Trident Reach The People Charity

Elms House

Inspection report

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Date of inspection visit:
19 September 2018
12 October 2018

Date of publication:
16 November 2018

Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We completed an unannounced inspection of Elms House on the 19 September 2018 and returned on the 12 October 2018 to confirm some information. This was the first inspection of this location since a change of provider.

Elms House is a care home located in Shrewsbury and can accommodate 14 people. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Elms House is registered with CQC to provide rehabilitation and recovery support for younger adults and adults with mental health needs. Elms House consists of 11 bedrooms in a main house and three attached flats. Within the main building people have access to communal lounges, quiet spaces and activity rooms which includes a dedicated relaxation room. At the time of inspection there were 12 people residing at Elms House.

Elms House is required to have a registered manager in post. At the time of inspection, the home did not have a registered manager in post however a new manager had been appointed and a start date identified. 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 service is run.

At this inspection we found that Elms House was in breach of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

We identified that following a Fire Risk Assessment completed in 2017 actions were requested of the provider. Unfortunately, Elms House could not evidence that appropriate action had been taken. We found that people did not all have a Personal Emergency Evacuation Plans (PEEP) and that required works to the property remained outstanding.

We found that some actions from health and safety audits had not been addressed in a timely manner.

We found that medicine was not always being safely managed as the procedures for people taking medicine home was not included in the provider's policy and that there was inconsistent practice in the team. We also found that protocols for 'as and when' required medicine, needed further details.

Elms House was a clean and homely building but on the day of inspection it was noted cleaning products had been left unattended, which left people at risk. When we spoke with the management team we were

made aware that they had made the same observation and immediately addressed this issue.

People were safeguarded from abuse and staff had a clear understanding of their role in reporting any concerns.

We found that there was sufficient safely recruited staff to meet people's needs. Staff were trained in subjects such as safeguarding, first aid, food hygiene. We found that staff had knowledge of mental health conditions and disorders such as Autism but that there had been a lack of formal training on such subjects.

People were treated with kindness and respect. People were involved in decisions about their care. People felt listened to and they knew how to raise a complaint if needed.

People received care and support that was relevant to their needs. Detailed risk assessments were completed and people were actively encouraged to become more independent. People had access to a wide range of activities.

People were supported by the wider multi-disciplinary team and supported to make plans for the future.

Elms House does not provide end of life care and there was no one at Elms House requiring this type of support.

Notifications to CQC were submitted as required.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe

People did not have Personal Emergency Evacuation Plans in place and the home had not completed actions from a Fire Risk Assessment.

People received their medicine safely however improvements were needed in medicine guidance and procedures.

People were supported by sufficient staff recruited using safe practices.

Is the service effective?

Good

The service was effective

Peoples health and wellbeing needs were met.

People were involved in decisions about their care.

People received a balanced diet.

Is the service caring?

Good

The service was caring

People were supported by staff who were caring and listened to their needs.

People were encouraged to be independent.

Peoples dignity and privacy was respected.

Is the service responsive?

Good

The service was responsive.

Peoples received care that was personalised to their needs.

People had access to a wide range of activities.

People knew how to raise a complaint.

The service did not support people with end of life care.

Is the service well-led?

Requires Improvement

The service was not always well led.

People were exposed to increased risk due to a lack of management oversight in key areas.

People felt the home was well managed.

People were supported by a team working closely with multi-disciplinary agencies across both health and social care.

Elms House

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.

The inspection was an unannounced comprehensive inspection and was completed on 19 September 2018. We returned on 12 October 2018 to confirm some information, this visit was announced.

The inspection team consisted of 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 service. For this inspection we requested someone with experience of mental health services.

Before the inspection we looked at information we held about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We also looked at the Provider Information Return (PIR) which the previous registered manager had completed. The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we spoke with five people living at Elms House, the staff team on duty, the deputy manager and a service manager for the provider. We reviewed four care plans, medicine records and two staff files. We reviewed key policies and procedures and a range of records held by the service. These included health and safety records, audit reports, customer feedback, and accidents and incident reports.

Requires Improvement

Is the service safe?

Our findings

People were not consistently being kept safe in relation to their fire safety. Only one person had a Personal Emergency Evacuation Plan (PEEP). A PEEP provides staff and emergency services with the information they need in the event of a fire. In September 2017, the providers external Fire Safety Officer completed a Fire Risk Assessment for the building and included an action for all people residing at Elms House to have a PEEP. This action had not been fully addressed. We also discussed with the provider that their documented fire evacuation times highlighted that people were not leaving the building within the suggested safe time frames. The provider agreed they needed to put in PEEPS for all people and ensure that they risk assessed each person's needs, including the potential impact for people taking medicine that had a sedative effect to help them sleep.

