

Elite Care Homes Ltd

278 Moseley Road

Inspection report

278 Moseley Road
Birmingham
West Midlands
B12 0BS

Tel: 01217712459

Date of inspection visit:
20 February 2019
21 February 2019

Date of publication:
11 April 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: 278 Moseley Road provides care and support to people living with learning disabilities and/or mental health conditions. The service is provided from residential properties known as 'College Road', 'Swanshurst Lane' and 'Yardley Wood Road'. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection, the provider was supporting 12 people with their personal care needs.

People's experience of using this service:

We found improvements had been made in some of the key questions we rated as requires improvement following our previous comprehensive inspection. We also found the breaches of regulations that were issued at that inspection had been met. However, we found some improvements were needed to ensure quality assurance systems were embedded and care records contained the information staff needed to refer to in relation to meeting people's health care needs and the risk management of some people's needs.

Improvements had been made to how people were supported by staff, there was greater consistency provided by a core team of staff.

Staff knew people's needs and had received training which provided them with the skills to support people safely and effectively. Staff felt supported in their role and were kept up to date with changes in people's care needs. Staff were recruited safely.

Staff were aware of people's healthcare needs and how to support them to maintain good health. People received their medicines as needed. People's nutritional needs were met.

People had access to some leisure opportunities and activities and people's independence was promoted.

People told us they felt safe. Staff understood how to recognise signs of abuse and how to report concerns within the organisation and externally. People were protected from the risk of infection.

Staff felt the registered manager was approachable and provided good leadership and direction. There were systems in place to respond to complaints and concerns about the service and people were asked for their views about what could be improved.

Rating at last inspection: We inspected the service in February 2018 and rated the service 'Requires Improvement' overall with an 'Inadequate' rating for well led. We found breaches of regulation 12 and 17 and imposed conditions on the providers registration. We carried out a focused inspection on 24 August 2018 and looked at the safe and well led key questions. There was evidence of some improvement and both key questions were rated as 'Requires Improvement'. However, the breaches remained unmet and the conditions we imposed on the provider remained in place.

Why we inspected: This was a planned inspection which took place on 20 and 21 February 2019. At the last inspection the service was not meeting the regulations and we imposed conditions on the provider's registration.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector.

Service and service type:

278 Moseley Road provides care and support to people living with learning disabilities and/or mental health conditions in three separate 'supported living' settings so that they can live as independently as possible.

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.

What we did:

When planning our inspection, we looked at the information we held about the service. This included the Provider Information Return (PIR), notifications received from the provider about deaths, safeguarding alerts and serious injuries, which they are required to send us by law. A PIR is information we require providers to send us to give key information about the service, what the service does well and what improvements they plan to make. We also contacted the local authority and commissioners of people's care to gain feedback. They did not report any concerns, this helped us to plan our inspection.

During our inspection we visited all three houses and met and spoke with seven people, one relative, one social care professional, five members of staff, the registered manager and the provider. We also looked at a range of records including three people's care plans, medication records, staff recruitment records and the quality assurance systems that were in place.

Is the service safe?

Our findings

At our last inspection we found that provider to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the provider had made improvements and they were no longer in breach of this regulation. However further improvements were required.

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

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.

Systems and processes to safeguard people from the risk of abuse: Assessing risk, safety monitoring and management.

- At our last inspection staff and people we spoke with told us that at times they were frightened by the behaviour of one of the people living at the service. The registered manager had continued to work with the local authority to ensure strategies were in place to minimise any risks to people. At the time of this inspection we saw that incidents had reduced and the registered manager was continuing to work with the local authority to ensure that a decision was reached in the best interest of all the people concerned.
- Care records recorded most risks to people. However, further information was needed in some people's care records so that there was information about people's health conditions, signs to look out for and how these needs were being met. Also risk management plans were not in place for all risks that staff were supporting people with including signs that a person's mental health may be declining and what staff needed to do to respond to this relapse.
- Staff that we spoke with had a good understanding of people's needs and how to keep people safe. They told us that since our last inspection they had completed a lot of training which had helped them in their role. A staff member told us, "I feel a lot more confident now in my role. I understand people's needs better."
- The service was a supported living service and we saw records to confirm that there were agreements in place in relation to the maintenance and health and safety matters between the care provider and the landlord of the properties, to ensure that the environment was a safe place for people to live in.
- Staff confirmed they had received safeguarding training and were aware of their responsibilities to report and act on any concerns they had and knew how to spot the potential signs of abuse.
- Staff told us that they were confident that any concerns that were brought to the registered managers attention would be dealt with appropriately. A member of staff told us, "If I had any concerns or saw any abuse I would report it to the manager. I am also aware of how to raise a safeguarding alert with the local authority."

Preventing and controlling infection

- Staff told us and we saw they had access to protective personal equipment such as gloves and aprons to

prevent the spread of infections.

