

Pinnacle Care Ltd

# Elmhurst Assisted Living And Care Facilities

## Inspection report

42 Hillmorton Road  
Rugby  
Warwickshire  
CV22 5AD

Tel: 01788535842  
Website: [www.pinnaclecare.co.uk](http://www.pinnaclecare.co.uk)

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## Ratings

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

# Summary of findings

## Overall summary

The inspection took place on 10 March 2017 and was unannounced. The service was last inspected on 24 April 2016, when we found they were meeting the regulations.

Since our previous inspection in April 2016, when we had rated the service as good, we had received information of concern about the service. The concerns related to the safety of people's care and support and to the management of the service. We conducted this inspection in response to the information we received. We checked whether the service was continuing to deliver safe care and support and continued to be well-led.

We found no evidence to support the concerns that had been shared with us. The service continued to be safe and well-led.

The service is registered to deliver accommodation and personal care for up to 10 younger adults who live with dementia, mental health, learning disabilities or autistic spectrum disorder in the shared residential house. The service is also registered to deliver personal care to people in their own homes, including people who live in the 14 self-contained apartments in the grounds of the premises. Five people were living at the shared home and no one was receiving a personal care service in their own home at the time of our inspection.

There was no registered manager for the service. They had deregistered with us before our previous inspection. The provider had appointed another manager and planned for them to become the registered manager. However, this manager had been absent from the service for several weeks and had left the service the week before our inspection visit. The home was being managed by the area manager and training manager.

The provider understood the conditions that applied to delivering a regulated activity, including the requirement to employ a manager that has registered with us. Since our previous inspection, they had appointed a manager, in the expectation they would register with us. They planned to advertise for a registered manager.

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.

Support workers understood their responsibilities to protect people from harm and were supported to raise any concerns. The provider listened to staff's concerns and took appropriate action to minimise risks to people's safe care and support.

Risks to people's health and welfare were identified and support workers acted in accordance with people's care plans, to minimise the identified risks.

The provider's policies and procedures to minimise risks to people's safety related to the premises were understood and implemented effectively by staff.

There were enough support workers to meet people's physical and social needs effectively. Medicines were managed, stored and administered safely by trained support workers, who were assessed as competent in medicines administration.

People were encouraged to share their opinions of the service, to enable the provider to make improvements in the quality of the service. The provider's quality monitoring system included regular reviews of people's care and observation of staff's practice by a member of the management team.

There were effective arrangements in place to provide regular management oversight of the service and management support for staff, while the provider recruited another manager.

Our judgements about whether the service is effective, caring and responsive, and our overall judgement, are unchanged since our previous inspection, when they were all rated good. You can read the evidence we based those judgements on in our previous report 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?

The service was safe. Support workers understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and care and support were planned to minimise the risks. The provider ensured there was management level oversight of people's safety and support for staff. People's medicines were stored, administered and managed safely.

Good ●

### Is the service well-led?

The service was well-led. People were encouraged to share their opinions about the quality of the service, which ensured improvements focused on people's experiences. The provider's quality monitoring system included minimising risks to people's safety and checking people received an effective, good quality service that they were satisfied with. The provider understood the conditions of their registration and had taken action to meet the conditions.

Good ●

# Elmhurst Assisted Living And Care Facilities

## **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.

We carried out an unannounced, comprehensive inspection of this service on 26 April 2016. After that inspection we received concerns in relation to people's safety and the management of the service. As a result we undertook a focused inspection to look into those concerns. This report only covers our findings in relation to those topics. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Elmhurst Assisted Living And Care Facilities on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

This inspection visit took place on 9 March 2017 and was unannounced. The inspection was completed by one inspector.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the provider had sent us. A statutory notification is information about important events, which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority.

During our inspection we spoke with four of the five people who lived at the home, two staff and the area manager. We looked at two people's care plans and daily records and the provider's quality monitoring records.