Additional actions were identified by the Fire Safety Officer within the Fire Risk Assessment but we could not find documented evidence that these actions had been resolved. All actions should have been completed by the end of 2017. Actions related to self-closing fire doors, warning systems and detection. In-house Health and Safety checks were completed on a weekly or monthly basis. However we observed that where checks had identified an action, these were not always addressed in a timely manner and actions could be carried from one month to the next. Electrical items observed to be in use, such as the pump for the fish tank, were recorded as requiring Portable Appliance Testing (PAT) for more than six months. This meant that people were put at risk as equipment was being used that had not been tested to ensure it was safe.

We observed several cleaning products being left unattended throughout the service, which could have posed a potential risk to people if used incorrectly. We were made aware from speaking with the management team that cleaning products should be locked away. This meant that people were at risk of harm due to the unsafe storage of substances hazardous to health.

People told us that they received their medicines on time and people were supported to take their own medicine. One person told us, "I get a weeks' worth of medication and I get this on time". We discussed with staff the process for supporting people when they need to take their medicine out of Elms House. We found that staff practice was inconsistent and that the medication policy in place did not cover this activity. We discussed with the provider the need for individual risk assessments to look at the safest option for each person that is in line with best practice. Staff were taking medicine out of labelled packaging and placing in to pill organisers, which is known as secondary dispensing. This practice could lead to an increased risk of medicine error.

There was not enough guidance and detail about how people needed to be supported with their 'when required' medicines to ensure they had them as prescribed. In three of the medicine files looked at the 'as required' protocols stated a medicine was for anxiety but did not describe how anxiety presented for that person. This meant people were at risk of not receiving their medicine when they needed it, or having it when they may not have required it.

The above issues are a breach of Regulation 12 Safe care and treatment, of the Health and Social Care Act

2008 (Regulated activities) Regulations 2014.

People told us they felt safe living at Elms House. People understood how to raise concerns. One person told us, "There is plenty of staff to talk to and I would talk to them if worried". People were protected from abuse and the staff team understood how to recognise and respond to safeguarding concerns. One staff member told us, "I would report any worries about people's safety to management and if unresolved I would speak with the local authority".

People's health and social needs were risk assessed at the point of admission and consistently reviewed throughout their stay at Elms House. Behaviour which could potentially put people at risk, was included in care plans and Elms House had guidance in place to ensure potential risks between people were safely managed. The home adhered to best practice around same sex accommodation and sleeping accommodation was segregated. Accidents and incidents were recorded and reviewed by the provider. Any significant incidents were discussed with the multi-disciplinary team who met on a weekly basis to ensure lessons were learnt.

People told us that there were sufficient staff to meet their basic needs. One person told us, "There are enough staff for me to do what I want to do". Another person told us," They [staff] are very good and do everything they can for me". Staff told us that there were some vacancies at present but that they used either bank staff or agency staff to cover when needed. Staff received training in key subjects such as safeguarding, moving and handling and fire safety.

The provider followed safe recruitment procedures when employing new staff members. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS). The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with others.

Good

Is the service effective?

Our findings

People's health and wellbeing needs were met. People were involved in managing their health needs and supported to access a range of health services. One person told us, "Staff would make me an appointment if I needed one". Another person told us, "We can get help but they would expect me to book an appointment myself because of it being a rehab home." The staff team worked well together and shared information that was relevant to people's day and their current health needs. We observed a handover between staff that covered how people were doing and any actions or further monitoring that was required.

People's care plans included a range of goals that were not solely focused on people's mental health needs and demonstrated that a holistic approach was being taken. Goals ranged from economic wellbeing, staying safe, to making a positive contribution and what people enjoyed and wanted to achieve. People had additional files which focused on life after they moved out from Elms House and included engagement with other providers such as housing associations. We saw that Elms House had developed a detailed library of resources that were accessible to all and included health information as well as benefit information, advocacy support, community activities and options for the future.

People's care plans were written at the point of admission and reviewed on a regular basis either with the key worker or as part of a multi-disciplinary review. This included input from social workers, psychiatrists, community nurses and occupational therapists. Staff told us, "When introducing a new plan for someone, we work with the person to develop something that is achievable. We check the person's understanding and work to increase their knowledge and ensure least restrictive practice is in place."

