Psycare Limited

Eltisley Manor

Inspection report

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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

Eltisley Manor is provides accommodation and nursing care for up to 33 people who have mental health needs. There were 24 people living at the home at the time of this inspection.

Accommodation is provided over two floors. All bedrooms are for single occupancy and there are separate toilet and shower facilities. There are communal areas, including dining rooms and lounges, for people and their guests to use. Eltisley Manor is located in a rural setting near to the town of St Neots.

This inspection was undertaken on 27 April 2016 and 28 April 2016 and was unannounced. The previous inspection was undertaken on 5 March 2015 and we found the provider was in breach of one of the regulations that we assessed. This was in relation to notifications that had not always been sent to the Care Quality Commission. Notifications are information about important events that the provider must tell us about by law. We received an action plan from the provider which detailed the actions that that they were taking to meet this regulation. During this inspection we found that the required improvements had been made.

A registered manager was in post at the time of this inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the home. Like registered providers, they are 'registered persons'. Registered persons have the legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the home is run.

Staff at Eltisley Manor provided people with safe care and protected them from the risk of harm. People's medicines were managed and administered by competent staff and people were supported to take their medicines as prescribed.

Risks to people's health and safety had been assessed and action had been taken to reduce identified risks. Satisfactory recruitment and pre-employment checks were completed so that only suitable staff were employed at the home.

People were involved in the planning and the reviewing of their care as much as possible and care was provided in accordance with their preferences and wishes. Staff had received training so that they were able to safely support people with their mental health care needs. People were supported to maintain their dietary and nutritional needs. Regular contact with health care professionals ensured that people's needs were discussed, monitored and reviewed

People were supported to access a range of health and social care services to monitor their mental health and physical care needs.

There were respectful and supportive relationships in place between staff and people living in the home and people were treated with respect. People's rights in making decisions and suggestions in relation to their

support and care were valued and acted upon by staff. People had limited access to pursue their individual social hobbies and interests to promote their sense of wellbeing.

The CQC monitors the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. We found that people's mental capacity was assessed so that their rights were being protected. There were seven DoLS applications in place at the time of this inspection.

Complaints and concerns made to the registered manager and staff were acted upon to satisfactorily meet people's needs.

Staff felt supported and managed so that they could effectively provide people with support. There were regular meetings in place where people, staff and the registered manager were able to discuss issues and developments in a proactive manner. People and staff told us that there was an open culture within the home and they were able to raise their concerns or issues whenever they wished. Quality audits and monitoring procedures were in place and there were effective actions to address any improvements that were needed.

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.

There were sufficient numbers of staff available to provide people with consistent support.

There were systems in place to administer people's prescribed medicines in a safe manner.

Staff were recruited safely with proper checks undertaken before they started working in the home.

Is the service effective?

Good

The service was effective.

People received the necessary support to meet their care, healthcare and nutritional needs.

People were involved in identifying their care needs and how they wished these to be met.

Staff had received training and had an understanding of the Mental Capacity Act 2005.

Staff received an induction and on-going training and supervision to ensure that they were well trained and supported in their role.

Is the service caring?

Good

The service was caring.

People related well with staff and had the opportunity to discuss their care and support needs with them.

People's care needs were assessed, planned for and monitored.

Staff enjoyed their work and had a good understanding of people's individual needs

Is the service responsive?

Good

The service was responsive.

People were able to raise any concerns and complaints and they were satisfied with responses and actions.

Any changes to people's care needs were recorded. Additional support from healthcare professionals was sought as required

People's care needs were responded to and well-coordinated.

People did not always have access to areas of the home so that they could be fully independent and improve their life skills.

Is the service well-led?

Good

The service was well-led.

There were arrangements in place to monitor and improve, where necessary the quality of the service people received.

Notifications that the home was required to notify the Care Quality Commission about had been sent.

There was an open culture within the home and people and staff were able to raise their concerns or issues whenever they wished.

Eltisley Manor

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 home under the Care Act 2014.

This unannounced inspection took place on 27 April 2016 and 28 April 2016 and was carried out by two inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we looked at all of the information that we had about the home. This included information from notifications received by us. A notification is information about important events which the provider is required to send to us by law. Before the inspection the registered manager completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. We took the information in the PIR into account when we made judgements in this report.

During the inspection we spoke with six people who lived at Eltisley Manor, a contracts monitoring officer from a local authority, a social worker, a safeguarding lead from a local authority and a consultant psychiatrist. We also spoke with six members of care staff, the registered manager and deputy registered manager and the administrator. We looked at three people's care records and at records in relation to the management of the home such as audits, policies and staff records. We observed people taking part in their interests and also saw how they were supported by staff

Good

Is the service safe?

