

Lindale Homes Limited

Elliott House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Elliott House is a residential care home providing personal care for up to 54 people aged 65 and over and living with dementia. At the time of the inspection the service was accommodating 42 people. The care home accommodates people in one adapted building set out over two floors. All but six bedrooms had ensuite facilities.

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

Audits took place to ensure the quality of the service was maintained. However, these were not always robust and had not always identified where improvements were needed. Some risks to people had not been identified through the provider's own systems. This placed people at risk of harm.

Care plans and risk assessments were being updated so they identified people's support needs. Staff had a good understanding of the support people needed.

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. However, the system in place for the oversight of the Deprivation of Liberty Safeguards (DoLS) needed improvement so applications to renew, were made in a timely way.

Staff were kind and caring and understood their responsibility to report any concerns about people's health and well-being.

On the day of our inspection there were enough staff available to maintain people's safety and respond to their requests for support. Medicines were stored, managed and administered in line with good practice.

Feedback about the service, from people who lived at the home and those close to them was positive. People and relatives praised the staff and the management of the home.

The registered manager and provider understood their responsibilities under the duty of candour.

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

Rating at last inspection

The last rating for this service was good (published 29 November 2019)

Why we inspected

This inspection was prompted by a review of the information we held about this service. This included an increase in information received about concerns with people's care.

At this inspection we looked at the key questions of safe, effective and well-led. 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 good to requires improvement based on the findings of this 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.

We have found evidence that the provider needed to make improvements. Please see the safe, effective and well led key sections of this report.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to providing safe care to people and good governance.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well- led.

Details are in our well-led findings below.

Requires Improvement ●

Elliott 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.

Two inspectors and an Expert by Experience carried out the inspection. 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 House 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. 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 is 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 the last inspection. 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 (PIR). This is information providers are required to send us annually 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 this information to plan our inspection.

During the inspection

We met with ten people who used the service and seven relatives. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with ten members of staff including care workers, deputy manager, registered manager and provider.

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

The last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management: Preventing and controlling infection

- One persons care records, and risk assessments did not always hold sufficient and up to date information on how to support people safely. For example, using a wheelchair to transfer a person.
- Some environmental risks to people had not been addressed. For example, a damaged bedroom side table in use by a person and an unattended serving area with a hot urn and drinks, and people were in the vicinity.
- We observed some staff supporting people to be assisted from sitting to use walking aids and this was not always completed competently. For example, equipment was not always placed in the correct position.
- We were somewhat assured that the provider was using personal protective equipment (PPE) effectively and safely. Following consultation with a healthcare professional the registered manager had risk assessed the wearing of masks impacted on staff's ability to communicate effectively with people and staff were advised they no longer needed to wear masks. As an additional precaution, staff were completing daily lateral flow tests. The providers risk assessment had not involved consultation with local public health and was not in line with government guidelines for social care settings.
- We were somewhat assured the layout of the premises, use of space and hygiene promoted safety. Not all areas of the home were clean and hygienic; For example, some dining room chairs were not clean and hot pipes had been boxed in with wood and the surface was porous and difficult to keep clean. Some furniture items had worn areas with exposed foam, therefore cleaning was compromised. There were some gaps in cleaning schedules

There was no evidence that anyone had been harmed. However, people were not fully protected from the risk of harm. This was a breach of regulation 12 (Safe Care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) 2014.

The registered manager told us that action would be taken to address the above concerns to ensure the safety and wellbeing of people. The registered manager contacted their local public health protection team and the wearing of masks was implemented immediately. The frequency of infection control audits was increased. Deep cleaning of dining room chairs took place immediately and cleaning schedules were revised. New items of furniture were on order and the damaged table was removed and replaced with a new one. Plans were in place to replace boxed in hot pipes with a more suitable material. Additional staff training was booked for infection prevention and control (IPC) and two staff were identified as IPC champions. A training update on moving and handling was scheduled for the end of June 2022. Work commenced on reviewing and updating care risks and risk assessments.

- Individual personal safety evacuation plans were in place. However, these needed to be specific about how the person would be supported by staff in the event of the fire alarm sounding.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.
- We were assured that the provider was admitting people safely to the service.

