

Mrs M L Duggan
The Elms

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 

Overall summary

This inspection took place on the 12 and 22 October 2015 and was unannounced.

The service is registered to provide accommodation and personal care for up to three people with learning disabilities and a personal care service to people with learning disabilities who live in either their own accommodation or accommodation they rent from the provider. At the time of our inspection there were 3 people living at The Elms and up to eight people who received personal care in their own homes. Everyone had received a service from the provider for a number of years.

We saw that people were well supported and cared for in relaxed and homely environments. Everyone we were able to speak to complimented the staff who supported them and where people had limited communication we observed that people were calm and responded positively to staff.

There were appropriate recruitment processes in place and people felt safe and were observed to interact positively with staff and each other. Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns.

Summary of findings

Staff were supported through regular supervisions and undertook training which focussed on helping them to understand the needs of the people they were supporting. People were involved in decisions about the way in which their care and support was provided. Staff understood the need to undertake specific assessments if people lacked capacity to consent to their care and / or their day to day routines. People's health care and nutritional needs were carefully considered and relevant health care professionals were appropriately involved in people's care.

People received care from staff who were kind and compassionate and who were committed to respecting their individuality and promoting their independence. Their needs were assessed prior to receiving a service,

individualised care plans were in place and were kept under review. Staff had taken time to understand people's likes, dislikes and past life's and enabled people to participate in activities either individually or in groups.

People were cared for by staff who were respectful of their dignity and who demonstrated an understanding of each person's needs. This was evident in the way staff spoke to people and engaged in conversations with them. Relatives commented positively about the care their relative was receiving and it was evident that people and their families could approach management and staff to discuss any issues or concerns they had.

There were a variety of audits in place and action was taken to address any shortfalls. Management was visible and open to feedback, actively looking at ways to improve and develop the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe

People told us they felt safe and we observed people to be calm and relaxed reacting positively towards staff.

Staff understood their role and responsibilities in relation to keeping people safe.

Disclosure and barring service checks had been completed and satisfactory employment references had been obtained before staff came to work at the home.

There were safe systems in place for the management of medicines.

Good



Is the service effective?

The service was effective

All staff and managers knew people well and provided individualised care and support.

People were supported and cared for by a well trained staff team.

People were fully involved in decisions about the way their support was delivered.

People had access to healthcare as and when required.

Good



Is the service caring?

The service was caring

People and staff interacted well together.

Staff respected people's dignity and right to privacy and treated them as individuals.

People were encouraged to express their views and to make choices.

Good



Is the service responsive?

The service was responsive

People's needs were assessed before they received a service to ensure that all their individual needs could be met.

Care plans contained all the relevant information that was needed to provide the care and support for each person.

People were encouraged to follow their interests.

People were aware that they could raise a concern about their care and information was designed to ensure everyone could make a complaint if they needed to.

Good



Is the service well-led?

The service was well led

People and their families commented how happy they were with the care and support they received.

Good



Summary of findings

People using the service and their relatives were encouraged and enabled to provide feedback about their experience of care and about how the service could be improved.

Quality assurance audits were in place and people using the service were involved in designing 'user friendly' information.

The Elms

Detailed findings

Background to this inspection

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

This inspection took place on 12 and 22 October 2015 and was unannounced. The inspection was undertaken by one inspector.

We looked at information we held about the service including statutory notifications. A notification is

information about important events which the provider is required to send us by law. We also contacted the health and social care commissioners who help place and monitor the care of people living in the home.

We spoke with the two people who used the service, four support staff, members of the management team and the provider. We used observations where people were limited in their ability to recall their experiences and express their views. We spoke to a number of relatives who agreed to speak with us.

We looked at five care records, four staff recruitment files, staff training records, health and safety records and quality audits.

Is the service safe?

Our findings

The people we spoke to and observed all appeared to be relaxed and comfortable in their surroundings and with the staff who were supporting them.

People told us they felt safe; one person said “I feel safe the staff are all fine and kind”. Staff understood their roles and responsibilities to safeguard people and knew how to raise a concern if they needed to do so. Staff also told us that they felt able to raise any concerns around people’s safety to the manager and outside agencies if they needed to. They were supported by an up to date policy and procedure.

Information gathered prior to the inspection showed that staff had raised appropriate notifications to the local authority and Care Quality Commission (CQC).