## Is the service safe?

### Our findings

Concerns had been raised with us prior to this inspection about unsafe medicines management and administration. The information we received included an allegation that untrained or incompetent staff administered medicines and that people did not receive the medicines they needed. The concerns were not supported by our findings during the inspection. People told us they had their medicines when they should have them and assured us they could obtain pain relief when they needed it.

Medicines were managed and administered safely. A support worker showed us people's medicines were kept in a locked cupboard. People's prescribed medicines were delivered in blister packs, colour coded for time of day, from the pharmacy. Repeat prescriptions were delivered a week in advance and were checked in by the manager or area manager. They were delivered with an accompanying medicines administration record (MAR) for each person, which included their purpose, the dosage and time of day they should be administered.

The support worker told us only trained and competent support workers administered medicines and there was a list of specimen signatures so each administrator was identifiable. Support workers signed each time medicines were administered or used an agreed code to explain why they were not administered. The MARs we looked at were up-to-date and signed by trained staff. When people had requested pain relief medicines, support workers recorded when they were administered, how many had been administered and how many were left. This minimised the risks of overdosing and ensured there were always enough pain relief medicines available.

Support workers told us there was usually a trained and competent medicines administrator on duty, if a person's prescribed medicines were due to be administered. They told us there was an agreed process for medicines administration if the person leading the shift was not suitably trained and competent to administer them safely. The area manager and support workers had agreed they would come in for some paid, extra hours to administer medicines on those shifts. Support workers told us they lived nearby so it was not difficult for them to attend in this capacity. One support worker told us, "It is planned. If the duty staff is not trained, we are paid for an hour's work if we come in to do medicines." One person told us, "If I come down in the night I could have a drink or tablets if I felt dizzy or had a headache or something like that."

Concerns had been raised with us about the number of suitably skilled and experienced staff on duty. The information we received included an allegation that inexperienced and unqualified staff sometimes had sole responsibility for the service. Our findings did not support this concern.

Most people thought there were enough support workers on duty to keep them safe. One person told us, "There are always staff around and we have night staff. I never go out on my own. I always have someone with me" and "I wouldn't want to change my routine." They told us they went out as frequently as they liked with a support worker. A second person was confident they would be able to go out as planned with a support worker and a third person said, "It's the same staff, and the manager has only been here a couple of months."

One person was concerned that on some days of the week, there only seemed to be one support worker on the premises. They told us, "We used to have a manager and a member of staff, but we only have one staff some days now." Support workers confirmed that some days, only one support worker was on duty. For example, at weekends, several people spent time with their families, not at the home. We found the provider had analysed people's needs and abilities to determine how many staff were needed. The service was no longer providing a day care service and staff confirmed that no-one in the adjoining apartments received support with personal care. They did not need as many hands-on support workers as previously. Support workers told us when they needed more staff for specific reasons, either equally skilled staff from another home in the provider's group or the area manager were available.

A support worker told us, "We are a good team. [Name of area manager] is helpful and supportive. We can agree shifts between ourselves, no issues. We each do a mixture of shifts, mornings and later and no-one does a double shift." The provider told us all the support workers who worked alone were skilled and experienced staff, with nationally recognised qualifications in health and social care. They had all worked at the home, or at one of the provider's other homes in the group for several years.

People told us they felt safe at the home, because they trusted the support workers. One person told us, "It feels safe. I am never alone." Another person told us they felt protected by staff, because staff kept their money in a safe and they had the receipts and a list of everything they spent.

People were protected from the risks of abuse. For example, support workers made an inventory of the possessions people carried with them when they moved into the home, so they could make sure people had all their belongings when they moved out of the home. The area manager told us they had recently identified an improvement they would make to this practice. They told us in future they would include any valuable items a person was wearing when they moved into the home on their personal inventory, to remind them to check when they moved out of the home.

Support workers had training in keeping people safe from the risks of harm and they knew the actions to take if they were concerned. A support worker told us, "We check each other's practice through shift handover and observe each other. I am more than happy to challenge other staff to correct their behaviour."