Our findings

People told us that they felt safe living at Eltisley Manor because the staff were very supportive. People said that they were given assistance with their daily living needs. One person said, "This is a very nice place to be. It is very comfortable and safe. I like all the staff. They have helped me turn my life around." Another person said, "I feel absolutely safe here." People told us that they were able to approach staff if they had a problem or felt unhappy about something. People were able to tell us who their key workers were and the registered manager's name. One person said, "We usually have the same staff which I like as I get used to them and they know what I like and dislike."

Staff we spoke with were aware of the actions to take if they thought that anyone was at risk of harm. They were aware of the possible signs of harm and whom they would report any concerns to. There was a policy and procedure available in the home that contained all of the required information. The member of staff spoken with informed us that they had received training in safeguarding. A safeguarding log was maintained in the home. This provided details of when the incident happened, when it was reported and any lessons learnt. One member of staff said, "I have received safeguarding training and I would not hesitate in reporting any concerns to my manager." The registered manager confirmed that all staff had received training in this subject and that a member of staff was the 'safeguarding champion' and we spoke the nurse who had recently taken on this role. They told us that they had attended additional safeguarding training and would provide regular updates for staff and act as link person with the local authority safeguarding teams.

A safeguarding manager from the local authority told us the home proactively raised safeguarding referrals when required and had also sought advice regarding reporting any concerns where appropriate. They were positive about the care and support provided and did not raise concerns about the home.

Staff told us they would be confident to blow the whistle on bad practice if they observed it. One member of staff said, "It is my responsibility as a carer to ensure people are looked after correctly."

We saw in records we looked at that staff only commenced working at the home when all the appropriate and required checks had been completed. We spoke to staff about their recruitment and they told us about the processes they had been through to ensure they were suitable to work with vulnerable adults. Recruitment checks included proof of identity, references and a satisfactory criminal records check (Disclosure and Barring Service). This was confirmed in the personnel records of three care staff and a registered nurse that we saw. A member of staff spoken with confirmed that prior to working at the home full employment checks had been undertaken. They said, "I completed an application and had to provide details of people to provide references and also had to complete a DBS. I had an interview but was not able to start to work until everything had come back". Staff said that when they commenced work in the home they had been mentored by more experienced staff to ensure they felt confident and understood their duties and responsibilities.

Peoples care files contained detailed risk assessments which had been agreed by the person living in the home and had been regularly updated. Risks identified include risks in the event of a fire; hot water; eating

too quickly; refusing to take medication and behaviours that challenge. Detailed guidance on how to manage the risks were outlined. Staff told us they had received training to help de-escalate situations where people presented with behaviours that challenged others in the home. Personal evacuation plans, which documented what help a person needed in the event of a foreseeable emergency, had been completed for each person. These were updated on a regular basis, the most recent update to these was in February 2016.

We observed that there were sufficient numbers of staff on duty to provide people with the care and support they required in an unhurried way. People told us that there was enough staff available when they needed help and support. The registered manager told us that staffing levels were monitored on an ongoing basis and that additional staff could be made available wherever people's care needs changed. This included when people may require additional support when they had been admitted for treatment in hospital. The registered manager also told us that the home was able to call on a 'bank' of care staff who knew the people well and that when agency staff were used these were regular staff who also knew the people well in the home.

We looked at the arrangements in place for the storage, administration, ordering and disposal of medicines and found that these were undertaken in line with the policy in the home. The nurse on duty on Orchards Unit told us that nurses administered medicines. The home used a monitored dosage system for the administration of medicines and we were told by the nurse that the system worked well. All medicines administered were signed for and when medicines were not administered, the reasons for this were clearly recorded. People living at the home had signed a medicines consent form which stated that, 'I have consented that the Eltisley Manor qualified nurses support me in the administration of my medication as prescribed for me. The nature of the medication prescribed for me has been explained to me by the prescribing clinician'. Each person had a medication profile and a medicines risk assessment which clearly described the medicines that each person was prescribed and the reasons for this. Medicines were stored securely and at the correct temperate and records of the amount of medicines in the home were accurate. There were clear protocols in place for medicines that were administered when needed and records of when these had been administered were well maintained. We observed a nurse administering medicines and they completed this in an unhurried manner and ensured the person had taken the prescribed medicine before completing the medication administration form.

The deputy manager conducted monthly audits to ensure safe medicine administration and stock control levels and we saw samples of recent audits that had been completed. The deputy manager also told us that a local pharmacy was undertaking medicine audits at the home.

