

Elite Care Homes Ltd

278 Moseley Road

Inspection report

278 Moseley Road
Birmingham
West Midlands
B12 0BS

Tel: 01217712459

Date of inspection visit:
27 July 2016
03 August 2016

Date of publication:
13 September 2016

Ratings

Overall rating for this service

Inspected but not rated

Is the service safe?

Inspected but not rated

Is the service effective?

Inspected but not rated

Is the service caring?

Inspected but not rated

Is the service responsive?

Inspected but not rated

Is the service well-led?

Inspected but not rated

Summary of findings

Overall summary

The Inspection took place on 27 July and 03 August 2016 and was announced. This was the first inspection of this service since its registration in August 2014. We gave the provider 48 hours 'notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could visit them in their own homes.

At the time of the inspection the service was providing support and personal care to two people who shared a home within a 'supported living' facility in the community. Supported living enables people who need personal or social support to live in their own home supported by care staff. The level of staff support provided by the service varied according to people's assessed needs and people's level of independence. The provider was also registered with us for treatment of disease, disorder or injury. However, they told us that they were not providing this regulated activity when we inspected.

At the time of our inspection the provider had been providing a service to people for six weeks. We were therefore not able to award a rating as we could not answer all the Key Lines of Enquiry (KLOE) against the regulated activity.

There was a registered manager in post. 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.

The service was in the early stages of development. Some care records needed development so that staff had all the information they needed to meet people's needs consistently.

People were supported by staff who had received training in how to recognise possible signs of abuse and how to report any concerns. Staff were aware of their responsibilities in this area and what actions they should take. All staff spoken with were confident that if they had to raise any concerns that they would be acted upon and dealt with appropriately.

Staff were recruited appropriately and there were sufficient numbers of staff to meet people's needs. Staff had received induction training when they first started work.

People were supported with their nutrition and health care needs.

People told us that the staff who supported them were kind and caring.

Arrangements were in place to listen to concerns and complaints and take action if needed.

The provider had quality assurance systems in place . However, it was too soon to assess the effectiveness of these at this inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

People were protected from the risk of harm associated with their needs and the risk of abuse was minimised because systems were in place.

There were sufficient numbers of staff to meet people's needs.

People were supported to take their medication by staff who had the knowledge and skills.

Inspected but not rated

Is the service effective?

Staff had the skills and knowledge to meet people's needs.

People's consent was obtained before care and support was provided by staff.

Systems were in place to ensure that people would be involved in deciding how they received care and support.

Inspected but not rated

Is the service caring?

Staff were caring and kind.

Systems were in place to ensure that people would be treated with dignity and respect.

Inspected but not rated

Is the service responsive?

There was some involvement of people in decisions about their care.

The provider had procedures in place to ensure that complaints were responded to.

Inspected but not rated

Is the service well-led?

A registered manager was in post and they were aware of their responsibilities.

Staff felt supported in their role.

Systems were in place to monitor the quality of the service.

Inspected but not rated

However, it was too soon to rate how effective these systems would be.

278 Moseley Road

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 27 July and 03 August 2016 and was announced. We told the provider that we were going to visit 48 hours before our inspection. This was because the service provided domiciliary care and we wanted to ensure that the manager and staff would be available to talk with us about the service. We also wanted to ask the consent of the people that used the service if we could visit them in their own homes.

One inspector carried out this inspection.

As part of our inspection we looked at the information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. The provider also completed a Provider Information Return (PIR) before our inspection. This 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. We used this information to plan our inspection and ensure that any areas of concern were looked at. We also contacted the local authority and asked for their views.

We visited the provider's main office location and spoke with the registered manager and provider. There were two people receiving a service for the regulated activity. We spent the second day of our inspection visiting the home of the people that used the service and we spoke with one person and two staff members. We also spoke with two relatives on the telephone.

We looked at a variety of documents which included two people's care plans, four staff recruitment files, staff training records and other records relating to the management and quality of the service.

Is the service safe?

Our findings

People told us that they felt safe when supported by staff. One person told us, "I like living here. Yes I do feel safe and the staff are very good".

