

Elysium Healthcare No. 4 Limited

# Clipstone House

## Inspection report

First Avenue  
Clipstone Village  
Mansfield  
NG21 9DA

Website: [www.elysiumhealthcare.co.uk](http://www.elysiumhealthcare.co.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Clipstone House is a residential home providing personal and nursing care for up to six younger adults with learning disabilities and autistic people with sensory and communication impairments. The service is intended for people who require a high level of support to live in a community setting. The service consists of six single person apartments and communal areas including lounges, dining room and private gardens. Six people were living at Clipstone House at the time of our inspection.

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

People were protected from the risk of abuse. People told us they felt safe in the service. Risks to people's safety were managed. Staff were recruited safely. The service had high number of vacancies and agency workers were deployed to cover staff shortages. People received their prescribed medicines and medicines were managed safely. The service looked clean and hygienic. COVID-19 government guidance was followed by staff.

People's needs were assessed before they moved into the service. Staff had been trained and had the necessary skills and experience to support people to achieve a positive lifestyle. People were supported to eat and drink enough to maintain a balanced diet. People had access to health services. The service worked closely with external health professionals to monitor people's physical and mental health.

People were treated with kindness and their privacy was respected by staff. People told us staff genuinely looked after them. People were able and encouraged to express their views and were involved in making decisions about their support. This included reviewing their care plans or deciding what activities to take part in.

People received personalised care to ensure their needs and preferences were met. Staff were matched with people based on their hobbies and preferences. People were given information in a way they could understand. Staff knew people well and knew how to communicate with them. People were supported and encouraged to maintain relationship with their relatives.

The registered manager and staff had a clear vision about the service and support they offered to people. A range of audits were completed to ensure good quality services. Staff and the registered manager worked together with other agencies to ensure people received right care and support. People, staff and relatives were involved in the running of the service and were asked for feedback about the service.

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

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.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. Right support: people were supported and encouraged to achieve positive outcomes, for example, people had been supported to reduce restrictions previously placed on them. Right care: people were supported in a person-centred which promoted their dignity, privacy and human rights. For example, the environment was designed to support people's privacy and independence. Right culture: Ethos, values, attitudes and behaviours of leaders and care staff ensured people using services lead confident, inclusive and empowered lives.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 10 January 2020 and this is the first inspection.

#### Why we inspected

This was a planned inspection. We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Clipstone 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. 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 Care Act 2014.

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.

### Inspection team

This inspection was carried out by one inspector.

### Service and service type

Clipstone House is a 'care home'. 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.

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.

### What we did before inspection

We reviewed information we had received about the service since it was registered with us. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with eight members of staff including the registered manager, charge nurse, support workers, domestic and maintenance person.

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

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with two relatives of people who live in the service. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse: Learning lessons when things go wrong

- People were protected from the risk of abuse.
- People told us they felt safe living at the service. One person said, "Yes I feel safe here, I don't always get on with [another person's name] but I try to stay calm and don't get stressed." This person showed us their whiteboard which reminded them to 'stay calm and walk away' when they felt anxious or upset. Another person said, "Staff are nice, they don't shout at me."
- One of the nurses had been given a role of a 'safeguarding lead'. They were responsible for analysing incidents or accidents to make sure there were no safeguarding concerns. They also provided additional safeguarding training to staff during team meetings.
- Staff demonstrated good understanding about safeguarding and felt confident the management would take actions if they had any concerns about people's safety. Staff were informed during daily handovers about any incidents and learning to reduce the likelihood of similar incident reoccurring.
- The registered manager had reported safeguarding concerns to the local authority safeguarding team and worked together with local authority to address those. As a result, internal systems were strengthened to ensure future safeguarding concerns were not repeated.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and monitored by the management.
- Risks to people safety were identified and staff were given guidance on how to support people in a safe way. People who showed behaviours that challenged others had detailed 'positive behaviour plans' to provide staff with step-by-step guide to make sure they could intervene to prevent or reduce the possibility of an episode of challenging behaviour.
- Risks to the environment were assessed by the registered manager and actions were taken to mitigate these risks. Regular checks of people's environment were undertaken to ensure it was safe. Weekly fire safety checks were completed by an in-house maintenance person.

Staffing and recruitment

- Staffing levels were assessed daily.
- The registered manager told us the service was proactively recruiting new staff because they had high number of staff vacancies. Regular agency staff filled staff shortages. The agency staff told us they felt supported by regular staff and management and felt they were "part of the family."
- Providers recruitment systems were safe and effective. Evidence of a good character and criminal records checks had been completed for all staff before they began working at the service. This check helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people

who use the service.

- Nurses were in charge of staff rotas. This was because the nurses had good understanding of people's needs and preferences and were able to match those with staff skills and experience to achieve best outcomes for people. Management team held regular meetings to discuss any staffing issues and to ensure all staff shortfalls were covered.

