

PLUS (Providence Linc United Services)

Elwis House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

About the service:

Elwis House is small residential care home that provides personal care for up to four people with learning disabilities. Four people were living at the service at the time of the inspection.

People's experience of using this service:

- Not all people were given meaningful choices about what activities they could engage in.
- People's individual communication needs were not always being met in line with best practice.
- The provider had quality assurance systems in place but these were not always effective as they had not identified and addressed the issues we found.
- People told us they felt protected from harm and abuse.
- The provider had appropriate risk assessments in place with guidance for staff about how to mitigate these.
- The provider supported people to take their medicines safely.
- The provider maintained a clean and tidy home and had systems in place to identify hazards.
- The provider ensured people's nutritional and hydration needs were met.
- The provider followed safer recruitment processes and staffing levels were enough to meet people's needs.
- People were supported with their complex physical health needs and care records contained information on these.
- People and their relative's gave positive feedback about care workers and told us they were kind and caring. One relative said the service was "brilliant, I couldn't ask for better."
- People's privacy and dignity was promoted, and we observed positive interactions between people using the service and staff.
- The provider had an appropriate complaints procedure available in an easy read format and people and their family members said they could complain if they were not happy about an aspect of the service.

Rating at last inspection: At the last inspection the service was rated as Requires Improvement (Report published 13 April 2018).

Why we inspected: This was a planned inspection based on the previous inspection rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit per our re-inspection guidelines. We may inspect sooner if any concerning information is received.

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

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?

Requires Improvement 

The service was not always 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?

Requires Improvement 

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Requires Improvement 

The service was not always well-led

Details are in our Well-Led findings below.

Elwis House

Detailed findings

Background to this inspection

The inspection:

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

Service and service type:

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. However, we found during this inspection that further improvements could be made to ensure people using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. This was in relation to activities and communication.

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:

This inspection was unannounced on the first day. We told the provider we would be returning on subsequent days.

What we did:

Before the inspection: We looked at information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse and serious accidents and incidents. We also reviewed all

other information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection: Due to the communication needs of people using the service we were only able to get feedback from one person. We spoke with two relatives of people who used the service. We spoke with the registered manager and four support workers. We reviewed four people's care records. We reviewed the recruitment and training records of four care workers. We looked at maintenance records for the building and quality assurance records related to all aspects of the management of the service.

After the inspection: We spoke with three health and social care professionals who worked in partnership with the service to plan, arrange and commission care for people who used 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

- Relatives we spoke with said they were confident that the service was keeping their family member safe from harm. Staff kept relatives informed when anything important happened. One relative said, "Yes they definitely keep [my family member] safe and they tell me if anything happens."
- Policies in relation to safeguarding and whistleblowing were in place and staff received training in this area by the registered manager who was the organisational lead on safeguarding training.
- Staff showed a good understanding of safeguarding procedures when we spoke with them. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied they were being taken seriously.
- People were protected from financial abuse and there were systems in place to check people's money during shift handovers and routine audits.
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC.

Assessing risk, safety monitoring and management

- The service worked in partnership with other health and social care professionals such as psychologists and support planners to reduce risks to people who used the service.
- The service identified, assessed, and regularly reviewed risks to people and had developed strategies to mitigate these. For example, risks around eating and drinking were clearly identified for some people and clear guidelines in place to ensure this was managed safely. Guidelines included details of which specialist equipment to be used for drinking, what supervision is required during mealtimes, type and consistency of food and correct seating posture to reduce the risk of choking whilst eating and drinking.
- Equipment was serviced regularly to ensure it was safe and all staff had received training to ensure they were able to use equipment safely.
- The registered manager completed audits of the safety of the service and developed an action plan to ensure issues were rectified in good time.
- The service has developed an emergency plan to mitigate a range of risks to the running of the service. The emergency plan also considered the risks associated with a no deal Brexit withdrawal from the EU.