Where English was not a person's first language we saw that provision had made to ensure they could speak to someone who spoke the same language.

People told us that they were always involved in decisions being made about their support needs. One person told us, "They do ask me and don't provide anything without my permission." Another person stated, "They always ask me first". When necessary people were given additional time and support to make a decision. We saw that when people moved in to the flats discussions took place with the person, their family and the wider professional team before a decision was made. We saw that people were supported when they said no to moving in to the flats, even when the team felt it would be beneficial. Staff were asked about their understanding of the Mental Capacity Act and demonstrated a working knowledge.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes

and hospitals are called the Deprivation of Liberty Safeguards (DoLS). People were able to come and go from Elms House and were only asked to advise staff of the times they would return to ensure they were safe and to avoid a missing person alert being activated. We reviewed any restrictions in place and found that some people were restricted by the Ministry of Justice and we were informed that an application had commenced for one person to have a Dols.

People had access to a healthy and balanced diet and access to fluids throughout the day. One person told us "The food is excellent and we have a good choice, I can say in the morning what I would like off the menu and if I don't like something they will make something else, it is really nice." We observed people being supported to make an alternative meal when they didn't want what was on the menu. Another person told us that, "Within reason we get a choice and we can get drinks whenever we like".

People lived in a homely environment that made appropriate use of the space available. One person told us, "The home is well set up, there is a nice quiet room I can read a book in." People had access to a communal lounge, activity room, relaxation room, quiet space and a designated smoking area with seating. There was good signage around the property and risks within the building were sensitively managed, such as the screens around the stair well. We did identify that the shower facilities were not suitable to for all persons and the provider told us that they were looking at ways to address this issue.

People were supported by a staff team that were trained in the key subjects. One person told us, "Staff have the skills to support me." Staff told us that they receive a lot of training and felt confident in their role. In the future staff told us they would like to receive more formal training in relation to mental health conditions and disorders such as autism.

Good

Is the service caring?

Our findings

People told us that they felt the service was caring and that they were listened to. One person told us, "The staff provide emotional support. If I went to the office to say I was struggling and asked if someone could take me out for a cigarette, someone would always come with me." There was a relaxed and friendly atmosphere during the inspection.

People's care plans included information about their background and goals that they wanted to achieve. This helped staff understand who people were and their wishes for the future. One member of staff told us, "It is good here as we get time to get to know people and understand their individual needs, we find out what people enjoy doing and help them plan for the future." People were actively involved in the care planning process. One person told us," I do have a care plan in place and a risk assessment. I was with [staff member] and sat down and talked through my plans with them." The Elms operated a keyworker system and people had regular meeting with their key workers to review and update any goals they had or activities they wanted to do.

People were encouraged to be independent and manage as many aspects of their life as possible. We observed several people going out in to the community throughout the day. We saw peer support being used for tasks such as food shopping where people were not quite ready to go on their own but did not need to have a staff member with them. People used the independent kitchen on a regular basis, people were encouraged to do their own laundry, and to manage their own finances.

People were given the opportunity to move in to one of the three flats on site, to increase their confidence ahead of moving out in to the community. People moving in to the flats were given time to manage the transition at a pace that suited them. One person told us," I have been moved to the flats and I now do my own cooking." People using the flats were able to use the main house and the resources available. The home had developed a therapeutic relaxation space upstairs which was accessible for group sessions or on an individual basis.

People were involved in decisions about the running of the home. People told us that the home tries to have a meeting every morning and the person running the meeting will ask how people are and agree the plan for the day. One person told us, "We have customer meetings and we can make suggestions."

People's privacy was respected. One person told us, "If I want to go to my room and be on my own it is fine." We observed one person who was feeling upset and anxious be supported by a staff member and encouraged to move to a private space to talk. We saw staff knocking on people's doors and reminding them in a polite manner to remember to take their medicine. Peoples care records were stored securely in the office however people knew where they were and how to access their own record.

Peoples personal relationships were respected and care plans adapted to reflect people's current wishes. Peoples religious preferences were recorded in their care plans. One person told us, "If I wanted to go to church I could."

Good

Is the service responsive?

Our findings

People received care that was personalised to their needs. Peoples needs and wishes were assessed as part of the admission process and care plans were updated on a regular basis. Changes made to care plans could be tracked via daily care notes, key worker meetings and/or multi-disciplinary meetings. Elms House could demonstrate that people's level of independence and overall wellbeing had improved. People were supported to maintain and develop new relationships and plan for their future. Where people's wishes for the future were different to other people around them, we discussed the role that advocacy services could have in supporting them. People's protected characteristics were recorded within their care plan.