#### Using medicines safely

- People were supported to receive their medicines in the way they preferred. People had been supported to have medicine reviews, and in some cases, they had been supported to successfully reduce long term medicines.
- Staff completed daily medicine counts to ensure there had been no errors in medicine administration. However, no other medicine audits were completed by the manager. We discussed this with the registered manager who told us they will implement monthly medicine audits to ensure additional safety checks.
- Staff who administered medicines were trained and received regular training updates. Staff competency checks were also undertaken regularly.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed before they moved into the service. The registered manager had completed detailed assessments which considered people's current needs, their life histories, background and any protected characteristics such as people's religious and cultural needs.
- The registered manager told us about time when they worked in partnership with a mental health unit to ensure smooth transition of one person to service. Staff from Clipstone House had been working alongside staff from people's previous placement. This allowed the person to get familiar with their new staff and gave staff an opportunity to shadow the person's previous staff, learn their likes and dislikes and how to best support them. Before the person moved in to the Clipstone House all staff had received a training session about this person's needs.
- People's support plans were written and developed in line with current good practice guidelines. Nurses were proactive in ensuring people's support plans were reviewed regularly, and when any changes took place.

Staff support: induction, training, skills and experience

- People were supported by staff who were trained and had the necessary skills and experience to support them safely.
- New staff members completed induction training, which required them to complete mandatory training as well as training in 'therapeutic management of violence and aggression'. New staff were given opportunity to shadow more experienced staff so they could get to know people until they felt confident working on their own.
- Staff told us they enjoyed their induction and they felt training was appropriate. One staff told us, "The [name of training] is working well in practice."
- Staff told us they felt supported by the nurses and registered manager. Staff told us and we saw evidence staff had received regular supervisions.
- A relative told us they were very happy with staff skills and training. They told us, "I can't praise them [staff] enough, they seem to be well trained and they do lots of activities with [person] and [person] enjoys their company."

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

- People were supported to eat and drink enough.
- People were asked about their food choices and this had been provided. People's cultural needs were considered, and their preferred food options were provided. One person told us, "Food is nice, if I don't like something, I can have something else. If I want to, I can order a pizza online."

- There was a main kitchen in the service where the majority of food was stored and prepared. However, some people had little kitchenettes in their apartments which included a fridge, a sink and a kettle they could use to make their own drinks. We saw people kept drinks and snack in their own apartments.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to access a wide range of health care professionals to enable them to live healthier lives. For example, the GP, optician or dental care. One person told us they were going to see their dentist for a check-up soon.
- The registered manager and nurses told us they worked closely with Intensive Community Assessment and Treatment Team (ICATT). ICATT offers short-term challenging behaviour service to adults with a learning disability. Some people who previously displayed frequent behaviours that challenged others, had been discharged from ICATT because they had made enough improvements and the number of incidents had decreased.
- A community learning disability nurse from ICATT team told us, "On paper [Clipstone House] manage some of the trickier cases we have and whilst they may need reassurance during the discharge process, as yet none of the people have been re-referred for additional support. All staff appear approachable and willing to take on any advice."

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

- The environment was safe, designed to support people with their rehabilitation and independence. A full-time maintenance person told us they had access to funding and materials to address areas of the service that required improvement.
- People were encouraged and supported to personalise their own apartments. Some people decided to decorate their apartments in the colours of the football club they supported, and they had posters and football merchandise in their rooms. People had their own key-fobs to their apartments which promoted their independence.
- Other people's apartments were very minimal and more functional. This was because some autistic people could not cope with overstimulating decorations and this would cause them additional anxieties and stress.
- The service had full time domestic staff. The service was clean and tidy. A professional who frequently visits the service told us, "The environment of the home was immaculate, tidy and clean."

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 when this is in their best interests and legally authorised under the MCA.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being

met.

- The service was working within the principles of the MCA. Where people were deprived of their liberty this was done according to the legislation and guidance.
- People's care plans included MCA assessments, where required, for issues such as medicines administration or management of their finances.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant 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 were treated with kindness and their equality and diversity respected.
- People and their relatives told us the staff were kind and compassionate and people were well cared for. One person told us, "Yes. Staff are nice to me." A relative said, "Yes, they [staff] are caring. [Person's name] is quite difficult at times towards the staff but this doesn't affect the way they care for [person]."
- A professional told us, "Staff seemed to be very attentive and they know people well."