- Cleaning schedules were in place and we saw that the houses were clean and tidy. The registered manager confirmed to us that infection control audits would be formally introduced as part of the providers audits.

Staffing and recruitment

- Improvements had been made since our last inspection and there was now a core team of staff who knew people and their needs. This meant that there was an improved consistency of care for people. A staff member told us, "The staffing situation has greatly improved. I feel that the staffing levels are now comfortable." Another staff member told us that although the staffing levels had improved, some people needed two staff to support them in the community. Therefore, some activities and trips out had to be planned for and could not be spontaneous.
- The provider was occasionally using a small amount of agency staff whilst recruitment to some vacant posts was taking place. They had ensured that there was consistency with the agency staff used to minimise any impact that this may have on the people that use the service.
- People received staff support based on their funding arrangements. The registered manager told us that some people required more support than they were funded for and ongoing discussions were taking place between the provider and the local authority about this.
- People told us that staff were available to support them when required.
- Staff had been recruited safely to ensure they were suitable to work with people.

Using medicines safely

- Improvements had been made to the way medicines were managed since our last inspection. This included having protocols in place for people who take medicines on an 'as required' basis. ● The registered manager had also implemented a homely remedies policy and people had been supported to safely access medicines that are available to buy over the counter, such as medicines for pain relief.
- People told us that they received help with their medicines and received them on time. One person told us, "It's good that my medicines are now kept in my own room. They are kept locked and are safe. I know what my tablets are for."
- Medicine records were regularly checked by the management team and action taken when any errors, for example, missed signatures, were found.
- Staff had received training in how to administer medication.

Learning lessons when things go wrong

- All the staff that we spoke with told us that improvements had been made since our last inspection. A staff member told us, "Things are so much better now and I feel we have been listened to and things are much improved for people."
- The provider told us that they were still developing their systems. They had implemented a lessons learnt from safeguarding incident's so that trends could be identified and lessons learnt had been captured and used to enhance the service. They told us that they would be expanding this system to look at other key areas in the service such as completing an analysis of any incidents that had occurred.

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People told us that they were happy with the staff that supported them. One person told us, "I get on well with the staff. They help me a lot."
- Staff told us they had positive training opportunities in areas applicable to the needs of the people they were supporting. Staff told us that they had enjoyed doing more face to face training because it had been meaningful as they had been able to relate it to the people they support and their role. A staff member told us, "Since [Registered manager's name] has been here the training is so much better than before. I feel that I have learnt so much."
- Staff told us they felt supported and had access to supervisions and appraisals to enable them to discuss their role and career progression.

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

- There had been no new referrals to the service since our last inspection. However, we saw that a new assessment tool had been developed and the registered manager told us that this would be used going forward when the service starts to take on new referrals to the service.
- People and their relatives told us that they had been involved with the assessment of their needs.

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

- People told us that they could access health appointments when they needed to.
- Hospital passports were in the process of being completed for people where appropriate and will provide helpful information in the event that a person may need to attend hospital for treatment.
- Records showed when healthcare professionals had been contacted in support of people's health. For example, any appointments people had attended such as the GP were recorded and the outcome included any follow up needed or any monitoring required.

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 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. We checked whether the service was working within the principles of the MCA. The authorisation procedures for this within the community, such as in people's own homes falls under the court of protection

and is called Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

- The registered manager had a good understanding of the MCA and the process of DoLS within the community. They confirmed this by explaining to us that a current application had been taken forward by the local authority where they felt people required this protection.
- Staff told us they gained verbal consent before undertaking any support and people we spoke with and our observations confirmed this.

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

- Different arrangements were in place to support people with meeting their eating and drinking needs. Some people shopped for their own food and did their own cooking with varying degrees of support from staff.
- We saw that people's care records recorded how their dietary needs were met. Where there were any concerns around people's dietary needs we saw that monitoring took place.
- One person told us that they did their own cooking and that staff would encourage them to eat a healthy diet.
- We saw that in one house (College Road) people were invited to join a weekly brunch meal where people brought different food items to cook and share. People and staff that we spoke with told us that this worked well

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People told us staff were kind and caring and they were happy with the care they received. One person said, "The staff are good." Another person told us, "I know the staff are here to help me."
- We observed staff supporting people in a caring way and with patience. For example, we saw staff take time to sit and talk to people and to listen to people.
- People were encouraged and supported to meet their religious needs. One person told us that they go to church on a Sunday with a staff member.
- There was a diverse staffing team and staff we spoke with showed regard and understanding in relation to people's different cultural and religious backgrounds and how people were supported to maintain these.
- From our observations we saw staff spoke to people with respect. People responded to staff in a positive manner and were relaxed and comfortable in staff's company.

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

- People were supported to make choices about their care. We saw people being asked about their day and what they wanted to do.
- People told us that staff spoke with them about their care
- Some people did not always verbalise their needs and wishes. We saw that staff understood how people expressed their needs and were able to respond appropriately.