Elms House had strategies in place to support people manage their current mental health and the team were observed discussing areas of concern during a handover session. Actions for the next shift were discussed and agreed. Person who were out of the building were highlighted and the time they were expected to return was documented, to ensure people were kept safe and that action could be taken if people did not return.

People made decisions about how they spent their time and what activities they chose to partake in. People were supported to access a wide range of activities both in the home and in the wider community. One person told us, "I go fishing, to the gym and activities happen on time." Another person told us, "We can do arts and crafts, practice mindfulness, play dominoes and card games. We can always open the cupboard and do something." People were supported to work with other organisations and people were able to access activities close to where they wanted to move to after they left Elms House. Activities undertaken were reviewed afterwards and any benefit or issues, were considered.

People living at Elms House told us they knew how to raise a complaint. One person told us, "I know how to make a compliant but have not had to so far." Another person told us, "If I wanted to make a complaint I would go to the staff and say I want to make a complaint." People living at Elms House had access to leaflets on advocacy services and external professions who they could also speak to, if necessary. We observed accessible complaints procedures within the accommodation. Within the quiet room people had access to extensive information about various organisations who they could contact independently.

Elms House is not set up to provide end of life care and would not admit anyone needing such support. Elms House confirmed if someone's health deteriorated dramatically during their stay they would work with the multi-disciplinary team to transition the person to a more appropriate service.

Requires Improvement

Is the service well-led?

Our findings

There was no registered manager in post. The previous registered manager had recently left Elms House and was in the process of deregistering with the Care Quality Commission. We were informed that Elms House had recruited a new manager and a start date had been identified.

We found that Elms House was in breach of Regulation 12 Safe care and treatment, of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was due to actions noted on the fire risk assessment not being addressed, actions identified on internal health and safety audits being not being resolved for a considerable period of time, cleaning products being left unattended, a lack of oversight with the process for medicine being taken out of Elms House and more detailed protocols being needed for 'as and when' required medicine. This meant people were exposed to potential risk. As Elms House is not a long-term home for people and new people could move in at any time the above risk factors required a more robust approach.

During the transition phase between registered managers, The Elms was being overseen by the deputy manager and managers from other parts of the organisation. In the absence of a registered manager we discussed our concerns with the management present on the day of inspection and was advised the concerns would be actioned immediately. Following our inspection, we were informed that the provider had been in touch with the owner of the building regarding the fire risk assessment.

Staff informed us that they were well supported and we observed positive interactions between the staff and management throughout the day. One staff member did tell us, "I am looking forward to when we have one manager again so we can have better consistency." Staff told us that they do get regular supervision and can ask for a one to one conversation when needed. One staff member told us, "I really enjoy working here as you can make a difference." Another staff member told us that, "We have been short staffed, and it can be tiring, however everyone has really pulled together as a team to ensure people's needs are not affected."

People told us they felt confident with the management of Elms House and that they felt the home was well managed. One person told us, "I don't know who the senior manager is at the moment but I know who to speak to if I had a concern". Several people told us that Elms House was a great place to stay and that they would recommend it to others. People spoke with staff on a daily basis and were encouraged to input in to their day and what was going on in the home.

People were supported by a wide multidisciplinary team and had strong connections to both health and social care services. People were supported to think about the future and Elms House worked with the multidisciplinary teams to review possible options. One person did tell us, "It is unclear how long I am going to be here and nobody can tell me." We discussed the discharge procedures with the management present who informed us they would be looking to clarify the process with their commissioners.

Accidents and incidents were reviewed on a regular basis and any concerns highlighted as part of future planning. A business continuity plan was in place to ensure Elms House knew what to do in the event of an

emergency, such as a power failure.

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC), of important events that happen in the service. CQC check that appropriate action had been taken. Elms House had submitted notifications to CQC in an appropriate and timely manner in line with CQC guidelines.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. Elms House was displaying an inspection report however as this was the first inspection for Elms House since being managed by the provider, we asked that the previous providers rating be removed and be replaced with the rating report from this inspection.

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 12 HSCA RA Regulations 2014 Safe care and treatment Risks were not always managed and identified actions were not always taken within a reasonable time frame. We could not be sure people would always receive their medicine when they needed it.