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

- People were involved in making decisions about their care and treatment. One person told us, "I asked and was given a copy of my care plan. I will look at them with my named nurse and I can ask for anything to be changed."
- People were able to make everyday decisions about their care. For example, how they spend their time, and what activities they wanted to take part in. One person told us they were going to meet their relatives in Nottingham for a birthday meal.
- Staff had access to information they needed to provide individualised care. Staff, including agency and domestic, were knowledgeable about people's history and knew people's preferred routines and what was important to them.
- People had access to local advocacy service to give them the opportunity to communicate with professionals that were not paid to support them. Advocacy services support people to develop the skills, confidence and knowledge they need to voice their concerns and make sure they are being treated right.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was maintained. When people wanted alone time, they went to their bedroom, and staff completed discreet checks on them to ensure they were ok. One staff member told us, "We always make sure we close the doors when people are changing or getting dressed to make sure their dignity is maintained."
- The registered manager told us the service was promoting and encouraging people's independence to achieve their goals, such as moving on to less restrictive placements. One person told us they wanted to move out to more independent placement, and they had a meeting scheduled with their social worker to discuss this. The registered manager told us they will work with this person and their social worker to support them in finding appropriate future home.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care focused on their needs. People and those important to them were fully involved in the planning and review of their care needs.
- People had detailed and person-centred care plans which provided staff with the information they needed to support them. Information about people's likes and dislikes, triggers for their behaviours and what staff should do to re-direct people when they were getting anxious were clearly documented.
- People had identified named nurses that were known to them. The nurses held sessions with people, this was called 'talk time'. People had a core team of support workers surrounding them to assist them in everyday life choices. This enabled people to discuss their goals and aspirations for the future as well as talk about anything that was of a concern to them.
- The registered manager told us they tried to match staff with people based on people's hobbies and interests. For example, one person liked going fishing, so they were supported by a staff member who also liked fishing and was able to support them to do so.
- The registered manager also told us they tried to recruit staff that matched people's ethnicity and background. This would then enable staff to support people to share their culture, support them with their culinary choices and to build therapeutic relationship between staff and people.
- People told us they were able to take part in activities of their choice. For example, staff supported people to do stadium tours of the football clubs they supported. One person showed us photos from their stadium tour, and they told us they had a great time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were documented within their care files. People who had limited communication skills had detailed 'communication passport' which provided staff with information with clear information on the best ways of communicating with this person.
- There was easy read information displayed in communal areas for people, for example how to make a complaint or information about to keep well and healthy.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain relationships with those important to them, including family and

friends. We saw one person using their own mobile phone to message their relatives. Another person told us they used their own laptop to speak to their social worker over videocall.

- People had individual activity plans in place. A nurse told us they worked with people to find out their hobbies and passions and try and incorporate those into their weekly activities. Activities included, walks in local nature reservoir, going on a short trip in the house vehicle or going to the Zoo.
- People were able to have a say in what they wanted to do on a daily basis. Some people had their own TV's in their apartments, games consoles and others had their own laptops. One person decided to spend most of their time in their own apartment listening to music.

Improving care quality in response to complaints or concerns

- Complaints received had been addressed in line with the provider's policy and responded to appropriately. At the time of our visit there were no current complaints.
- People knew what to do if they had a concern or complaint. One person told us, "I would go and tell [registered manager] if had any complaints."

End of life care and support

- No one at the service was being supported with end of life care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager and staff had a clear vision about the service and support they offered to people. The registered manager told us, "I do think the biggest achievement of the service is ensuring that the people feel safe and secure in their support and environment."
- Staff and the leadership team worked together to ensure people achieved good outcomes. For example, whilst one person was still in their previous placement, they had limited activities and did not tolerate staff in their own area for more than five minutes and had limited access the community. Since arriving at Clipstone House, this person is now accessing the community at least three times a week visiting various locations. They also allow staff in their apartment for period of up to 45 minutes engaging in activities. This resulted in a significant reduction in the number of incidents towards staff.
- Staff told us they all worked together as one team and were proud and happy to work in the service. One staff member told us, "Team-work is second to none, they [staff] are always with service users, you don't feel on your own, all work together."

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

- The registered manager was clear about their role and understood their regulatory requirements.
- Records confirmed the home had made all necessary referrals and notifications, for example, to the local authority and the Care Quality Commission.
- Nurses and the staff we spoke with understood their responsibilities and duties. Nurses had been given lead roles in certain areas. For example, one nurse was responsible for ensuring all safeguarding concerns were appropriately actioned. Another nurse was responsible for ensuring all aspects of the medicines were checked and completed.
- A range of audits were completed both weekly and monthly by staff. The audits included; infection prevention and control, health and safety checks and quality assurance audits.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People, their relatives and staff were engaged and involved in how the service operated.
- Some relatives were taking an active role in how the care was provided to their loved ones. One relative told us they were actively involved during the transition period and offered to train staff. They said, "We met with current staff in a training room. Staff from previous placement, speech and language therapist (SALT)

and psychologist were there. I contributed to staff, explained to staff who [name] was, how to communicate with [person] so staff were able to understand [person's] needs better."

- A senior manager undertook regular visits and checks. During these visits they spoke with staff about their wellbeing and culture at the service. Feedback from staff had been mixed, some positive comments included, "good teamwork", "feel part of team" and "love it here" where negative comments included "no consequence to staff for not doing xyz." Following this visit the senior manager had completed a list of recommendation and steps to be taken to address negative feedback.

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 worked in an open and transparent way when incidents occurred at the service, In line with their responsibilities under the duty of candour.

Working in partnership with others

- Staff and the registered manager worked together with other agencies to ensure people received right care and support. This included health bodies, commissioners and other stakeholders.