There were a range of risk assessments in place to identify areas where people may need additional support and help to keep safe. For example, people who had been assessed for their mobility had a risk assessment in place detailing the use of a wheelchair; ensuring the safety strap on the chair was used and people reminded to wait for assistance from staff when transferring from the chair to mitigate the risk of falling.

There were regular health and safety audits in place and fire alarm tests were carried out each week. Staff were able to explain what they would do in the event of a fire and spoke about how useful they had found the First Aid training they had undertaken. Each person had a personal evacuation plan in place. There was also information

available about each person which detailed how they liked to be communicated with and what things may upset them which would be shared with relevant people in the event of an emergency.

People were cared for by suitable staff because the provider followed a thorough recruitment process. Disclosure and Barring Service (DBS) checks had been completed and satisfactory employment references had been obtained before staff came to work at the home.

There appeared to be enough staff to support the people we observed. There was at least one person on duty throughout a 24 hour period with managers on call each day. Staff and relatives told us they felt there were enough staff. Staffing levels were calculated according to the needs of the people and also took account of any forthcoming appointments or events that would require additional staff to support them. Records showed that staffing levels were always in line with the assessed needs; where needed staff worked additional hours to ensure that the levels of staff remained consistent. The management and staff were committed to ensuring that people were always supported by people who knew them and therefore did not use any agency staff. The staff also told us there were enough people on shift.

There were systems in place for the safe management of medicines. Medication Administration Record (MAR) sheets had been completed and there had recently been an audit undertaken by a local pharmacy which had not highlighted any concerns. Staff received training before taking on the responsibility to administer medicines and their competencies had been assessed. Staff told us they felt confident to administer medicines and ensured that all medicines were secured in a lockable cupboard or filing cabinet at all times until needed.

Is the service effective?

Our findings

All staff, managers and the provider knew people well. They spoke affectionately of the people they cared for and demonstrated their knowledge of the individual personalities and support needs of the people.

People received support from staff that had the skills and experience to meet their needs. All new staff undertook an induction programme and were subject to a three month probationary period. The induction training was based on the recommended 15 Care Standards and was delivered through a mixture of classroom based and on-line training; new staff shadowed more experienced staff before working on a shift to get to know how people liked to be supported and cared for. We saw from records that the management carried out regular reviews of all new staff during their probationary period. The provider was reviewing their induction programme following the introduction of the new Care Certificate in April 2015 with the view to refreshing the induction training. The Care Certificate helps new members of care staff to develop and demonstrate key skills, knowledge, values and behaviours, enabling them to provide people with safe, effective, compassionate, high-quality care. The staff we spoke to said they were pleased with the training they received when they first came to work at the home as it had helped them to gain the skills to effectively support people.

Staff had regular supervision and there was an appraisal system in place. Staff said they were encouraged to develop their knowledge and skills. All staff had completed the training they needed and there was a system in place to ensure that training was updated to help refresh and enhance their learning. One member of staff shared with us the knowledge that they had gained from the dementia training they had undertaken. They were able to describe to us what they had been able to do when a person had suddenly become anxious about stepping out of their house.

People were fully involved in decisions about the way their support was delivered. We observed staff talking to people about the task they were undertaking with them, asking what they wanted and explaining what they were doing. For example, one person was being supported to help cook the evening meal, staff talked to them encouraging them to take part and engage in what they were doing; the person smiled and laughed with the staff member, the interaction

was very positive. Care plans were person- focussed and were regularly reviewed; people and their families were fully involved in this process. One family told us “[Name] is looked after very well, we can chat to staff if we have any concerns. The service is first class.” Another relative told us “I gave details of what [Name] can do and the staff support them to do those things.”

Staff understood their roles and responsibilities in relation to assessing people’s capacity to make decisions about their care. They were supported by appropriate policies and guidance and were aware of the need to involve relevant professionals and others in best interest and mental capacity assessments. Capacity assessments had been undertaken. The Mental Capacity Act provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. Families were consulted and kept informed of any impact on the way in which people are cared for and supported.

People chose how to spend their time. People told us they were able to get up and go to bed when they liked. One person told us they liked to stay in their room some times and they were free to do this whenever they wanted to. Other people were supported to go out to pursue their interests.

