

EL Marsh Care Home Ltd

EL Marsh Supported Living

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 caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

EL Marsh Supported Living is a supported living service providing personal care to adults in their own homes. People had a range of needs including learning disabilities, mental health conditions and sensory impairments. On the day of the inspection, 17 people were receiving support.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes.

The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

The manager was not yet registered with The Care Quality Commission (CQC) but was in the process of doing this. Systems were not effective for monitoring the quality and safety of the services provided. Documentation relating to behaviour that challenged did not contain enough detail and were not consistently completed. Staff knew how to raise concerns.

Medicines were not always recorded correctly. Care plan and risk assessments did not always contain enough detail. People felt safe and staff had good knowledge of safeguarding processes. There were enough staff to support people safely.

People's assessed needs were not always accurately reflected in their care plans. 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 did support this practice although evidence of capacity assessments were lacking.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People were encouraged and supported to take part in activities. People's personal preferences were identified in their care plans. People were supported to build and maintain relationships.

People were supported by staff who knew them well. People's privacy and dignity was maintained. Staff promoted people's independence.

As part of thematic review, we carried out a survey with the manager at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. No restrictive intervention practices were used.

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

Rating at last inspection (and update)

This service was registered with us on 15 August 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Enforcement

We have identified breaches in relation to good governance during this inspection.

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 for 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 return to visit as per our re-inspection programme. If we receive any concerning information 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 not always effective.

Details are in our effective findings below.

Requires Improvement ●

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 ●

EL Marsh Supported Living

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.

Inspection team

The inspection was carried out by one inspector

Service and service type

This service provides care and support to people living in their own homes, a 'supported living' setting, so that they can live as independently as possible. 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.

The service did not have a manager registered with the Care Quality Commission as required by law. This means the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 6 August 2019 and ended on 12 August 2019. We visited the office location on 6 and 7 August 2019.

What we did before the inspection

We reviewed information we had received about the service. 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. This is information providers are required to send us 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 of this information to plan our inspection.

During the inspection

We spoke with six people who used the service about their experience of the care provided. We spoke with thirteen members of staff including the nominated individual, managers, the human resources advisor, senior care workers and care workers. We spoke with one professional before the inspection. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives and one professional who regularly visit the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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.

Using medicines safely

- Medicine administration (MAR) records were not always completed. We found numerous gaps where staff had not signed to say people had received their medicines. The nominated individual confirmed, using medicine count sheets, there had been no occasions where anyone had not received their medicines as prescribed.
- 'As and when required' (PRN) medicines were not clearly recorded and protocols did not contain enough detail. The manager confirmed, using MAR charts, daily logs and count sheets, when PRN medicine was given, and the correct amount of stock was remaining. Staff could tell us when they would need to give people PRN, and where to find PRN protocols. The manager told us staff who had incorrectly recorded medicines would retake medicines training. The nominated individual confirmed PRN protocols were updated following the inspection.
- Relatives confirmed they had no concerns over PRN administration and they were notified when it was given.
- People told us their medicines were stored safely, they received them in a safe way and they were on time. Comments included, "I have them [medicines] at 9am, they are always on time", and, "My medicines are locked away and never left open, I have them twice a day."

Assessing risk, safety monitoring and management

- Care plan and risk assessments did not always contain enough detail. For example, we saw an epilepsy care plan that did not detail what staff should do if the person had a seizure. However, staff had received epilepsy training and the person had not had a seizure since living in the service. The manager confirmed to us they had updated the care plan by the end of the inspection.
- There was conflicting information in people's care plans. For example, one person's health needs were not accurately recorded. We discussed these concerns with the manager who told us this was due to a very recent change. Staff identified the change and were aware of the outcome. The manager confirmed they had updated the care plan by the end of the inspection.
- Staff understood where people required support or restrictions on their freedom to reduce risks of harm to themselves or others. Care plans contained explanations of the control measures for staff to follow. A professional said, "[Person] has a positive behaviour support plan to help [staff] manage [person's] behaviours." A staff member said, "We have PMVA training it's very good. It gives strategies about how to support people. Prevention [of incidents] is always better than cure." PMVA is the Prevention and Management of Violence and Aggression.
- People's needs had been assessed prior to moving into the service. A professional said, "[Person] has been with EL Marsh for six months. The staff have done really well and better than expected. They [staff and

manager] were very good with transition, it was thorough."

Systems and processes to safeguard people from the risk of abuse

- Relatives felt their loved ones were safe and people told us they felt safe. Staff supported people to stay safe in their homes. A person said, "I feel safe with staff." A relative said, "I have never worried [relative] is unsafe." Another relative said, "They [staff] will do anything and everything to keep [person] safe and happy."
- Staff could tell us their responsibilities and the correct procedure to report safeguarding concerns. A staff member said, "Concerns [about safeguarding] would be raised with the manager and we have policies we can follow."

