

Milestones Trust

Elysian Villas

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Good 

Summary of findings

Overall summary

We undertook an unannounced inspection of Elysian Villas on 4 April 2017. When the service was last inspected in February 2016 no breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 were identified and the service had been rated as Requires Improvement.

Elysian Villas is registered to provide nursing care for up to 12 people who have a learning disability. The service comprises of three separate villas. There were 12 people at the service on the day of our inspection.

A registered manager was in post at the time of our inspection. 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 home is run. The registered manager was on long term planned leave at the time of our inspection. The home had notified the Commission of this absence and had suitable managerial arrangements in place.

The recording of people's medicines was not always consistent. The registered manager was making positive steps to address these issues. Staff were not fully supported by an effective programme of supervision in line with the providers' policy.

People's capacity had been considered and documented in care records on some occasions. However, capacity assessment and best interest decisions were not always completed where appropriate. We made a recommendation in regards to working in accordance with the Mental Capacity Act Code of Practice.

Staffing levels were safe. The service was working to recruit further staff members to ensure consistency of care. Systems were in place to review and monitor reported accident and incidents. Changes were made to reduce and prevent future reoccurrences. Risk assessments were in place for people with supporting guidance available to staff.

People's nutrition and hydration needs were met. People had access to healthcare professionals when needed. Care records contained detailed guidance supporting people who may not be able to communicate their health needs.

People were supported by staff who were kind and caring. Relatives told us they were welcomed at the home at any time. Staff knew people well and were aware of personal preferences. We observed staff maintained people's privacy and dignity and treated people with respect.

Care records were person centred. People had access to a variety of activities of their choosing. The service was well-led. Systems were in place to monitor and improve the quality of the service. However, we did find that audits had not suitably identified some areas which required action. Feedback was sought from people and relatives and actions completed.

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 required improvement around the accurate recording of people's medicines.

Risk assessments were in place to help keep people safe.

Staff knew how to identify and report safeguarding concerns.

Safe recruitment procedures and checks were followed. Staffing levels were safe.

Requires Improvement 

Is the service effective?

The home was not always effective as the Mental Capacity Act 2005 Code of Practice was not always being followed in regards to making capacity assessments.

Staff were not always supported by effective supervision.

The requirements of the Deprivation of Liberty Safeguards were being met.

Staff received an effective induction and on-going training.

People's nutrition, hydration and healthcare needs were met.

Requires Improvement 

Is the service caring?

The service was caring.

People and relatives spoke positively about the staff at the service.

People's privacy and dignity was respected.

People's visitors were welcomed at the service.

Good 

Is the service responsive?

The service was responsive.

Care records were person centred.

Good 

Activities were provided in accordance with people's wishes.

The complaints procedure was available to people and the service ensured complaints were responded to thoroughly.

Is the service well-led?

Good ●

The home was well led and managed.

Feedback was sought from people and relatives and we saw positive actions taken as a result.

Effective communication systems were in place for staff and to family members.

There were systems in place to monitor the quality of care and support provided to people.

Elysian Villas

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection was carried out by one inspector and was unannounced.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we had about the service including statutory notifications. Notifications are information about specific events that the home is legally required to send us.

Some people at the service were not able to tell us about their experiences. We used a number of different methods to help us understand people's experiences of the home, such as undertaking observations. As part of our observations we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

During the inspection we spoke with two people living at the home and five members of staff. After the inspection we spoke to three relatives. We looked at three people's care and support records and three staff files. We also looked at records relating to the management of the service such as incident and accident records, meeting minutes, recruitment and training records, policies and audits.

Is the service safe?

Our findings

We found that the service was not always safe as medicine records were not consistently kept accurately. Medicines were received at the service every four weeks and stored in secure cupboards within people's rooms. Medication Administration Records (MAR) showed information about the person such as their GP details and any known allergies. There was detailed guidance for staff on how to give people their medicines in their preferred way and this included the use of pictures. One person's information said, 'I like to take my medication with a cup of tea.' There was informative guidance for staff around each 'as needed' medicine. This described when as needed medicines may be required and how a person may display or communicate this need. Where medicine errors had resulted in missed medicines for people, these had been reported and recorded. We saw that actions were taken for example, 111 or the GP were contacted for advice. The advice and actions taken were fully documented.

We did however find that in one of the three villas that there were omissions in the record keeping in regards to medicines. For example, for one person we found that one of their medicines had not been signed for on 5 December 2016, 14 December 2016, 19 February 2017 and 28 February 2017. We found that for the same villa there were gaps in the recording of temperature checks of the medicines cabinets. For example one person's cabinet had not been checked on nine occasions between 10 February 2017 and 4 April 2017. If medicines are not being stored at the correct temperature it may mean that they are no longer effective. Checks had been introduced to double check medicine administration. However, these were not yet fully effective and had been identified within the services' audits. The registered manager was fully aware and open around the issues of recording of medicines administration. The service had taken positive steps to improve medicine administration. All team leaders had attended a refresher training course in, 'The administration of medicines in care homes.' Pharmacy services had been engaged to discuss the systems in use and how it could be improved. The pharmacist was scheduled to spend a day at the service observing staff and the system in place later in April 2017 and recommendations would be given. Staff undertook an annual competency assessment in medicine administration to ensure staff's skills were at the expected standard. This involved a question and answer session and an observation.

