

Elliott Care Home Ltd

Elliott Residential Care Home

Inspection report

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Date of inspection visit:
25 July 2023

Date of publication:
21 September 2023

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Elliott Residential Care Home is residential care home providing personal care for up to 17 people. The service is able to meet a range of needs including learning disabilities or autistic spectrum disorder, mental health and dementia. At the time of our inspection there were 17 people using the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence, and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

People's experience of using this service and what we found

Right Support: Risks to people had been identified and addressed, though care records required further development to ensure all information was included in people's care plans. Care plans were under review at the time of our inspection. Environmental audits and checks were not always effective in identifying improvements. The registered manager addressed this following our inspection visit. Improvements had been made so people were supported to take their medicines safely.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care: Staff were safely recruited and were knowledgeable about people's needs and wishes. Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. Staff had training on how to recognise and report abuse and they knew how to apply it.

Right Culture: People were empowered to achieve their personal aspirations and positive outcomes from their care with staff support and guidance. Staff knew and understood people well and were responsive, supporting their wishes to live a quality life of their choosing. Staff respected people's rights, including the right to make unwise, informed choices and positive risk taking. People and, where appropriate, their relatives, were at the centre of their care and their voice was used to guide and inform how care and support should be provided.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 2 March 2023) and there were breaches of regulation. We issued a warning notice. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced inspection of this service on 16 November 2022. Breaches of legal requirements were found and we issued a warning notice. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elliott Residential Care Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.
Details are in our safe findings below.

Good 

Is the service well-led?

The service was not always well-led.
Details are in our well-led findings below.

Requires Improvement 

Elliott Residential Care Home

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

The inspection team

This inspection was carried out by 2 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.

Service and service type

Elliott Residential Care Home is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Elliott Residential Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We sought feedback from the local authority. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We discussed this information with the registered manager during this inspection.

During the inspection

We spoke with 6 people who use the service, 7 relatives and 2 people's representatives about the experiences of the care provided. We spoke with 7 members of staff, which included the registered manager, deputy manager and 5 care workers. We observed interactions between people and staff in communal areas.

We reviewed a range of records. This included 6 people's care plans and multiple medicine records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including staff training records, policies and procedures were reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating for this key question has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection we found care and treatment of people and medicines management was not always safe. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a warning notice.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of this regulation.

- The provider was in the process of developing people's care plans and records to ensure sufficient information and guidance was available around risks when people became distressed. Positive behaviour support plans required further development to ensure people received safe, effective support. Risks were mitigated as we observed staff were skilled and intervened effectively to support people.
- Staff were clear about how people should be supported and risks to people's safety were managed well. For example, if there were risks to people's health and well being, there were specific guidelines of actions to support people and the service worked with professionals to ensure guidance was clear and met people's needs.
- People and relatives told us they felt safe using the service. A relative told us, " I don't have any concerns about [Name's] safety there. If they do go out, there is now staff with them. This is reassuring as [Name] used to go out alone but they are not safe to do so anymore."
- People had up to date personal emergency evacuation plans in place which were regularly reviewed. The provider had an on-going maintenance programme in place. They had made environmental improvements to ensure the environment was safe. The maintenance plan required review to ensure timely maintenance was undertaken.
- The registered manager had made improvements to processes and staff training to ensure people's medicines were managed safely.
- There were improved procedures to ensure medicines were correctly ordered, stored, and given as prescribed. Medicine care plans were in place to guide staff on how each person liked to receive their medicines and electronic medicine records were regularly audited.
- The registered manager had ensured all staff, including night staff, had received training in the management of medicines. In addition, they were assessed in terms of competency before they were able to give medicines.
- We observed a medicine round and saw staff consulted with people to obtain consent to taking their medicines and followed people's medicines plans.

Staffing and recruitment

At our last inspection we found staff recruitment was not always completed safely. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found sufficient improvements had been made and the provider was no longer in breach of this regulation.

- There were safe recruitment checks carried out. Checks had been completed before staff started work at the service including references and employment history, and relevant checks for staff who had been recruited from overseas. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- There were enough staff on duty to meet people's needs and there were on call procedures for staff to gain advice and support if needed outside of office hours, and at weekends.
- The provider had recruited staff to fill staffing vacancies which had improved the consistency of support people received. Staff who we spoke with demonstrated a good understanding of people's needs. A staff member told us, "We have good training and support from [registered manager]. This has helped our knowledge and intuition, for example we know if something is not right with a person. We have got to know people well and work as a team to help people."

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at Elliott Residential Care Home. A person told us, "I feel safe here; I don't want to leave. I can do my own thing and go out when I want. The staff are okay and the registered manager is good. I can talk to them if there is a problem and they help me."
- A relative told us, "Yes, I feel that [Name] is safe there. I know that if they go out and staff are worried they won't come back, they will ring me to let me know. There have been occasions when [Name] has gone out and not come back when agreed; they have a history of doing this. Staff notified us about this and everything turned out to be fine. I am generally reassured that [Name] is safe there. I know that if there are any problems or issues, staff will contact me."
- Staff had received training on safeguarding, and they were able to tell us what constituted abuse and how they would report matters if needed. When safeguarding concerns were identified these were reported appropriately to the local authority for investigation and any learning as a result was addressed promptly.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.
- People were assumed to have mental capacity to make their own decisions. Where there was reason to believe they lacked mental capacity, an assessment had been carried out. If specific decisions then needed to be made for example, in relation to care, best interests' meetings had been arranged to seek the views of people's relatives and professionals. Records were kept of the outcomes.
- We saw that people were encouraged to make choices, for example in relation to their care, well being and how they wanted to spend their time. Staff told us they always sought agreement from people before

carrying out any support and we saw this during our inspection.