Staffing and recruitment

- Staff had been recruited safely. All pre-employment checks had been carried out to ensure staff were suitable for the role.
- Staff and people told us there was always enough of them on duty and they never worked with unsafe staffing levels. Staff and people confirmed if someone was not able to attend work, the manager would arrange for cover.

Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment was available to them.

Learning lessons when things go wrong

- The manager and nominated individual discussed how lessons had been learned in relation to things that had gone wrong. For example, lots of new support packages had started at the same time, this in turn impacted on staffing levels. Although recruitment had taken place, they identified new staff needed more training and the skill mix was not always right. They told us in future, before taking on new packages of support, they would ensure they had the correct skill mix and staff were trained in meeting people's complex needs.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's assessed communication needs were not always reflected in their care plans. Staff had not received training in people's specific communication needs but staff told us people used different forms of communication. One relative said "They [staff] could do more with sharing the symbols as some staff know them really well and others don't. I'm not sure all carers know all the symbols [person] knows." However, another relative said, "[Person] is not able to communicate verbally, they have limited signs and they [staff] know them." We discussed this with the manager who said they would implement specific training for staff.
- People's assessments took into consideration any protected characteristics under the Equality Act. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience

- People, who could tell us, felt their needs and preferences were met by staff who knew them well, professionals we spoke with agreed with this. However, there were concerns identified by one relative, they told us "[Person] has a visual impairment ... a member of staff worked with [person] and they didn't know." They also said, "[Person] has a few key staff. When they are on leave and newer staff cover, they don't always read the paperwork, so we can have problems."
- Feedback from other relatives about the staff included, "The staff [person] has are brilliant, they are only interested in what is best for [person]". Another relative said, "Most, if not all, the staff seem switched on and know what [person] needs, staff understand them." A professional told us, "[Person] has a core staff team. [Person] works better with male staff and they achieve this."
- Staff had completed an induction prior to starting their roles. A staff member said, "We do office-based days [as part of the induction] and shadow shifts, we get a chance to read the care plans."
- Staff told us, and records confirmed, they received supervision. This enabled them to receive feedback and the opportunity for development.

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. When people receive care and treatment in their own homes an

application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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.

- Court of Protection applications had been made for people who required them. However, evidence that people's capacity had been assessed prior to this was not available. The manager told us the local authority had records of what assessments had been undertaken. They said they would request this information for people's care files.
- There was information in people's care plans around likes and dislikes but staff knowledge and understanding of the MCA was varied. The manager told us some new staff had not yet completed MCA training. These staff worked alongside more experienced staff until they had completed the required training. Where staff had undergone training, they understood their responsibilities in relation to the MCA.
- People told us they made day to day choices and were able to decide what they did with their day. One person told us their night support had been reduced as now they didn't require it. They said, "I'm working on getting my day staff reduced because I like my freedom. Sometimes I go out, sometimes I don't, I decide what I do each day. They [staff] are respectful."
- For people who could not verbally communicate, their relatives told us they felt their loved ones had choice and control over what they did, and staff worked in a way that made sure people were safe. Comments included, "They always give [person] choice" and "[person] is given lots of choice ... [person] knows what they want".

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

- People told us they decided what they ate and drank. Staff encouraged people to have healthy balanced diets.
- Staff supported people who had been assessed as needed specialist diets for health reasons. A relative said "staff manage [person's] diabetes through diet. It's managed well, [person] has lost a lot of weight since moving [to EL Marsh] because they are more active ... The diet is fantastic".

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

- Referrals were made to teams such as speech and language and behaviour support. This showed staff were actively working in partnership with other organisations to ensure people had consistent and effective care.
- People were supported to access healthcare services where required. Records showed that people had been supported to see health professionals such as their GP.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People who could talk to us, felt staff were kind, treated them with care and listened to them. Comments included, "Staff are helpful, they talk to me ... it makes me feel better" and "The support is really good and so are the staff" and "I worry about my family, but the staff listen to me and talk to me."
- Relatives felt their loved ones were cared for and well treated. A relative told us, "I am really proud of how well [person] has settled into their home, I put that down to the staff, they do everything for [person]. Staff are always pleased to see [person]. They make [person] happy. Staff constantly talk to [person] and they don't ignore [person]."
- We observed positive interactions between people and staff. People seemed relaxed with the staff and asked staff to support them on the day of inspection whilst they talked to us.
- People's records included details of life histories, religious beliefs, wishes and preferences. This meant staff could access information about people's backgrounds and history.