Staffing levels were maintained at a safe level. We reviewed the staffing rotas from the previous four weeks and the number of staff was consistent with the planned staffing levels. One staff member said, "Staffing levels are never unsafe." However, the registered manager told us and we received feedback from staff and relatives that in one of the villas staffing levels were completed with a high level of non-permanent staff members. This impacted on the consistency of care for people. The registered manager recognised this and was taking steps to recruit new staff members. One staff member said, "Would be good if there was a consistent staff team. Well established team is needed." A relative said, "The staff are marvellous but a consistent team is crucial."

The provider had policies and procedures in place for safeguarding vulnerable adults. This contained guidance on what staff should do in response to any concerns identified. From the training records we reviewed we saw staff received training in safeguarding vulnerable adults. This was confirmed with the staff we spoke with. Staff said they would report any concerns to a senior member of staff. One staff said, "I would

notify a team leader and complete an incident form." We saw that referrals had been made where appropriate to the local safeguarding team.

Staff were clear on their responsibilities for reporting and recording any accident or incidents. We reviewed incident and accident records and saw a description of what had occurred, any injuries and the immediate action taken. A senior staff member had produced guidance to aid staff in completing the incident and accident documentation correctly. For example, if further medical assistance was required we saw that actions were taken and recorded to minimise future risks. It was recorded what other relevant people had been notified for example, The Care Quality Commission, GP or local safeguarding team. A monthly overview was compiled for each person. This showed any patterns or trends in accidents and incidents and the action that had been taken to keep the person safe. A senior staff member had produced guidance for staff

The service followed an appropriate recruitment process before new staff began working at the home. Staff files showed photographic identification, a minimum of two references, full employment history and a Disclosure and Barring Service check (DBS). A DBS check helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with certain groups of people.

Individual risk assessments identified potential risks to people and gave guidance to staff on how to support people safely. Assessments included risks such as using public transport, pressure care and community activities. Risk assessments guided staff to other documentation. For example, one person's risk assessment around accessing the community said, 'To be read in conjunction with positive behaviour plan and risk assessment for use of wheelchair.'

Staff had regular training in fire safety. Systems were in place to regularly test fire safety equipment such as emergency lighting, alarms and extinguishers. We saw that at a recent fire drill in December 2016 observations were made of the evacuation procedures to ensure they were effective. People had an up to date individual emergency evacuation plan in place. This gave details of how individuals would respond on hearing the fire alarm and the support needed to remain safe. The service also had an emergency plan in place, which had been reviewed in January 2017. This outlined the procedures staff should take to keep people safe within an emergency situation such as a water leak, electric failure or infectious disease.

We reviewed records which showed that appropriate checking and testing of equipment and the environment had been conducted. This ensured equipment was maintained and safe for the intended purpose. This included safety testing of electrical equipment, water safety and mobility and transfer aids. There were also certificates to show testing of fire safety equipment and gas servicing had been completed. Environmental risk assessments were in place to guide staff in safe methods of working and to minimise risks.

Is the service effective?

Our findings

People did not always receive effective care and support as capacity assessments or associated best interest decisions had not always been completed where needed. 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.

In one villa we saw that people's care records contained a capacity assessment around people taking their medicines. Where the assessments outcome was that the person did not have the capacity to make this decision a best interest decision had been completed. However, for people living at the two other villas we saw that this had not been completed. For some people, the mental capacity assessment had been completed but not the associated best interest decision. For other people neither document had been completed. Other areas of people's care that indicated a capacity assessment may be necessary had not been assessed.

We recommend the service refers to guidance in the Mental Capacity Act Code of Practice in reference to reviewing mental capacity assessments and recording best interest decisions.

Training records showed that staff had completed training in the Mental Capacity Act (MCA) 2005 and DoLS and staff we spoke with confirmed this. Staff understood the principles of the MCA and how this applied to their working practice. One member of staff said, "People have the capacity to make decisions and if not there is a process to follow." Staff told us how they supported people within their daily living to make choices. One staff member said, "We frequently use picture aids to support people in making decisions."

Staff supervisions were not being held on a consistently regular basis or in line with the provider's supervision policy. This was evident from the supervision matrix. Supervisions are one to ones held with the staff member's line manager. One staff member said, "Formal supervision is not really happening, although I can speak to anyone at any time."