The provider had made referrals to the local safeguarding authority and notified us, in accordance with their legal obligations, when concerns about people's safety were raised. They had included an explanation of the actions they had taken to minimise the risks of a re-occurrence. There had been no accidents or incidents in the home that required notifications to be sent to us.

The provider minimised risks to people's health and wellbeing. People's individual risks were assessed and their care plans described the actions support workers should take to minimise them. For example, one person's care plan included the places they liked to visit and how support workers should offer them a choice of venues, to support them to maintain their independence. In the absence of a registered manager, the area manager had reviewed and updated people's care plans when their needs changed. People told us they knew the area manager well, because they were a regular member of the team. People were confident the area manager understood them and knew them well enough to know when their needs changed.

Another person's care plan showed how a recent change in their weight had led support workers to refer the person to healthcare professionals. Records showed staff followed the healthcare professionals' advice to support the person to maintain their health with least disruption to the person's emotional well-being. A district nurse visited the person on the day of our inspection visit. They were pleased that staff had been

observant to the person's condition and called them out to check that no specific care or treatment was needed.

The provider had agreed with staff how they could ensure there were enough support workers to support the person to attend regular outpatient appointments, when their relatives were unable to accompany them. Staff told us, "[Name of staff] supports them to hospital appointments" and "We would love [Name] to stay here and will sacrifice days off to make that happen for them. We could arrange overlapping shifts if need be."

During our previous inspection, we had checked the provider's recruitment process ensured risks to people's safety were minimised. We had found the provider recruited staff safely, in accordance with the legislation and guidance. The area manager was recruiting new staff at the time of our inspection visit, but no new staff had started working at the home, so there were no new records to check. We will look at the provider's recruitment processes again at our next comprehensive inspection.

During our previous inspection, we had identified that the provider assessed risks to the premises and equipment and took action to minimise the identified risks. Records showed the provider had implemented a system of regular checks of the premises, the fire alarm and essential supplies such as the water, gas and electricity. Risk assessment records included information about preventative measures already in place and actions for support workers to follow.

At this inspection, support workers told us, nothing had changed in their role or responsibilities to report maintenance issues. They told us, "Issues with the premises and maintenance are written in the maintenance book. The maintenance person checks the book and repairs or replaces things straight away." Two people told us they were satisfied their bedroom windows had been repainted as requested. People said, "The window has been painted with special paint, easy to clean" and "They repainted some bathrooms."

Support workers knew the procedures to follow in the event of an emergency such as a fire, because they had training in fire safety and practised the routine. A support worker told us, "We have a fire alarm test every week. When the alarm goes off, we meet at the collection point and the doors close automatically. The smoke detectors are regularly serviced and we report any issues immediately." They told us the folder for the fire service and people's emergency evacuation plans were in the office inside the front door, where they were easily accessible.

## Is the service well-led?

### Our findings

Concerns had been raised with us prior to this inspection about the management of the home, about supervision, delegation and oversight of staff and about the provider's response to complaints. Our findings during this inspection did not support the concerns. We found the home was well-led and complaints were investigated and responded to promptly. The provider learnt from complaints and used them to improve their practice.

The information we received included an allegation that the home's management was 'inadequate', which impacted on the quality of the service. The concerns were not supported by our findings. People told us they were happy with the quality of the service. People told us, "I have no worries about being here, or about the staff" and "The staff look after me. They bring me medicines and cold drinks." One person said, "Nothing ever happens", which was a good thing in their opinion. Another person said, "I have a very nice room and my own bathroom. There is a newspaper to read in the morning and we chat among ourselves. There is nothing to improve."

There had been a registered manager in post, up until March 2016. They had left the service and deregistered just before our previous inspection in April 2016. People told us, that since our previous inspection, a new manager had been appointed, but said they had recently left. They told us this had not impacted on the quality of the service, because they were supported by a regular group of support workers and the area manager had maintained regular visits to the home throughout the changes. They told us they were looking forward to seeing the area manager more frequently again because they would manage the service directly for the short term. One person told us, "The manager left and we see the area manager more. She's nice."