Preventing and controlling infection

- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection. We found stained non-slip bath mats and a toilet seat that required replacement. The provider took immediate action to replace these items during our inspection visit.
- We were assured that the provider was preventing visitors from catching and spreading infections. A relative told us, "It is all very good. With Covid, there was testing when we were visiting. If we wanted to visit we had to do a lateral flow test and wear a mask. I have no issues with the cleanliness there."
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using personal protective equipment (PPE) effectively and safely. There were sufficient supplies of PPE throughout the service.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting

There were no restrictions on visitors and people were able to receive visits from friends and families.

Learning lessons when things go wrong

- The provider had systems to support staff to learn from mistakes. Monitoring was in place to ensure that where possible lessons were learned to prevent incidents reoccurring. Records were kept of all incidents along with information about what had been happening before that might have triggered the incident. This helped to plan activities going forward.
- If a more serious incident occurred, a meeting was held with staff. These looked in detail at what led to the incident and how it was dealt with to determine if there were other ways that could have been used should a similar incident occur.

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating remains requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

At our last inspection we found a lack of effective systems and processes placed people at risk of repeatedly receiving care which was not always safe or appropriate for them. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and we issued a warning notice.

At this inspection we found the provider had made sufficient improvements to meet the requirements of our warning notice and was no longer in breach of this regulation. However, some improvements were still in progress at the time of our inspection and needed time to be fully embedded in working practices.

- The registered manager demonstrated a good knowledge of people's care needs and risks to them. They were in the process of reviewing care plans and could evidence this through audits and action plans. We reviewed these and saw they included areas we had identified as requiring improvement, such as positive behaviour support strategies when people became distressed and risk assessments. However, improvements were yet to be fully implemented or embedded.
- The registered manager undertook a number of audits and checks. We found environmental audits required further development to ensure these were fully effective. For example, we found potential risks in a broken wall mirror, toilet seats, dirty bath-mats and a window dressing that needed replacement. These had not been identified in audits. Following our inspection, the registered manager addressed these areas and submitted an action plan which included implementing a daily environmental audit to address these concerns.
- The registered manager carried out a daily walk around in the service and worked alongside care staff to assure themselves about standards of care. People, relatives and staff were unanimous in their praise of the leadership. Comments included, "I feel the manager is very good, helpful and approachable. [Registered manager] is always available if I need to discuss anything with them," "[Registered manager] and staff are good. They know what I like to do and help me to do it."
- People described a range of outcomes that staff supported them to achieve from their care. These ranged from moving on to independent living, continuing to go out independently, going out with support and feeling safe.
- There was a positive atmosphere and staff felt supported and happy to work at the service. We observed staff supporting people with kindness and care. There was a friendly banter between people and staff, and

we also saw through people's responses that they were enjoying these interactions.

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

- Resident's meetings were held regularly and issues such as respecting others and keeping safe were discussed, in addition to ideas for days out.
- Staff spoke a range of languages and were able to support people to communicate in their first language. A relative told us, "It is all friendly. It is quite a diverse place, and everyone seems to respect each other's culture and interact well with each other."
- People were supported to explore their equality characteristics such as sexuality and gender.
- Staff were supported to share their views in meetings as a group and individually, and directly with the registered manager. A staff member told us, "The manager is very supportive of us. If we raise anything, she always investigates it. It is a family environment and we all work together to make it like this."
- Relatives were encouraged to share their views through surveys and direct communication with staff and the registered manager. A relative told us, "They regularly send me a questionnaire which comes from the home itself and which I complete. This is a form which asks me if I am satisfied with the staff and the care."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the statutory Duty of Candour which aims to ensure providers are open, honest, and transparent with people and others in relation to care and support.
- The registered manager was open and knowledgeable about the service, the needs of the people living there and where improvements were required. People's relatives told us they were kept informed of any changes in the health or wellbeing of their family members. A relative told us, "It feels like there has never been any barriers if I have any questions to ask."

Continuous learning and improving care

- There were systems to ensure that staff received opportunities to increase their knowledge and skills. For example, staff were supported to complete specialist training in Autism awareness in line with best practice. Staff told us training gave them better insight into people's needs and improved the interaction between themselves and the people they supported.
- The registered manager had taken learning from our previous inspection to make positive changes and improvements to the service. For example, they had recruited trained overseas staff to reduce reliance on agency staff and establish consistency for people.
- The registered manager had recognised they needed to improve in care planning and had enrolled on training provided by the local authority to support them to develop in this area.

Working in partnership with others

- Staff worked in partnership with other agencies to support people in the best way they could. A visiting social care professional told us, "Staff interactions with people are always positive whenever I visit and people have consistently told me they are happy here. Sometimes it is not about supporting people to make huge improvements but maintaining their wellbeing and staff do this well. I always have the information I need when I ask for it."
- People had been referred to health professionals in a timely way for routine and specialist care and treatment.
- Staff worked with people's relatives and kept them involved in people's care where this had been agreed. Comments from relatives included, "From my experiences, the home seems to be very well run and managed. The registered manager is easy to talk with and listens to me. They definitely have people's

interests at heart and go above and beyond," and "It puts my mind at rest to know that [Name] is there because I know that they are being well looked after. '