Good

Is the service effective?

Our findings

Staff received training to enable them to support people effectively. The registered manager stated that all staff had undertaken required training and that newly introduced training in respect of person centred care planning was being undertaken by staff. The member of staff spoken with told is that they had undertaken, "lots of training and that any additional training wanted was talked about during their supervision meeting and annual appraisal." The member of staff also said that they would, "go to the manager if they wanted extra training."

Newly appointed staff received a thorough induction which involved undertaking training and shadowing an experienced member of staff. The member of staff spoken with said that they felt well supported and that they could speak with the registered manager at any time if they, "were unsure of anything. The registered manager informed us that staff meetings were held every other week and that a reflective practice meeting was also held every two weeks to provide an opportunity to discuss people's care and support needs.

Care files showed that people had health plans in place and were supported to have regular health checks. Each person was registered with a GP and had regular access to health care professionals when required such as mental health teams, dieticians, opticians and dentists. Smoking cessation support was available to people who wanted this. There was a "Hospital Passport" for each person. This contained personal and medical information which health professionals needed to be aware of should a person be admitted to hospital.

Staff demonstrated that they understood how to provide people with effective support with their needs. The member of staff spoken with knew the needs of people including their likes and dislikes and their preferred routines. Some people living at the home needed more support than others (such as being checked on every 15 minutes). Staff knew the people well and encouraged them to gain independence, with the correct amount of support.

Staff told us they had the opportunity to undertake and refresh their training. One member of staff said, "We are informed about when we need to attend training and it is always made available for us." Staff told us that they had received good and regular training and support to do their job. This included having an understanding of the mental health support needs that people required. Staff confirmed that they had received induction training and had completed other training since starting their job role.

A member of staff told us about their induction which also included a period of shadowing an experienced carer. They said, "I would not be expected to do something I was not confident with. There is always someone to ask." All staff told us they received supervision. One member of staff said, "Supervision is a good opportunity to talk about the people I support as their key worker." Staff also told us that they felt well supported by the various health professionals involved in a person's care.

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 when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguard (DoLS). We checked whether the home was working within the principles of the MCA.

Staff had attended training in the application of the MCA and staff demonstrated an awareness of the application of the MCA. The requirements of the MCA were being followed as when a person lacked the capacity to make some decisions for themselves; a mental capacity assessment and best interests documentation had been completed. The registered manager told us that there were seven people with a DoLs in place and we saw a sample of authorised DoLS applications which were in date and conditions were being followed. The registered manager also confirmed that eight further DoLS applications had been submitted to the relevant authorities and the outcome of these were awaited.

We noted that the doors to the upstairs and downstairs had key coded entrance pads which people living at the home were not able to use to leave the building. We raised this with the registered manager who told us that this was for the safety of people living at the home. The registered manager told us that whenever people wished to leave either of the units a member of staff would escort them to ensure their safety. However, this did pose a restriction to people's liberty. The registered manager stated that all people living at the home would have a DoLS application made to the relevant authority to ensure their liberty was not being compromised.

People were registered with a local GP and they were supported by staff to attend routine health screening appointments. A consultant nurse from a local surgery told us that they had regular contact with the home and that they met with people every two weeks regarding their healthcare needs. They said that people's healthcare was promptly reported by the staff and that contact with the registered manager and deputy registered manager was frequent and professional. They told us that any instructions or advice they had given was proactively followed.

We also saw that people had attended healthcare appointments. We saw an example of a person's wound care was monitored by the registered manager in conjunction with the consultant nurse and tissue viability nurse specialist for further advice and treatment to ensure that the person received appropriate ongoing care.

We found that there were a choice of meals and that drinks and snacks were available to people at all times. Since the previous inspection water fountains had been installed in the home and several people were seen to be carrying bottles of water with them. People living on Orchards Unit were supported to prepare meals for themselves and to make drinks when they needed them. Menus were discussed during weekly residents meetings and the meals served on the day of the inspection were appetising and well presented. Dietary advice was provided for people who required these and food and fluid charts were in place for people who needed these.

People told us that they had a choice of what they wanted to eat and that they had enough to eat and drink and we saw that staff regularly offered people drinks and snacks during the day. One person said, "I am shown the menu every morning and I make a choice of what I want to eat for the day." Another person said, "Yes I like the meals. They make what I like. They would make a special meal for me if I did not like anything. I am having beef stew and potatoes today." A third person said that, "The meals are excellent and we choose them. They would make another meal for anyone who did not like their original one." We saw that people

had received the meal that they had chosen for their lunch.