Systems and processes to safeguard people from the risk of abuse

- Whistle blowing concerns about the service had been received shortly before our inspection. In response to these the registered manager had re-issued all staff with the core values of the service. Information about whistleblowing had been displayed on the staff notice board. Agendas for staff meetings and one to one sessions with staff had been revised so that whistleblowing and safeguarding were an integral part of these meetings.
- Staff received safeguarding training and showed an understanding of safeguarding procedures.
- Staff told us they were confident that any concerns raised would be dealt with by the registered manager.
- Most people told us they felt safe. One person said, "I believe that I am getting a good standard of care. I feel safe that if I need to call for help someone is always on hand to help me." Another person told us, "I have not always felt safe here as people used to wander in and out of my room and I got very concerned when there was someone actually on my bed and I was unable to remove them. I was able to press the buzzer for help and the carers came but the person was there for a while. So, I now ask for my door to be locked all the time."
- Relatives told us the service was safe. A relative said, "We are so lucky that we have place like this where our relative can be looked after and feel safe. The managers and the staff combine to make this a lovely and safe environment for my relative."

Staffing and recruitment

- Staff were available to respond to people's needs and staff told us there were enough staff on shift to provide safe care. A staff member told us, "There is always enough staff on shift. We do not use agency staff, the staff team cover the shifts."
- The required pre-employment checks to ensure staff's suitability to work in a care setting were in place.
- There were some vacant posts, and these were in the process of being appointed to.
- A staffing level dependency tool had been completed and staffing levels were maintained at the level identified through this process.
- The deputy manager had recently completed a waking night shift to assess the level of staffing and to ensure safe staffing levels were in place.

Using medicines safely

- The providers own systems had identified that improvements were needed around the safe administration of medicines. For example, work was underway to improve how people were supported with prescribed creams.
- Clear direction was not always in place for people needing time specific medicine. One person was on a medicine that needed to be given at a set time and in a specific way. Although staff who administered the medicine knew how to support the person to take the medicine safely, the specific instructions for taking the medicine were not written in the person's medication records. This was actioned during the inspection.
- There had been some recent medication errors. The registered manager had ensured their own policy and procedures had been followed in response to these and action was taken to mitigate future incidents.

- Protocols were in place for medication taken on an 'as and when required' basis.
- Staff explained to people why they were offering their medicines and supported people to take them safely. A person told us, "I am on medication and there has not been any problems. I always get it on time."
- Staff completed medicine management training and competency checks were completed.

Learning lessons when things go wrong

- Records of incidents and accidents were recorded and reviewed by the registered manager. A system was in place to look for trends, identify any learning, and reduce the risk of an incident happening again.
- The registered manager had recently implemented a system for recording and sharing with the staff team any lessons learnt from safeguarding investigations.

Visiting in care homes

- The provider had supported people to see their relatives during the pandemic in line with government guidance.
- Visitors to the service had their COVID-19 status checked before entering and staff checked visitors did not have symptoms of illness.

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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The staff training matrix showed the training staff were expected to complete and when this required updating. Staff had completed training on dementia care, this included e-learning and on site training.
- Staff competency was assessed in key areas including, moving and handling and administration of medicines. We saw one incident where a person was not supported in line with safe moving and handling. The registered manager took immediate action when this was shared with them. They told us staff's competency would be reassessed and additional moving and handling training was scheduled for the end of June 2022. Records showed staff are fully trained and regularly re-trained.
- New staff completed an induction programme. Staff who had not previously worked in a care setting completed the Care Certificate. This is an agreed set of standards that define the knowledge, skills and behaviour expected of specific job roles in the health and social care sectors.
- Staff received regular supervision sessions. A staff member told us, "[Registered manager and deputy name], are really helpful and approachable. They want the best for people living here."

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

- We observed a lunch time meal and we saw at times it was hectic. We shared our feedback with the registered manager who told us they had recently completed a mealtime audit and were aware improvement was required for the mealtime experience. The team were working towards better outcomes for people, and there was an action plan in place for improvement.
- The registered manager had identified a need for a mealtime hostess and this person was in the process of being appointed to this role.
- People told us, they enjoyed the food provided. One person told us, "I have been out to the lounge for my breakfast and it was good, bacon, eggs, toast and beans with a cup of tea and I brought back a banana to my room. I really enjoy the food here."

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

- The provider told us in their PIR and talked to us during the inspection about the challenges they faced during the height of the pandemic.
- People were now receiving support from healthcare professionals including the district nursing team, chiropody, dental services and GP. When people had attended appointments or a GP or health care professional had provided advice, this was recorded in the care records.
- Healthcare professionals had responded in the recent survey the registered manager shared with us. They

made positive comments about the staff team and raised no concerns.

- A relative told us, "They [staff] always keep us informed if [person's name] is not well. They had to go into hospital, and [staff] contacted us straight away."