People were supported to eat a healthy balanced diet. Some of the people we spoke to went to ‘Hi fives’, an activity centre which the provider had set up to offer people the opportunity to meet up and take part in meaningful life learning activities. As part of the activities offered people could learn about health and well- being. We read a recent comment from one relative “Staff have assisted [name] to understand the importance of a healthy diet.”

Staff were aware of individual dietary needs and supported people to make the healthier choice. We saw in people’s care plans that people were weighed regularly and measures put in place to help people maintain a healthy weight. The dietitian had been consulted to ensure everyone’s dietary needs were fully met. The staff explained that all meals were made using fresh ingredients which we observed to be the case on the day of the inspection when lasagne was being prepared. Each week people sat down together and planned the weekly menu.

Is the service effective?

People's health care needs were regularly monitored. We spoke to one health professional who was visiting and they commented "Staff always know what is going on in relation to people's medicines and physical health needs. They take advice and any recommendations are followed through". People were referred to the GP and specialist services as required. There were easy read guides to annual health checks available for everyone and we noted from care plans that individuals had been referred to specialists when needed. Staff told us about referring someone to an occupational therapist for an assessment in relation to the equipment that was needed to support them with sitting

more comfortably and help improve their posture. We read in the care records that with the support of the new equipment and the care the staff had been giving the person's condition had improved leading to a better quality of life. We observed the person who smiled and engaged well with staff. The provider had also developed information around epilepsy to support people and give greater guidance to staff. To enable health professionals to communicate with individuals information was available to share with professionals explaining how an individual liked to be approached and how they may show whether they were happy or not.

Is the service caring?

Our findings

The people we spoke to and observed all appeared to be relaxed and happy. One person told us “I am happy here, [staff member] best thing”; another person said “Staff are all kind and I am happy”. We observed people smiling and laughing and one person became very excited and looked pleased when staff and managers came into the room. People showed us their rooms which they had personalised with items of their own choosing. They told us that they had been asked to choose the colours they wanted in their room and the wall paper. The Elms had recently been decorated and was bright and welcoming.

People received their support from staff who treated them with kindness, consideration and respect; they took time to communicate in a way which best met the needs of the individual. We read one comment from a family “We look on all the staff as friends of [Name] and her family.”

Staff were mindful and considerate of people’s wishes when asking if they could enter their rooms. People’s individuality was respected by staff; they responded to people by their chosen name and supported them to pursue their own interests. One person loved DVD’s and had quite an extensive collection in their rooms which staff had helped them to store and play when they wanted to. Another person liked painting and we observed staff helping them to paint, there was a friendly conversation between the person and staff member. As one person

returned from being out for the day we heard staff greeting them “Hello [Name] how are you?” We read from a recent survey that one relative had commented “We feel you provide excellent care for [Name] in a warm, safe and friendly environment”. Another relative had commented “Staff are all very professional, the care is excellent.” From our observations wherever staff worked they had created a warm, friendly and welcoming environment for people to live in. Family and friends were welcome to visit anytime and people were enabled to stay in contact with their families through visits to family and friends.

People were encouraged to express their views and to make choices. An advocacy service was available for anyone who wished to access it. The provider was working with individuals to help them gain the confidence and skills to speak up for themselves or for others less able. Care plans included detailed information about people’s preferences, their likes and dislikes and how they liked to be treated. There were comprehensive accounts about individuals to enable all staff and any professionals working with a person to gain as much knowledge and understanding of the person’s individual abilities and goals. People had been encouraged to fully contribute to their plans and information was recorded in a way which people found most helpful. There was a mixture of pictures and photographs of what people liked doing, so that staff knew what people’s interests were and could chat to them about this.

Is the service responsive?

Our findings

People's needs were assessed before they came to live at The Elms or received a service in their own home which ensured that all their individual needs could be met; the assessment also took into account whether the person would fit in with the other people living in the home or shared accommodation. Each potential new person had a tailored plan to support them to make an informed choice as to whether The Elms or their supported housing was the right place for them. Visits were arranged which gradually lead up to an overnight stay so that the person had an opportunity to meet everyone. The manager was clear that they needed to be very sure and confident that any new person would fit in and everyone would be happy. We saw detailed assessment information and this was used to build a person centred care plan detailing what care and support people needed to enable them to live as independent a life as possible.