The service had met the responsibilities with regard to the Deprivation of Liberty Safeguards (DoLS). DoLS is a framework to approve the deprivation of liberty for a person when they lack the mental capacity to consent to treatment or care and need protecting from harm. The registered manager member had made appropriate applications for people living at the service and these were currently being processed by the local authority. The information relating to people's DoLS authorisations was difficult to access in people's records. The registered manager said a clear overview would be produced so the status of people's DoLS was clear and accessible.

Staff said they received regular training and this was supported by the records we reviewed. One staff member described the training they received as, "Good." Staff received mandatory training in areas such as fire safety, safeguarding vulnerable adults and infection control. Training specific to the needs of the people

using the service was provided. For example, in epilepsy awareness, diabetes care and positive behaviour management.

People's nutrition and hydration needs were monitored. We saw that people were regularly weighed. Care records described any support people required with eating and drinking. We viewed people's records where their fluid intake was being monitored. There were clear directions for staff on fluid intake amounts and records were fully kept and accurate. We saw that people were involved in planning their own individual menu. Some staff members had recently attended a food programme arranged by the organisation. This had resulted in trying different homemade recipes which had improved the food choices for people.

People's appointments or contact with health professionals were recorded. For example with the GP, chiropodist or hospital. People had comprehensive care plans around specific health conditions which gave clear directions to staff on actions to take in particular circumstances. People had a 'hospital passport'. This was a document containing vital information about the person so it could immediately accompany them should a hospital visit be required.

New employees received an induction aligned with the Care Certificate. All staff we spoke with confirmed they had received an induction when they started at the service. Staff spoke positively about the induction. One staff member said, "The induction was very good." The induction consisted of mandatory training, a corporate day and an introduction to the services, people, policies and procedures. An induction was in place for agency staff. There was a folder in place with key information for agency staff to refer to.

Is the service caring?

Our findings

People were supported by staff that were kind and caring. One relative said, "The staff are great with [name of person]. He is very happy there." Another relative said, "He is very settled there. He is happier than he has ever been."

We observed that people had good relationships with staff. People were relaxed and comfortable in the presence of staff. A relative said, "The staff are very friendly and very good. Some of them have been there a long time, which is a good sign." A staff member said, "We like to see the service users happy. We have fun with them. They are settled and well cared for."

We observed that people's privacy was respected. We saw that staff members knocked on people's door before entering their rooms. People chose where they wished to spend their time, in their room, communal areas of the home or the garden areas. For example, one person enjoyed sitting alone in a particular place in the dining room to eat their meal. Staff members ensured this space was available to the person when they wished. A relative said, "It is wonderful, he has his own door that leads onto the patio area. He has made it his home."

Staff ensured that people's dignity was maintained. A person had selected an item of clothing that did not fit them properly and it was compromising their dignity. A member of staff supported them to get changed. Another person was relaxing in their bedclothes in the lounge as they had just arisen for the day. A member of staff suggested they put a blanket across their lap to maintain their dignity, which they did.

Relatives and staff described the home as having a friendly atmosphere. One staff member said, "There is a good atmosphere here, the care is good." A relative said, "I go to the home regularly. It always quiet and calm."

We observed that staff had time to spend with people, sitting with them, talking, strolling around the garden and supporting people with tasks they were involved with. Staff were not hurried or rushed and gave quality time to people. We saw a member of staff who sat with a person and asked them about their toy vehicles they had displayed on the table in front of them. The staff member asked, "Are the cars going on holiday?" The person smiled and enjoyed showing the member of staff what they were doing. Another person wished to sit outside. A member of staff said, "Are you sure you want to sit outside, it is a bit cold?" The person indicated they did. The staff member fetched them a chair and supported them to sit outside.

Family and friends could visit whenever they wished. Relatives told us there were no limitations on when they could visit. A member of staff said, "Families can visit whenever they like. They are no restrictions, they just need to sign in." One relative said, "I visit every fortnight. I am made welcome." Another relative said, "I can go in anytime." Relatives told us that the service were supportive of family contact and helped people to visit their relatives by providing transport.

Is the service responsive?

Our findings

Relatives told us the care and support was responsive to people's needs. One family member said, "I am very pleased [with the home] it is a lovely place. He couldn't have a better set up." Another relative said, "He [family member] is very happy there."

Care records contained an up to date photograph and contact information for family members and health professionals. People's life history was described giving an insight into people's interests and areas of significance. Care plans described people's personal preferences' and usual routines. This gave guidance to staff on how people preferred their care and support. For example one care record said, 'Sleeps until 5-6am. I like a cup of tea when I wake up.' Another care record said, 'I love going out and I like looking smart.' A new care plan format had been adopted by one villa and was going to be extended to all the care plans. The new format was accessible and clear and showed people's involvement in the care planning process.