In the absence of a registered manager, the provider's system of obtaining feedback from people was informal. The area manager told us that each support worker had developed a particularly good relationship with individual people through shared interests or ideas. People told us they were happy with the informal method of sharing their opinions because support workers actively asked their opinions and listened to them. One person told us, "I trust [Name of staff] and [Name of area manager] to tell my troubles to."

During our previous inspection, the area manager had told us, "Our greatest achievement is to support people to live the lives they want to live" and "People being so unchanged, in a 'steady' state, (since they moved into the home) shows how effective the care and support is." At this inspection, people told us this was still the most important thing to them. They wanted to get on with their lives, in the way they wanted, when they wanted. They told us 'nothing much' had changed since our previous inspection and they were still happy living at the home.

Concerns had been raised about the management of staff and included a concern that staff were not supported, supervised or deployed effectively because the manager was not a registered manager. The concerns were not supported by our findings. Support workers told us the arrangements had worked well to

keep people safe before the manager was appointed. They said they felt consistently supported by the area manager. They told us the manager had not been at the home for long enough to 'make a difference' and the longer term, experienced support workers had continued to support people in the way they needed and wanted. A support worker said, "There will be no impact (in delivering a quality service), we just need the extra pair of hands to support people."

Support workers told us they were confident that the systems they had adopted from the previous registered manager were effective, and they had been supported by the area manager to maintain them. Support workers told us, for example, "Here the rota is agreed 4-5 weeks in advance. After the registered manager left, we carried on with the same practice" and "The area manager and training manager are really supportive and have carried us through."

One support worker told us they had regular opportunities to speak with a member of the management team. They told us, "I have one-to-one supervision. I chat with the (named) managers. I don't hold anything back. If am worried, I am honest, but there is nothing recently to worry about." They told us they always knew what had happened while they were off duty, because support workers shared information between them effectively. They told us, "Handover is verbal. And we write notes as reminders and use a diary for appointments." Records showed staff monitored people's moods and appetites to make sure they identified any changes in people's needs or abilities promptly.

A concern had been raised with us about the provider's response to complaints. The concern was not supported by our findings. Records showed that the area manager was open and transparent in responding to complaints. When people made complaints in the 'comments, suggestions and complaints' book in the entrance hall, the complaint was visible for all to see. The area manager showed us copies of their letters, which demonstrated they had responded promptly and had conducted an investigation into the circumstances leading up to a complaint. They had referred the complaint to the local safeguarding team and the police and notified CQC about the nature of the complaint straight away. The area manager told us they had learnt from the complaint and planned to improve their practice in making an inventory of people's possessions when they moved into the home. This would include any valuables they were wearing as well as the possessions they brought in their luggage.

The provider understood that a condition of registration of the service was to employ a registered manager and had taken reasonable measures to abide with the condition. The provider had appointed a new manager in September 2016, and anticipated the manager would apply for registered manager status early in 2017. However, the manager had not applied to register with us and had left the service the week before this inspection visit. The area manager told us, for the immediate future, they would resume and enhance the arrangements for running the service that had been in place for the six months before they appointed the manager.

The area manager planned to be at the service for three week days and the training manager planned to be at the service for the remaining two week days. This would ensure that support workers were supported by senior staff who understood, and could undertake the responsibilities of a registered manager. The area manager told us for the longer term, they would recruit internally and externally until they found a manager with the appropriate skills, qualifications and experience to become a registered manager for the service. We have asked the provider to put their plans for recruiting a manager and for managing the service in the interim in writing to us.

During our previous inspection, a support worker had told us all staff were involved in monitoring the quality of the service. They told us the quality assurance system included, "Checking care plans and records and

checking beds are changed on bed change day." No changes had been made to support workers' responsibilities for monitoring the quality of the service since our previous inspection.

Records showed that between them, the manager and area manager had continued to audit and monitor according to the schedule agreed with the provider. For example, they monitored the number and causes of accidents and incidents and how complaints were handled. They had attended the provider's monthly registered managers' meetings to discuss the monthly reports, to reflect on their practice and share ideas for improvement.