People had been involved fully with their care plans; one person told us "Staff will help me if I need them to, if I don't they leave me." Staff commented that they felt the staff team worked well together as everyone knew the people they were supporting and understood everyone's individual needs.

We could see that staff understood the individual care and support needs of everyone. The care plans contained all the relevant information that was needed to provide the care and support for the individual and gave guidance to staff on each individual's care needs; for example in one care plan we noted that the person had accessed a physiotherapist to help them with their posture, there were details as to how the staff were to reposition the person and the physiotherapist had been pleased with the progress the person had made. Care plans were reviewed on a regular basis and the information held within them had been collated in a way that best met people's individual communication needs. Pictures were used where appropriate and any written information was clear and concise.

Staff were attentive and responded to people's individual needs. One person had felt unwell so the staff had made sure they were sat comfortably in their chair, the person looked very cosy and contented. Another person needed support to walk to the toilet and staff gently encouraged them and discreetly supported them. Daily records were up to date and reflected how the individual was, any concerns and what they had been doing each day. The communication between managers and staff was evident and everyone worked as a team to provide a family friendly service.

People were encouraged to follow their interests; One person said "I like shopping and having my nails done". Another person liked motor cycling and had been supported to watch motor cycle races. Each person had their own weekly activity programme which was a combination of doing things individually supported by staff such as going out shopping, having their hair done at a local salon or attending a day centre in the local area. Some people also went to 'Hi fives' activity centre where they could socialise and have the opportunity to learn and develop new and existing life skills. Everyone appeared happy and living a fairly fulfilled life. One relative told us how much their relative had progressed since being in the care of the provider.

People were aware that they could raise a concern about their care and there was information provided on how to make a complaint which was designed to enable everyone to access it. The staff said that they always tried to resolve any concerns as quickly as possible. There was a weekly meeting which enabled people to share any concerns they had with staff. The feedback we found was positive and we could see that people were asked about the care and support they received through the meetings and satisfaction questionnaires which had also been sent to other professionals. One comment we read from staff at a local GP surgery was "You communicate effectively, you do an excellent job, keep up the good work." Another professional had commented "We feel that the owners, management and staff go far beyond what is required".

Is the service well-led?

Our findings

Everyone we spoke to expressed how happy they were with the management. The staff said they felt well supported and could speak to managers whenever they needed to. People said they felt listened to and we could see that the managers were fully committed to providing an environment which would help people to maximise their abilities to live as independent a life as individually possible. Managers were on call throughout the day and night. We spoke to family and friends who told us “The management and staff are a good strong team, they keep us involved and informed, we have never had any concerns.” another family said “We can’t fault the service [Name] receives, everyone is very patient.”

The people, their families and other people who had contact with the service had been asked for their feedback on how the service was and whether any improvements could be made. Some of the comments were “We like working alongside you to better so many lives”; [Name] development and progress during the last 18 months has been very encouraging, they are content and enjoy life.” In response to one comment decoration had been improved. Management welcomed feedback and were keen to look at ways of improving the lives of people.

People had been involved in the development of a new care plan format which was focussed on being more person-centred and meeting people’s communication preferences. The manager had liaised with health professionals to ensure that the information held in the care plan was clear, relevant and could be easily understood. In addition, as part of a quality assurance

initiative, the provider had brought together a group of people who used the wider services offered by the provider, to help produce a monthly homes newsletter and they had also produced a ‘user friendly version’ of The Fundamental Standards. The Care Quality Commission has accepted this and it is hoped that it will be made available to people across the country. It was evident how passionate the provider and managers were in ensuring people were respected for who they were and were given opportunities to live a fulfilling meaningful life.

The whole ethos of the service was based around respect and dignity providing a service which was tailored to meet the needs of the individual. Working with people at their pace and listening to what they wanted to do. The provider was an approved placement for student nurses and had been short-listed for the Pride of Northampton Awards. Every effort had been made to ensure the local community understood about the people and services being provided. The provider had attended planning meetings with Northamptonshire County Council when The Elms was being built to answer any concerns local residents may have.

The provider had a commitment towards ensuring that all aspects of the service met good quality standards. There were quality audits in place which included questionnaires for staff, the people and other stakeholders, maintenance records were up to date. The provider had employed an office and compliance manager to support them to keep up to date with any changes in requirements for services offering accommodation and personal care. This meant that the service had a system in place to continuously monitor the quality of the care provided to people.