We observed lunchtime in the Limes unit and most of the people chose to eat their meal in the dining rooms. However, we saw that staff wore aprons and head covers when bringing meals to people which gave a somewhat institutional feel and was unnecessary. We raised this with the registered manager who told us that this had been implemented as part of a local authority contract requirement.

The home was well maintained and decorated and communal areas were bright and comfortable. People could personalise their own bedroom with their own possessions to suit their own individual preferences.

Good

Is the service caring?

Our findings

People told us that they thought that the staff were kind, respectful and caring and that they felt listened to and valued. And one person said, "I feel happy and secure in Eltisley Manor and find the staff very helpful and caring."

We saw that care plans had been signed and agreed by people living at the home and that they were reviewed each month. Care plans were clearly written and were person centred. For example care plans had different headings such as areas I need support in, what I would like to achieve and what staff need to do to support me. All care plans contained information about people's needs and wishes and information about their personal histories. Staff were seen to be caring and friendly when interacting with people. They also reassured people when they had concerns. We noted that staff knocked on bedroom doors and waited for a response before entering, and that they had time to spend providing the support to people that they required.

People said staff always knocked on their door before coming in. One person said, "People are not allowed go into one another's bedrooms which was a good thing and I don't worry about my things being stolen." People said their privacy was respected and having their own bedroom was important to them. One person said that they had a choice of when they wanted to get up and go to bed. They said, "I got up 10 am and will go to bed at 10pm or when I want." Another person said, "I prefer to stay in my bedroom but the staff regularly come to my room to see that I am alright."

People told us that they were free to use the communal lounges and were also able to receive guests and visitors if they wished. One person told us that their friend came to see them twice per week. Their friend told us that they were made to feel very welcome and were given tea and biscuits whenever they came and that they were given a quiet room where they could meet together. The registered manager told us that people had access to local advocacy services and were assisted to access them when necessary. However, no one living at the home was currently using an advocate.

We observed staff being caring and attentive and assisted people in an unhurried and sensitive way. We observed staff to be helpful when talking with people to ensure that needs and requests were understood and dealt with. Care and support plans were detailed and gave information regarding people's assessed needs, and support requirements. Information in the plans included people's life histories, personal preferences, healthcare and mental health support needs. Members of staff said that they were involved in the reviewing and compilation of care and support plans and were knowledgeable about people living in the home. People told us that they had the opportunity to be involved in reviews of their care and we saw that they had signed them, where possible, to agree the care and support being provided. A local psychiatrist we spoke with was positive about the care provided at the home and felt that the staff had been supportive and professional in their approach.

We noted that some of the staff referred to people in the home as 'patients' which gave the impression of a more hospital style of care rather than a homely feel. We raised this with the registered manager who stated

that this would be discussed during future team meetings to ensure a less institutional approach.

People were supported to express their views and weekly residents meeting were held on each floor of their home which gave people the opportunity to raise any concerns and discuss suggestions. Subjects regularly discussed during these meetings included activities, menus and outings. One person said, "I go every week and join in the discussions and make suggestions." Minutes of these meetings were maintained and distributed to people regardless of whether they had attended. We saw a sample of minutes from recent meetings which included topics such as menu planning and activities/trips into the local community.

Staff told us that they encouraged people to be independent as far as possible. Examples included assisting people with their catering, laundry, going to local shops and attending appointments with their GP where necessary. Care notes that we viewed reflected what had occurred during the person's day and included any appointments with healthcare professionals and any trips out in the local community.

Good

Is the service responsive?

Our findings

We saw from records that people were involved in the assessment and support planning process, and in the ongoing reviews relating to their care. People told us that they met with their keyworker and healthcare professionals to discuss and make changes to their care and support plans. Care notes viewed reflected that people's needs and preferences might change day to day and that staff were flexible in offering choices and supporting people with their chosen task/activity. People said they had been involved in reviews of their care and support plans and people were able to make suggestions or comments about their care where possible.

We observed that for most of the day that people were not involved in many organised activities but staff were engaging people in conversation. Some people told us that they would like more activities in the home and that they did not have the opportunity to go out and were sometimes bored. However, we did see that four people had been assisted in going to a local café with two members of staff. The registered manager told us that there were two activities coordinators who provided people with a number of activities and trips out in the local community. Examples included; visits to local cafes and supermarkets for personal shopping, visits to a local market. Some people took a taxi to visit local towns for their own personal shopping. We spoke to a member of staff who said that they took people to appointments and to a local supermarket.

