

Elite Care Homes Ltd

278 Moseley Road

## Inspection report

278 Moseley Road  
Birmingham  
West Midlands  
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16 November 2016  
22 November 2016

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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?

Requires Improvement ●

# Summary of findings

## Overall summary

The Inspection took place on 16 and 22 November 2016 and was announced. We last inspected the service in July 2016. However, the provider although registered with us in August 2014 had only been providing a service to people for six weeks. We were therefore not able to award a rating in July 2016 as we could not answer all the Key Lines of Enquiry (KLOE) against the regulated activity.

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 three 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.

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 provider monitoring systems had not identified that records in relation to medicines were robustly managed to ensure that they were effective at reducing the risks associated with peoples' medicines.

People were supported by staff who had received training 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 understood the potential risks to people's safety and knew how to reduce the risk of harm to people. People were supported by sufficient numbers of staff who had been appropriately recruited, trained and supported for their roles. People received their medicines as prescribed by their GP.

People were supported by a staff team who were caring in their approach and understood people's needs. People were enabled to make day to day choices about their care. People's privacy, dignity and independence were promoted and they were treated with respect.

There were systems in place to respond to people's concerns and complaints about the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People were protected from harm because staff were able to recognise abuse and take the appropriate actions to raise concerns.

Risks to the health and safety of people were known by staff so that they were able to provide safe care and support.

There were sufficient numbers of safely recruited staff to ensure that people's needs were met safely.

People received support to take their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People received care and support that met their day to day needs.

Staff were provided with on-going training and support.

People were supported by staff that ensured people were involved in decisions about their care and their human and legal rights were respected.

People were supported with their dietary needs.

### Is the service caring?

Good ●

The service was caring

People were supported by a staff team who were kind and caring.

People were enabled to make day to day choices about their care.

People's privacy, dignity and independence were promoted and they were treated with respect.

### Is the service responsive?

Good ●

The service was responsive

People received care that met their needs and preferences.

Arrangements were in place to manage concerns and complaints.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

Quality assurance checks were completed to identify areas for improvement within the service, although these had not always identified where some improvements were needed.

People were supported by a staff team who were supported in their role.

# 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 16 and 22 November 2016 and was announced and was carried out by one inspector. 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.

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.

We visited the provider's main office location and spoke with the registered manager and provider. There were three 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 met all three people.

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

# Is the service safe?

## Our findings

Some people using the service had limited verbal communication skills and were unable to tell us if they were concerned about their safety and if they were protected from abuse and harm. Throughout the inspection we saw that people looked comfortable in the presence of staff. One person told us, "I am happy living here and feel safe". However, they went on to tell us that sometimes they are upset by the behaviour of one of the people that they live with. They also shared with us some concerns they had about how a person was supported by a staff member when they became upset. We discussed this with the provider who took immediate action to ensure the service was safe. They followed their safeguarding procedures and the local safeguarding protocol and reported the matter to external agencies so that an independent investigation could take place.

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. 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 by the provider. Staff that we spoke with told us that they had no concerns about people's wellbeing or safety. We saw in the records of staff meeting minutes that staff were reminded that it was everyone's responsibility to ensure the safety and wellbeing of the people who lived at the service.

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. For example, staff told us about a person who needed support from staff at all times when accessing the community, to ensure their safety and to reduce potential risks to the person. They told us about another person who could access the community independently and that the person was supported to do so and that measures were in place to ensure their safety. For example, the person had a mobile phone so could contact staff if and when needed for help and support. Records we looked at showed that people had risk assessments in their care files which were specific to their care needs. This meant the risks to people were assessed and managed to ensure risks were reduced.

Staff told us 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 looked at the files of two members of staff and saw that recruitment checks had been completed. The provider told us that staff were employed on a probation period to ensure their suitability for the role. If staff were found not to be suitable for the role the probationary period was used to terminate their employment. This meant that systems were in place and had been carried out in practice 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. The registered manager told us that they had not needed to use agency staff for some time and any shortfalls in staffing was covered by bank staff from within the company to ensure consistency for people

that used the service.

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. Staff told us that they knew how to report accident or incidents so these could be managed effectively.

We looked at the systems in place for managing medicines in the service. We saw that people's medication was stored safely. Staff told us that only staff that had received training gave people their medicines. We saw that one person had been supported to manage their own medicines. They told us, "The staff remind me when to take them. I do forget sometimes". We saw that the medicine administration records had not been signed for the day prior to our visit and the day of our visit. However, the staff member told us that people had received their medicines.

## Is the service effective?

### Our findings

One person told us, "[Staff member's name] is lovely. I give her ten out of ten". They told us that they were not happy with how one staff member spoke to them. This information was shared with the provider at the time of our inspection and they told us that they addressed this with the staff member concerned.

All of the staff we spoke with said that they had received the training they needed to be able to do their job. Staff told us that they had completed some specialist training so they understood the individual needs of people. Staff who had been employed recently told us that they had received an induction and had the opportunity to work alongside staff members that were more experienced.

The registered manager told us that 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, "I enjoy my job and feel well supported by the other staff and the manager". Staff told us that they received supervision from the registered manager when they could discuss their role and personal development.

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 two of the people that they provided a service to require a high level of staff supervision to meet their care needs and keep them safe. The registered manager told us that the local authority was in the process of applying for a court of protection order to ensure their rights were protected. They were aware that they needed to inform us of the outcome of the decision of the applications and any conditions that may be applied. Staff we spoke with understood the need to ask people their consent before providing care and staff had some understanding of the DoLS legislation.

We saw that there were management plans in place which described how staff should support people with behaviour that may challenge the service. Staff that we spoke with told us that they had received training and would recognise the early warning signs that a person was upset and knew what to do to distract the person.