Staffing and recruitment

- Recruitment practices continued to be of good quality. Staff were employed based on previous skills, experience and personal values to ensure that they were suitable to work with people at the service.
- There was a system in place to ensure that all pre-employment checks were completed before staff started work. Checks included people's right to work in the UK, employment history, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's

background, including convictions, to help employers make safer recruitment decisions.

- We found staffing levels were sufficient to meet people's safety needs including people who required one-to-one support.

Using medicines safely

- People's medicines were being managed safely. At the last inspection there were issues with the storage and auditing of medicines. At this inspection we found that the service had improved in this area and was now storing medicines safely. There was a system in place to monitor the temperature of the medicine storage area.
- We checked one person's stock of medicine and found the records were accurate and matched the stock check done by staff and the manager's audit record. Medicines were checked at each handover so that errors could be resolved quickly.

Preventing and controlling infection

- Staff managed infection control well and the environment was clean and hygienic.
- Family members agreed that the service was clean and hygienic. One person told us "I have never seen any issues".
- The service had an up to date infection control policy and staff were aware of how to put this into practice.
- Staff told us they had access to personal protective equipment to prevent the spread of infection such as gloves and aprons.

Learning lessons when things go wrong

- There was a new electronic system in place for staff to record all accidents and incidents when they occurred.
- The registered manager or another senior manager received all accidents and incidents reports as soon as they were completed and took action to ensure that incidents did not reoccur.
- The service regularly analysed and reviewed all accidents and incidents and safeguarding events to look for trends or patterns. For example, analysis showed a pattern of 3 medication errors in the last year. The registered manager discussed this with the team during staff meeting, reviewed the medication procedures in the service and arranged a meeting with the GP to discuss the prescriptions service.

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

Requires Improvement: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were carried out by a social worker and the registered manager and clear outcomes were identified for each person. Care and support plans were reviewed regularly in consultation with people and their relatives. Due to the communication difficulties of some people using the service there was little evidence that all people were supported to take an active role in the review of their support plan.
- There was limited evidence that all communication needs were being met fully for every person using the service. One person with communication difficulties had previously used an 'eyegaze device' to express themselves and communicate their needs and wishes. The eyegaze device used by people who cannot communicate verbally, tracks the users eye movements over pictures and symbols and translates these into speech to aid communication. The registered manager told us that they had been waiting for guidelines from a speech and language therapist, but we found that this had been outstanding for several months and had not been resolved at the time of our inspection.
- Communication passports for some people had been developed a few years ago but there was no evidence that they had been reviewed or updated since they were created. Communication passports are a way of supporting people with communication difficulties to record important things about them in a way that they can understand.
- Another person with very little communication skills had not had any professional input from a speech and language therapist since they had been at the service and we could not find evidence that the service had developed a communication strategy for them.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff support: induction, training, skills and experience

- Staff were experienced and knowledgeable and had received training to ensure they were competent to care for people with learning disabilities. There was a comprehensive training package in place and new training was provided where required to meet the needs of people who used the service.
- New staff had a comprehensive probation period to ensure they were competent to deliver care and support. All staff that were new to the service were able to shadow experienced staff as part of their induction. The registered manager was in the process of creating an induction programme which would ensure all new staff would receive a formal induction into the service and the individual needs of the people living there. At the time of our inspection this had not yet been implemented.
- Staff we spoke with said they felt supported by their manager and had supervision and an annual appraisal. One staff member said, "Yes we always get supervision, it gives you the opportunity to discuss

things that you might be struggling with."

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

- People's nutritional needs and hydration needs were met.
- One person was being supported to have their nutritional needs through a percutaneous endoscopic gastronomy (PEG) tube. There were guidelines in place to show staff how to carry out this procedure and all staff had received sufficient training. We spoke with a nurse who was responsible for managing this process and they told us that it was now being managed safely as district nurses visited weekly to check on safety and identify any concerns.
- The one person we spoke with told us that they chose what they wanted to eat and took part in the preparation of the meals. However, there was no evidence that the other people with more profound communication needs were given choice about the main meals that were prepared and served.