The registered manager told us that they were implementing an 'activities sheet' to record activities that people had been offered and also to note where people had declined an offer to be involved. This was to monitor how much people had been involved with and any new areas that could be identified to provide a more tailored approach to meet individual's needs.

People told us they went shopping and bought provisions and personal toiletries at the nearby supermarket and in the local towns. One person said that, "If I want to go to the shops and a driver is not available staff would arrange a taxi for me to go." A fitness coordinator also visited the home twice a week to provide sessions with the gym equipment in the adjacent building. One person said, "There is a personal trainer that comes here and I have sometimes used the gym equipment."

Staff told us that they encouraged people to be independent as far as possible and we saw that people had the opportunity to personalise their bedrooms to meet their interests and preferences.
We were shown a kitchenette on the first floor which staff said was available to people to cook some meals for themselves. There were weekly cookery sessions where people went to a local supermarket to buy ingredients for these sessions. We saw that people had access to the laundry area so that they could be involved in doing their own laundry, with staff assistance when necessary, to be more independent and develop their daily living skills.

The home had a complaints procedure in place which was made available to people living at the home and was on display. People told us that they knew who they would speak with if they had been unhappy and

wanted to raise a concern or complaint. One person said, "Yes I would be listened to and any issues would be investigated fairly. They always listen to me and take me seriously and I feel that I can talk to them." Another person told us that, "I would speak to any of the staff, but I have no complaints." Staff told us that they encouraged people to be involved as much as possible and to raise any worries or concerns they may have. A member of staff said, "If someone is unhappy about anything I will help them to make a complaint."

Records of complaints received and responses made were maintained and the registered manager informed us that all complaints were audited to identify any trends. We saw a sample of previous complaints, with accompanying correspondence, indicating that the person's complaint had been satisfactorily resolved. There was one complaint currently being investigated and the outcome was awaited.

Good

Is the service well-led?

Our findings

At our comprehensive inspection of Eltisley Manor on 5 March 2015 we found that the registered person failed to send notifications to the Care Quality Commission of important incidents that affected the welfare, health and safety of people living at the home. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw asked the provider to take action to make improvements in reporting incidents. We received an action plan from the provider which detailed the actions that that they were taking to improve this area. During this inspection we found that the necessary improvements in relation to the requirements of Regulation 18 described above had been made.

We noted that the provider was correctly displaying their published inspection rating in the entrance hall of the home. The rating was also published on the provider's website.

A registered manager was in post at the time of this inspection. People living at the home, health care professionals and staff members told us that the registered manager was accessible and approachable.

People told us that they attended the 'residents' meetings and where they had been able to discuss issues, news, menus and any forthcoming events. Attendance at these meetings was not compulsory, but people were encouraged to attend. The meetings gave people the opportunity to be well informed and involved in the running of the home and be able to discuss any concerns or issues. We saw that minutes of residents' meetings were kept to record any views or issues that had been discussed. Staff confirmed that they received regular supervision and told us that they were well supported by their registered manager, senior staff and their staff colleagues. One member of staff told us, "I feel well supported and can always speak to the registered manager at any time whenever I need to."

The registered manager informed us that staff meetings were held every two weeks and reflective practice meetings were also held at the same frequency. She said that these meetings enabled staff to share their views and discuss any ideas that they had to improve the home. The registered manager stated that the biggest challenge at the moment was the recruitment of registered nurses. At the time of this inspection, agency nurses were being used to ensure that there were sufficient nurses on duty.

The registered manager and senior staff undertook a range of audits on a monthly basis to identify areas for improvement. These included audits on care plans; medicine records; safeguarding alerts; accident forms and complaints. Records showed that accidents and incidents were recorded and appropriately dealt with by staff. There were contracts for the servicing of equipment in the home to ensure peoples' safety. Cleaning schedules were regularly audited to reduce the risk of infection. An operational registered manager visited the home and carried out audits and we saw examples of these and they included staffing issues, care and infection control audits.

Feedback from a local authority contracts manager was positive. They told us that no complaints or issues

had been raised and that they had received positive feedback from people living at the home. A commissioner from the local authority also told us that feedback received from people living in the home had been positive.

People living in the home were asked for their views about the home during the weekly residents meetings and more formally by the completion of a survey that was sent to them once a year. Questionnaires asking for views about the home were also sent to other stakeholders such as healthcare professionals. The registered manager told us that response rates from professionals was low but that action plans were completed as a result of feedback received.

People's care and support plans had been reviewed and monitored, during the management visits carried out by a representative of the registered provider. This was to ensure they were up to date and consistent. This showed us that the provider reviewed and considered the quality of care they provided.