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 provider had systems in place to ensure where people were being deprived of their liberty this was recorded. Some people had had their DoLS authorisation granted but this had now expired, and a new application had not been made. The registered manager took immediate action on this when we brought it to their attention. They made new applications and notified us of their actions.
- Staff's understanding of MCA and DoLS varied and staff were unsure who had a DoLS in place. Staff were able to tell us about the core principles of the MCA and how this was used when supporting people.
- The provider told us a MCA and DoLS workshop would be arranged for staff to enhance their knowledge and skills in this area.
- A relative told us, "[Person's name], is always given choices and staff prompt them to do things; they are not made to do things."

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

- People's care and support needs were assessed before they came to live at the home.
- Pre-admission assessments provided information about people's physical, mental, emotional, social needs, sexual orientation and included gender reassignment
- A relative told us, "I have to say that I am totally blown away by this place. There was a home more local to me but after visiting here and there, there was only one choice. I think this home lives by the mottos 'Beautiful people, one big family', you are beautiful people."
- Another relative told us they were really pleased with how their loved one had been supported to settle into the home. They told us the registered manager and staff really wanted to get to know their relative and asked about their relative's life. They felt really listened to and what they had shared was incorporated into their family members care plan. They said, "The registered manager and staff have worked really well with our family."

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

- The home had been adapted to meet people's care needs and some consideration had been given to the needs of people living with dementia. There was a well maintained, secure and safe garden with seating which people could access freely from the dining area and specific advice had been sought regarding

suitable plants for people living with dementia. There were different lounge areas for people to use, and there were quiet areas for people to sit.

- A lift provided access to all floors.

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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to 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

- Governance system were in place. However, the oversight of these had not always been effective. The systems had failed to identify some of the concerns we found during the inspection. An effective governance system is key to keeping people safe.
- The system in place to audit care records and risk assessments did not identify some known risks, had not been assessed.
- Health and safety checks and audits were not always effective. Although audits had taken place, they had failed to identify risks within the environment. For example, a damaged bedside table in use in a person's bedroom and some areas of the home posed an infection control risk.
- The systems in place for the oversight of Deprivation of Liberty Safeguards (DoLS) applications and their outcome had failed to identify the records had not been accurately maintained. Therefore, applications for renewals were significantly delayed.

We found no evidence that people had been harmed however, systems in place to monitor and improve the quality of the service were not always effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014.

- The registered manager and provider were open and transparent and took immediate action on everything raised and gave assurance about people's safety. They told us they were committed to the ongoing development of the home and would make the improvements needed.

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

- People and their relatives were very complimentary about the care provided at Elliott House and felt their relatives experienced positive outcomes.
- A relative told us, "I have lots of confidence in all the staff here especially [registered manager and staff members names]. The manager has always given me the time to talk about issues and I believe they are very committed to this home and want it to be the best.
- Staff told us they felt supported by the management team and were able to be involved by making suggestions and improvements within the service. Staff told us the management team were approachable and very supportive. The registered manager had implemented a staff suggestion box and had taken action

on suggestions made.

- Staff were observed being kind and caring and spoke about people in a very respectful way.
- Staff told us they knew about the whistleblowing policy and told us the action they would take if they had concerns.

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

- People and their relatives were asked their views about how the home was run.
- The annual residents and relatives' surveys showed a very high level of satisfaction in relation to all aspects of the service provided.
- A relative told us, "I am 110% happy with this home and I would recommend it 100%. We were so lucky there was a space here for my relative."
- During the inspection we observed people enjoying different activity sessions, including a reminiscent discussion group and a music session. We also received lots of positive comments about a recent jubilee party that took place at the home.

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 their obligation in relation to the duty of candour. For example, there had been a complaint about a person's care. This was formally responded to and a written apology was made to the family and steps taken to resolve the concern.
- The provider notified CQC of significant events, in accordance with legislation.

Continuous learning and improving care

- Staff were supported to grow and improve their knowledge of health and social care.
- During the inspection the registered manager was responsive to the things we found and discussed with them.
- The registered manager had recently completed a 'mock inspection'. They had identified key areas for improvement. Action plans were in place and they had just begun implementing the improvements. Work had commenced on improving the mealtime experience for people. Other key areas of practice identified for improvement was the administration of prescribed creams, dementia care and oral care.

Working in partnership with others

- Records showed staff worked with other agencies to improve people's experiences.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--|--|
| Accommodation for persons who require nursing or personal care | Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems in place for risk management and safety were not always effective. |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place for oversight and good governance were not always effective. |