
- Staff felt fully involved in developing and improving the service. They had several ways in which they could put forward their ideas, including one-to-one supervisions, staff meetings and an annual provider survey. One member of staff told us, "I can speak with the managers about anything. They take it on board."
- The provider sent surveys to people and their relatives each year. The registered manager developed an action plan which aimed to meet any suggestions for improvements to the service.

Continuous learning and improving care

- The registered manager told us that the service was continually striving to improve. She discussed any issues with staff and put action plans in place to monitor and drive improvement.

Working in partnership with others

- Staff and the management team worked in partnership with other professionals and agencies, such as the GP and the local authority to ensure that people received joined-up care.
- The service had strong links with a local college. Students from the college had done gardening projects and had involved people living at the home.