People's support needs around communication were described in their care plan. This gave staff guidance on how to communicate effectively with people in their preferred way. In one person's care record a list of words they used was recorded with the associated meaning for them described for example, a 'black drink' referred to a coca cola. Another care plan read, 'I am vocal but I don't tend to form words. I will use gestures to identify my needs. I understand verbal communication.'

Where appropriate people had a positive behaviour plan in place. This detailed behaviours that a person may display that could cause distress or risk to themselves or others. There was guidance in place for staff on the triggers and signs of behaviour and how to positively manage and support the person and environment during these times.

We saw that people's rooms were personalised. People had their own furniture, ornaments and individual items. One person showed us around their room. They indicated, when asked, that they liked their room. A relative said, "The pictures we sent up are displayed in his room and he has his own television and DVD player."

Staff and relatives spoke positively about the activities on offer at the home. We saw that people had individual activity timetables displayed in an easy accessible format. This showed a range of activities available to people. This included dance therapy, walks in the local area, shopping and lunches out. A member of staff said, "There are lots of activities. There is lots going on." One relative said, "He goes out a lot, everyone takes him out, it is really good." Another relative told us about the community group that the service had supported their family member to become involved in. They said, "He really enjoys it. He is a social person and he enjoys interacting with others. Since he has been going to the group he has not been ill, so it has been great." Relatives told us they were invited to events organised at the home such as parties and BBQ's.

The home had received two complaints in the last 12 months. We reviewed how complaints were investigated and responded to. We saw that the registered manager had met with complainants to discuss

the issues raised. The service had taken prompt and appropriate action in response to complaints made. Relatives told us they would feel comfortable in raising any concerns and had been given a copy of the complaints procedures. One relative said, "Any issues, I can always say. I am happy to voice my opinion." Another relative said, "I have no complaints, I am very happy with the service."

Is the service well-led?

Our findings

The service was well-led. Relatives and staff spoke positively about how the home was run and managed. One relative said, "Everything is always very satisfactory." Another relative said, "They [the service] are always very open." One staff member said, "The registered manager is very professional and supportive. She always has the service user's best interest at heart." Staff commented that Elysian Villas was a positive place to work and there was a positive culture. One staff member said, "We work well as a team."

The registered manager had systems in place to regularly monitor the quality of the service. This included audits of health and safety, care records and accidents and incidents. We saw that the audits identified areas such as the supervision of staff and medicines management as requiring actions for improvement and this had been produced. However, we found that the audits had not suitably identified that capacity assessments and best interest decisions had not been fully completed. Other members of the organisation external to the service would visit to complete annual audits for example in medicines and finance. The provider completed an annual audit in 2016. This had made recommendations for example around supervisions to ensure they took place in line with the service's policy. The chief executive also visited annually and spent time at the service with staff and people. They reported their findings to the registered manager.

The registered manager told us about changes that had been made to improve the running and management of the service. As the service was made up of three separate buildings a new management structure had been introduced in April 2017 to ensure clearer accountability and communication with the introduction of team leaders in each villa. The service had worked to give each of the villas an identity and had over time moved to have people with similar care and support needs within the same villa.

Team meetings were organised. We reviewed the recent minutes and saw that information was communicated and discussed with staff around areas such as staffing, health and safety and policies. Different villas met more frequently than others and this was reflected in the feedback we received from staff. Meetings were also held with people and their core staff team. This gave people an opportunity to discuss and review their care and support.

Information was communicated effectively to staff through a variety of systems. For example, through a diary containing appointments, and a written and verbal handover at the beginning of each shift. The handover system had recently been changed to improve it. Each villa now had their own handover rather than the whole service. Relatives said they were always kept well informed. One relative said, "They always phone me if there is anything I need to know." The registered manager they were in the process of consulting all family members about communication to ensure positive and day to day news was also shared.

Relatives had been invited to complete a feedback survey in March 2016. We saw that overall results were positive. Relatives we spoke with said they welcomed the opportunity to give feedback and were confident that any issues raised would be addressed. Comments in the survey included, 'Brilliant, very happy with the

team.' Another read, 'Staff are caring and informative.' An action plan had been produced which clearly outlined the steps that had been taken as a result of the survey. For example, for one person a communication book had been introduced between the service and their family members.

The service had established good relationships within the local community. Arrangements had been made with a local restaurant that they opened earlier than usual on some occasions to offer one person a quieter environment to eat in before the restaurant got busy. A local barbers supported people by playing music of people's choice to help relax them and ensure they had an enjoyable experience.

The registered manager understood the legal obligations in relating to submitting notifications to the Commission and under what circumstances these were necessary. A notification is information about important events which affect people or the home. The registered manager had completed and returned the Provider Information Return (PIR) within the timeframe allocated and explained thoroughly what the home was doing well and the areas it planned to improve upon.