People were supported by staff who were aware of the risks to them on a daily basis. Staff knew how to support people in a variety of situations including personal care and accessing community facilities. Records we looked at showed that people had risk assessments in their care files which were specific to their care needs.

People were cared for by staff who recognised the types of abuse people could be at risk from. Staff told us that they had received training that enabled them to identify the possibility of abuse and take the appropriate actions to keep them safe. All staff spoken with were able to describe different types of abuse. Staff told us that they knew who to report to if they had any concerns that people were at risk of abuse. Staff were aware of how to escalate any concerns if they felt that action had not been taken.

Staff confirmed that prior to commencing in post, all the necessary pre-employment checks had been completed, including checks with the Disclosure and Barring Service (which provides information about staffs criminal records). We also looked at the files of four members of staff and saw that recruitment checks had been completed. This meant that systems were in place to reduce the risk of unsuitable staff being employed by the service.

The registered manager told us that staffing levels were determined by the needs and dependency levels of the people. Some people required staff support at certain times of the day and to support specific activities. One person told us that they received the staff support they needed to do the things that they wanted to do. They said, "I can do something's on my own and sometimes I need staff support. There is always staff available when I need help".

People were kept safe in emergencies. All staff spoken with knew what to do in the event of an emergency and knew how to protect people from risks associated with their health conditions for example, epilepsy. Staff also knew how to report accident or incidents so these could be managed effectively.

People were supported to take their medication by staff who had been trained to do so. People were supported to manage their own medicines when it was safe for them to do so. One person told us, "I keep my medicines in my room. I know what I take them for and the staff remind me and just make sure I have taken them". We saw that staff supported some people to take their medicines and safe storage was provided and records kept confirming that people had received their medicines as prescribed.

Is the service effective?

Our findings

One person told us, "The staff are very nice they are kind and friendly". Relatives that we spoke with told us staff were helpful and approachable.

The registered manager told us that they were in the process of developing the staff team. Some staff were experienced in care work and had transferred from the providers other service and some staff were new to a support workers role. He told us that all staff would be completing the Care Certificate standards. This is a framework for good practice for the induction of staff and sets out what they should know. A staff member told us that they had completed induction and that this had involved training sessions and reading policy, procedures and people's care records. They had also worked alongside experienced staff members so they understood what was expected of them in their role. They told us, "The induction was very good and helped prepare me for my role".

The registered manager told us that a supervision scheduled had been established. We saw dates had been set out in advance indicating that regular supervision of staff would take place. We saw that a schedule of staff meetings had been planned. Staff told us that supervisions with senior staff had been planned. The provider PIR told us that staff would be provided with training for their specific roles, for example in autism awareness and managing different behaviours that people may show. We saw that some staff had received this training.

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. We checked whether the service was working within the principles of the MCA. We saw that staff listened to what people wanted to do and respected the decisions they made. Staff told us they had received training in MCA and could give an explanation of how they applied these principles within their role.

The Deprivation of Liberty Safeguards (DoLS) requires providers to identify people who they are caring for who may lack the mental capacity to consent to care and treatment. The registered manager had an understanding of DoLS. They told us that they believed one of the people that they provided a service to was deprived of their liberty in their best interest to keep them safe. They told us that the local authority was in the process of applying to the court of protection to have the DoLS approved. They were aware that they needed to inform us of the outcome of the decision of the application and any conditions that may be applied to the DoLS. Staff we spoke with understood the need to ask people their consent before providing care and staff had some understanding of the DoLS legislation.

One person told us that they had been out shopping with a staff member and they told us that they had bought things that they liked to eat. They told us that they did most of their own cooking with staff support. They told us that staff were helping them to eat healthy meals and that this was something that they wanted to do. Staff told us that people were supported to eat food that they enjoyed and that met their cultural and dietary needs.

The registered manager told us that they were in the process of supporting people to register with the local doctor's surgery. Staff were able to tell us about the healthcare needs of the people they supported. They spoke about how they supported people to maintain good health. Staff told us that they would be supporting people with the involvement of their existing health care professionals and that they would also be looking at supporting people to access other health care professionals as and when needed. Hospital passports were in the process of being completed to ensure that if a person needed to visit or stay in hospital information would be available to healthcare professionals about the person's individual care needs and how these should be met.