People received support with preparing meals that met their individual preferences and choices. Staff we spoke with were aware of each person's individual eating and drinking needs and preferences. Staff told us that some people's family members were involved with providing meals that were prepared in a way that



the person liked and in keeping with their cultural dietary preferences. Staff told us that they were also able to prepare food that met people's dietary requirements. One person told us that staff supported them to plan, shop and prepare meals. They told us, "I do some cooking and the staff help meals to cook meals that I like and meals that are healthy".

People had been supported to see a range of health care professionals. For example dentist, GP and psychologists. Some people prior to living at the service had limited information about their health care needs. We saw that the registered manager had ensured that referrals were made to healthcare professionals so that people's health care needs could be reviewed. For example, a person had been supported to see a consultant specialist at hospital and the outcome of the investigations and the support they needed from staff was recorded in their health care records. Hospital passports had been prepared to ensure that if a person needed to stay in hospital information would be available to healthcare professionals about the person's individual care needs and how these should be met. People had Health Action Plans (HAP) in place. HAP tells you about what you can do to stay healthy and the help you can get.

## Is the service caring?

### Our findings

Staff treated people with dignity and respect and provided support in a way that maintained people's privacy and dignity. We saw that people all had single occupancy rooms so that they could choose to spend time alone if they chose. People were supported to carry out their own personal care behind closed doors, with staff only providing assistance where requested or required. We saw that staff were respectful towards people they supported. For example they referred to people by their preferred name and asked for permission to go into people's bedrooms.

We saw that people were dressed in individual styles; these individual styles enabled them to express their individuality. People were wearing clothes that reflected their age, gender and personal taste and interest.

People were supported to be as independent as possible and develop their self-help skills. One person told us, "I help with the house work and staff encourage me to clean my bedroom. [Staff member's name] is teaching me to do a lot of things". They told us that staff consulted with them about their care. We saw that staff supported people to do what they wanted. For example, we saw that one person chose to spend time in their bedroom and staff respected this decision.

One person told us that most staff were caring and kind. They told us, "[Staff members' name] helps me to do lots of things". A relative told us, "We are very happy with [person's name] care. The staff have been really kind and helpful.

People used a range of different methods to communicate and this had been recorded in people's care plan to ensure all staff had access to this information. Communication passports were in place. We saw that these contained helpful information for staff or visitors to the service to refer to about how people communicated their needs verbally and through their nonverbal body language.

## 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, "I go to the day centre, out to the shops, the park and into Birmingham City Centre. I do lots of things and the staff help me".

Some people had difficulty expressing their needs and wishes verbally about what they would like to do. 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 some people had been out at a day centre. One person liked to go for a walk each day and staff told us that the person had been supported to do this.

Staff we spoke with understood people's needs. They were able to describe to us how people liked to be supported and the things that people liked to do. One person had only recently moved into the service and staff told us that they were still supporting the person to settle into their new living environment. People lived in an environment where there were shared communal space but had their own individual rooms, which were decorated to reflect people's individual tastes and interests. Rooms were personalised and contained items and pictures that were important to the person.

People were supported to maintain relationships that were important to them. One person told us that they visited their family members regularly. Staff told us that they recognised the importance of social contact. They supported people to maintain friendships and relationships and staff told us that they helped people to visit family members and supported people to take part in family events. Staff confirmed that people's relatives were welcome to visit the service at any time.

The provider had information about how to make a complaint. Staff told us that some people would not be able to make a complaint but would be reliant on them or a family member to raise concerns on the person's behalf. They told us that they monitored people closely to observe for any signs that a person was unhappy about something and they would let the manager know their concerns. When we told the provider about the concerns that had been shared with us during our visit, the provider dealt with these proactively. They told us that they had also reflected on why the person had not shared their concerns with a member of their staff team and were considering any learning going forward from this, to improve the service.

## Is the service well-led?

### Our findings

We saw that there were systems in place to monitor the quality of the service, and quality audits were undertaken. This included audits of medicine management and health and safety audits. When we visited the supported living house we found that medicine administration records had not been signed the day prior to and on the day of our inspection visit. The staff member told us that they had forgotten to sign the records but people had had their medicines as required. There were no records of medicine balances for us to refer to so we could check the balance of medicines with the medicines in stock to ensure that people had received their medicines as prescribed by their GP. The senior staff member told us that the records for medicines balance checks were kept at the services main office. This did not ensure that the systems in place for monitoring safe medicine practice were robust. Following our inspection and feedback to the provider they told us that they would ensure that a medicine audit took place. We also asked to see the accident records and the staff member advised us that these were not kept at the supported living service.

Our inspection identified some concerns in relation to how a person was supported by a staff member. When this information was shared with the provider they took immediate and appropriate action to ensure the safety and wellbeing of people who lived at the service. The provider also shared information with external agencies as required.

There was a registered manager in post and all conditions of registration were met. The registered manager demonstrated to us that he knew the individual needs of the people that lived at 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 at the service and records we held confirmed this. This showed that they were aware of their responsibility to notify us so; we could check that appropriate action had been taken.

A relative told us that they were very happy with their family members care and that the service was well run. They told us that the registered manager was approachable and helpful.

We saw that regular staff meetings took place. Records of the meetings showed that these were a forum to discuss care practice issues and for the registered manager to feedback any issues to staff to help improve the service people received. For example, we saw that topics discussed included staff responsibility to safeguard people, reporting concerns procedures and whistle blowing policy. Staff that we spoke with confirmed that meeting took place and they were also asked for their views during the meetings. This ensured that staff had the opportunity to discuss practice issues and put forward suggestions for improvements to the service.

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. The registered manager told us that they had regular contact with the landlord and would raise any issues that needed to be addressed with them.