Respecting and promoting people's privacy, dignity and independence

- We found that people were supported in ways that promoted their independence and individuality. One person told us, "I go out on my own doing different things. I like to go to the shops and I go to college one day a week. I come back to the house when I want to." Another person told us that they preferred to spend time alone in their room. They told us they would be going out later to do some shopping and get their hair cut.
- We saw and staff told us how they ensured people received the support they needed whilst maintaining their dignity and privacy.
- People's confidentiality was respected, and people's care records were kept securely.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff that knew and understood their needs. Our observations supported that staff had built good relationships with people and knew their likes and dislikes.
- People had good links with family and friends and staff supported people to maintain this.
- Staff respected people's individuality and diversity and were aware of people's personal preferences. Staff spoken with were able to describe people's preferences and how they liked to be supported.
- People had access to and were supported to engage in a wide range of interest and activities. On the day of our inspection some people had been out to day centres, some people were out independently spending time with friends or choosing to spend time alone. One person told us, "I like going for a coffee, going to college and shopping."
- Staff told us that they supported people to access and engage in interests of the persons choosing and that they also helped people explore new hobbies and interests. Staff told us that some people did not want to engage in community activities so the support they provided in these circumstances were based on the choices and wishes of the individual.
- Staff organised trips out and social events between the three houses.
- Regular 'house meetings' took place between people living at the service and the staff supporting them to discuss the day to day running of the service.
- People's care records had been improved since our last inspection and were now more person centred. However, we could see that more work was required to ensure that the records were comprehensive and reflective of people's current needs.

Improving care quality in response to complaints or concerns

- A relative we spoke with told us, "The manager is good and easy to approach if I need to."
- Staff knew how to support people to make a complaint.
- An easy read complaints procedure was available for people to use.
- Systems were in place to record complaints. The registered manager advised that they had received one complaint since our last inspection and we saw that this had been responded to in accordance with the provider's complaints procedure.

End of life care and support

- The registered manager advised that people's family had or would make arrangements in people's best interests.

- There was no one currently receiving end of life care

Is the service well-led?

Our findings

At our last inspection we found that provider to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) regulations 2014.

At this inspection we found that the provider had made improvements and they were no longer in breach of this regulation. However further improvements were required.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- At our last two inspections to this service the provider had failed to meet the requirements of regulation 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. We imposed conditions on the provider. The condition we imposed required that the provider reported to us on a monthly basis about the improvements they had made. The provider had complied with the condition and we received the information each month as requested.
- At this inspection we found that the previous breaches of the regulations have now been met. However, some further embedding is needed of the quality assurance systems to ensure that the improvements made are sustained and built on.
- For example, audits had not identified that some care records did not contain all the information staff needed to refer to to ensure people were supported consistently.
- There was good communication maintained between the management team and staff.
- Staff felt respected, valued and supported.
- The latest CQC inspection report rating was on display in the entrance of all the supported living services. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility: Continuous learning and improving care.

- Since our last inspection the registered manager and provider had supported people to be more independent. For example, at our last inspection medicines were kept in a locked medicine trolley in the office and not in each person's own room. People across the service had been provided with a lockable cupboard in their own room for the safe storage of their own medicines and their own care records and the care provided was more person centered.
- The registered manager spoke with us about the ongoing development of the service. This included plans

around the promotion of care focused on the development of the individual. For example, they were exploring supporting people who could manage their own medicines. They also spoke about some of the challenges they were working through. There had been some compatibility issues in one of the house's and they were working through these in the best interest of the people concerned.

- People and relatives told us they knew who the registered manager was and felt they were approachable and that the service was well-led. One person told us, "[Registered manager's name] is good to talk to. A relative we spoke with told us, "The manager is fine and they are approachable."
- The staff spoke very highly about the registered manager and how things had improved at the service. A staff member told us, "They are the best manager I have ever had."
- The registered manager was keen to ensure a culture of continuous learning and improvement. Since the last inspection they had ensured staff were provided with an improved training, support and personal development structure. The training provided was specific to their role and the needs of the people they supported and focused on providing people with person centred support.
- The culture of the service had improved and the focus was more of an inclusive one where people were encouraged to do things for themselves.
- The registered manager worked alongside staff and supported people. This gave the registered manager opportunities to monitor staff practices to ensure the support provided was enabling, respectful and reflected good practice and recent training.

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

- We saw that people and their relatives had been asked for their feedback of the service and action had been taken as a result. For example, people had asked that staff wear name and identity badges and we saw during our inspection that this had been acted on.
- Relatives were invited to regular meeting to discuss the development of the service and we saw minutes of these meetings.

Working in partnership with others

- The provider worked in partnership with health colleagues, local authority and other community groups as part of ensuring people received a personalised service. A social care professional told us that the registered manager and staff worked well with them. They told us that they really cared about the people they support and were open and professional in their approach.