Is the service caring?

Our findings

Staff told us that people were settling well into their new home and that they [Staff] were getting to know people's needs. Staff spoke about people in a caring way. They were able to tell us how they cared for people in a dignified way. Staff were able to describe to us how they would respect people's privacy and dignity when providing personal care to people. The provider told us in their PIR that it is their intention to register as Dignity in Care Champions.

Staff told us that they supported people to make their own decisions. Staff told us that they always asked what people wanted to do. One person told us that staff asked them about their care and they felt listened to. They told us, "The staff encourage me to do things. I clean and tidy my room, go shopping and cook my meals. Staff are there to help me". Staff we spoke with told us that they encouraged people to remain as independent as possible and encouraged people to do as much as they could for themselves. A staff member told us, "We support and encourage people to do what they can for themselves. It's good to see people doing things for themselves".

Staff showed regard for people's individuality and spoke positively about the people they supported and what they liked to do. A staff member told us, "We are still getting to know and understand the needs of both people. We are finding out people's likes and dislikes and what their preferences are and this includes their culture and religious needs". Another staff member told us, "I really enjoy supporting people and helping them to do things that they enjoy doing".

Is the service responsive?

Our findings

People told us that staff were available to help them to do the things that they liked to do. One person told us about all the things they enjoyed doing. They told us about how staff had supported them with their interests. They told us, "I like going to the country park and shopping. I also go to the day centre three times a week".

We saw that staff were responsive to people's needs and offered choices to people based on what they knew people liked to do. On the day of our inspection people had been out at a day centre. One person wanted to spend some time alone in their room after returning from a day centre and this was facilitated by staff.

Staff that we spoke with had some understanding about people's needs. They were able to describe to us how people liked to be supported and the things that people liked to do. The registered manager told us in the PIR that they would have a person centred care planning process in place which placed the person at the centre of planning their service. We saw that people's care records were in the process of being developed.

Staff told us that they recognised the importance of social contact. Staff supported people to maintain friendships and relationships by supporting people to visit family members. Relatives told us that they visited the service and confirmed that their family members were supported to visit the family home.

One person told us, "I would tell [Staff member's name] if I wasn't happy about something, but things have been okay. I am settling in well here". A relative told us, "If I had any concerns I would let them know straight away". They told us that they had not needed to raise any concerns. The provider had information about how to make a complaint. Records showed that there was a system for recording, and investigating complaints and to identify any emerging trends.

Is the service well-led?

Our findings

One person told us, "I am happy living here". Relatives that we spoke with told us that they were happy with their family members care. The registered manager demonstrated to us that he knew the individual needs of the people that used the service. He understood his legal obligations including the conditions of their registration. The registered manager told us that he was aware of the requirement to inform us of any significant incidents and events that took place, however none had taken place since registration.

The registered manager told us that they were still in the process of receiving some written information from commissioners regarding people's care needs. We saw that systems were in place for the assessment, monitoring and review of people's care. However, aspects of people's care records were being developed. On the first day of our inspection we saw that not all risks that had been identified had plans in place to say how these risks would be managed safely and consistently. We saw that some progress had been made on these on the second day of our inspection. We saw that systems were in place to monitor the quality of the service and to drive improvements. However, it was too soon for us to assess the effectiveness of these systems.

Staff told us that communication arrangements were good and that they could speak with the registered manager if they needed to. Staff told us that they were confident that any concerns raised would be dealt with by the registered manager. Staff knew about whistle blowing procedures and we saw that information about this was available for staff to refer to if needed. Although arrangements were in place for staff supervision and meetings to take place we were not able to assess how effective these arrangements would be as they had not yet taken place.

The registered manager told us in the PIR that they would introduce surveys within twelve months of operation to capture the views of people, staff and stakeholders.

We asked the registered manager to tell us about their understanding of the Duty of Candour. Duty of Candour is a requirement of the Health and Social Care Act 2008 (regulated activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. The registered manager was able to tell us their understanding of this regulation and how they reflected this within their practice.

The registered manager told us that all people had a tenancy agreement in place. People's homes were owned by a landlord separate to the care provider.