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

- The environment was adapted in some areas so that people with limited mobility could use the service with ease. The kitchen had adjustable work surfaces so that someone who used a wheelchair could take part in the preparation of the food. The service also had an automatic front door to enable a person in a wheelchair to enter and exit the house with ease. At the time of our inspection this was not in operation and was waiting to be fixed.
- Not all aspects of the home were suitable for the needs of the people who used the service. The bathroom needed to be adapted for someone with complex health and mobility needs. The service also had a range of outstanding maintenance issues that were the responsibility of the landlord. We were shown evidence that the service had raised these issues with the Landlord and there were plans in place to address them.
- Some people had been supported to decorate and individualise their bedroom in colours and decoration of their choice. However, we noted that some people's rooms had very little personalisation or decoration. We recommend that the service works towards supporting all people who use the service to personalise their living environment.

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

- Staff supported people to access appropriate healthcare services when needed.
- We saw evidence that staff had contacted a range of health care professionals such as GPs and nurses where there were concerns about people's health.
- The service worked with physiotherapists in order to ensure people had the correct mobility and posture equipment.
- Hospital passports had been developed for everyone using the service. Hospital passports contain detailed personal and health information about people which could be shared with hospital staff if they were admitted to hospital. At the time of our inspection these documents had not been reviewed for over a year, so we could not be sure they contained accurate up to date information.
- There was also regular visits from district nurses and enteral nurses to ensure the safety of the PEG tube feeding system was maintained. Nurses supported the service by doing regular routine checks and also providing training for staff, so they were competent to manage the PEG tube feeding system daily.

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.

- The service had made all the necessary applications where people needed to be deprived of their liberty as part of their care and support. At the time of the inspection all the applications had been authorised. Staff understood their responsibilities in relation to protecting people's rights and could demonstrate examples of how they offered choices around every day care needs. Staff also explained what they would do when people were unable to make decisions for themselves. This included having best interest meetings and consulting relevant people such as family members and other professionals.

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; respecting equality and diversity

- People said they experienced a compassionate and caring service. Family member's spoke highly of the caring approach the staff took with their loved one. One family member told us, "They are all lovely, I've not met one that wasn't nice, [relative] loves them all, they really are caring.
- People were supported to maintain relationships with family members and see them when they wanted.
- Support plans contained information about people's religious, spiritual and cultural needs and people were supported to attend social events and cultural groups that were important to them.
- We observed positive interactions between people who used the service and the staff. One family member told us that their relative was "very happy" living at the service and had a good rapport with the staff who gave them "lots of attention and always made [their relative] laugh".

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

- People and their representatives were regularly involved in the planning and reviewing of their care and support plans. Staff told us how they regularly consulted people and their family members on day-to-day aspects of their care if they had any concerns.
- One person regularly attended a self-advocacy group in the local community to discuss ongoing issues and concerns for people with learning disabilities.

Respecting and promoting people's privacy, dignity and independence

- People were treated as individuals and with dignity and respect.
- Support plans were written using respectful language and focused on the personal attributes of the person. There was a written record of people's history, likes and dislikes and personal interests and hobbies.
- Staff spoke about people in a dignified way and could show how they promoted privacy and dignity by ensuring they respected people's personal space, knocking on their door before entering, and ensuring that doors were closed whenever they helped people with personal care.
- Support plans described what people could do for themselves, so all staff could understand how to ensure people's independence was maintained as much as possible.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met

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

- People and their relatives were happy that the care delivered was personalised and met their needs.
- Support plans contained detailed information about people's needs and preferences with personal care. At the last inspection we found not all support plans had been reviewed regularly. At this inspection we found that the service had improved in this area and support plans had been reviewed with input from people's relatives and health and social care professionals.
- Some people took part in a range of activities such as employment and social activities and attending self-advocacy groups. However other people did not have any specific planned activities other than walking in the local community or visiting the local supermarket.
- People using the service sometimes had behaviours that could challenge the staff team and there were some plans in place to help reduce these by offering regular outdoor activities. We could not see that people were always being offered sufficient engagement and meaningful activity to help reduce the behaviours especially when bad weather restricted opportunities for walking outside. The service was working in partnership with other professionals to devise strategies to engage people more and reduce behaviours that challenge.
- One support worker had started attending an active support group which met regularly to share best practice in this area. Active support enables people with learning disabilities to participate fully in all aspects of their lives. At the time of the inspection we could not find sufficient evidence that this approach had been fully adopted and integrated into the service.

The above issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints from people who use the service.
- The service had a complaints procedure in an easy read format which was made available to everyone.
- Family members told us that the service had listened to them and resolved their issues whenever they had raised concerns. At the time of our inspection there had been no recent complaints.

End of life care and support

- The service did not provide end of life care and support at the time of our inspection.
- The service had an end of life policy which stated that individual needs and wishes related to people's end of life should be fully documented. However only one person had been supported to make a funeral plan and there was no evidence that this had been discussed with other people or their representatives. We recommend that the service takes the necessary steps to discuss future wishes with people and their representatives.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- We found evidence of regular quality audits of the service which were carried out by another manager within the organisation and an action plan was created to resolve any identified issues. However, we found that these quality assurance systems had not been effective in identifying and addressing issues to ensure that people's individual needs were met at all times. For example, people's communication needs were not always met, and people were not always supported to engage in meaningful activities to enable them to live a full a life as possible.
- The service had also worked with external 'quality checkers' who had visited the service to meet people, assess the care and support and make suggestions for improvement.
- The service had also introduced a new electronic system to record care and support. At the time of our inspection the system was effectively recording set care tasks that each person needed to do each day to maintain their basic needs. The system however was not effectively recording day to day choices, activities or experiences. We spoke to the registered manager about this and they said the system is relatively new and they would continue to develop it and improve it going forward so that it captured more nuanced information about people's experience of care and support.

Working in partnership with others

- The service worked in partnership with other agencies and organisations to ensure people's needs were met in good time. There was lots of evidence that some areas such as physiotherapy and general health were managed very well with input from physiotherapists, nurses and other healthcare professionals.
- We spoke with three health and social care professionals who gave mixed feedback about the effectiveness of the communication with the service. One professional said, "The home responds in a timely manner to any queries and request we have for information." Another professional told us that they had not been notified about some serious incidents that had happened to one person using the service.

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

- Relatives and professionals, we spoke to were confident in the planning, management and delivery of care and support.
- The service communicated well with people and their relatives. One family member said, "I don't have any problems, I can call [the registered manager] if I have any issues".
- The service was meeting their responsibility to display the ratings of the previous inspection and they notified the Care Quality Commission about important events or serious incidents that occurred at the

service.

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

- Staff understood their role and were clear about when they would need to seek guidance and support from their manager. There were systems in place to identify and address issues or areas of concern.
- Staff were fully supported to carry out their role and had regular supervision and training.

There was a clear handover procedure between each shift which covered areas such as medicines, finances, recent health updates and any other significant information such as appointments and activities.

- People were allocated keyworkers who took more responsibility in keeping up to date with key areas of people's care and support needs and communicating these to their colleagues and other professionals and family members.
- The registered manager was regularly at the service and observed staff carrying out their duties and addressed any concerns. The registered manager told us that they had recently reduced the services they managed so that they now solely managed this service. This enabled them to focus better on service quality and staff support.

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

- Relatives of people using the service were positive about how well the service communicated with them. One relative said, "They always ring me if anything happens, I don't have to worry about that."
- The provider regularly requested feedback from people using the service and their close relatives. Feedback about the service was consistently positive.
- One person using the service took part in the organisational 'shadow board' which was led by the chief executive and attended by other people who received care and support. This meeting was developed to ensure that people using the service were given accessible information about the organisation and understand the processes of the board of trustees.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered manager did not ensure service users preferences and needs were always met. 9(1)(a)(b)(c)