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

- People told us they made decisions about their lives. For example, one person told us they were going to college but had decided they did not want to continue. Another person told us about their goals, what they had achieved and what they were planning, they said, "I'm proud that I no longer live in [care home] and I live in supported living."
- Relatives told us they were involved in reviews and decisions made about their loved one's care. A relative said, "They [staff] do work closely and call us to ask about new ideas. We do have a good relationship with them."
- Where people found it difficult to make decisions about their care, staff had supported people to access independent advocacy services. This made sure that people's views and opinions were listened too.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. Comments from people included, "Staff help me with shopping and cooking", and, "I do lots of things for myself, I like cleaning and the staff support me to go out", and, "Staff guide me with cooking, but I do it myself."
- Relatives told us their loved ones were encouraged to do things for themselves and develop their independent living skills. One relative told us, "In the last few months, they [staff] have encouraged [person] to help with baking and dressing themselves."
- Staff told us they ensured people's privacy and dignity was maintained. They gave us examples such as closing doors and blinds when helping people with personal care and giving people alone time and space.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their careers.

- Assessments had identified communication needs for people and these had not always been explored. However, staff understood different ways to communicate with people and could tell us what methods they used. A staff member told us, "Care plans tell us about communication but when you shadow you learn people's signals and you know what they want and need. People's body language also tells you [what they want]."
- There had been positive outcomes for people in relation to communication. For example, a relative told us, "[Person's] vocabulary has increased [since being at EL Marsh]." Staff told us about another person who had seen improvements with their communication since being supported by EL Marsh, they said, "[Person] did not want to talk when they moved in, we had to build trust and a relationship. Now [person] will ask questions and talk to us about their feelings."
- Information was available in different formats for people, for example picture cards and easy read documents. This enabled people to access and understand information.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Relatives felt their loved ones were supported to have choice, control, and personalised care. Comments included, "[Person] now has a life", and, "I'm really happy with the care, I don't want [person] to move."
- People told us they had choice and control and made decisions about their care. One person told us how they had wanted to self-medicate so staff had supported them to do this. We saw positive outcomes for other people such as significant reductions in behaviours that challenge. One staff member told us, "Person has had four placements that have not been successful but have been supported by EL Marsh for six months. We are supporting them to use public transport, go to the cinema and complete other activities. We have also involved external professionals."
- Where people required support to access the community, they were supported to follow interests and take part in activities that were relevant to them. A relative told us, "We popped over on Saturday and [person] was out walking in the woods. [Person] had already been out shopping, [person] knows what they like and what they want to do."
- People's care plans held information regarding their personal preferences, likes and dislikes and people who were important to them. This enabled staff to have up to date information about people's personal preferences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People accessed the community as and when they wanted too. One person told us they did not want to seek further education or complete any training. Their support staff told us the person wanted a job as a volunteer, so they were supporting the person to look for work in a shop. The person agreed and said that is what they wanted.
- People were encouraged to be part of their local community. A person told us, "Staff support and encourage me to go out, if they weren't there I'd go out less." A relative told us about their loved one who lived in a flat, the people in the other flats were also supported by EL Marsh, they said, "[Person] knows the staff and other people who live in the flats. [Person] can use the court yard if they want, [person] has more personal contact and they have the choice when to have that. They [staff and people] have barbeques out there and that's good [person] didn't have that before."

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain. Comments included, "You can actually talk to the management. We know how to make a complaint.", and, "Every time we go [person] seems happy and we go at different times and try to surprise staff, we never really have any concerns".
- Staff could tell us the signs to look out for to identify if people were happy or not. For example, if someone demeanour changed this could indicate the person was unhappy.
- The provider had a complaints policy and procedure. Formal complaints had been dealt with in line with the company policy and people were given outcomes.

End of life care and support

- No one was receiving end of life care at the time of inspection. There was end of life documentation in place however it did not always contain enough detail. We discussed this with the manager who told us they would add more detail to the end of life documents.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Audit systems were not effective in identifying risk in relation to medicines. Audits had been completed and all areas were marked as compliant, however we found issues with the recording of medicines. This meant medicine audits were not completed effectively and would not identify when people had potentially missed medicine.
- 'As and when required' (PRN) medicine protocols lacked clear instructions for when to give the medicine. For example, one protocol said 'give 2 hours before medical treatment' but did not identify what the medical treatment was. This meant people could receive their medicines inconsistently.
- Audits had not identified that records relating to care and treatment were not accurate and contained conflicting information. This meant audit systems were not effective.
- Documentation relating to behaviour that challenged did not always contain enough detail and were not consistently filled out. For example, one person's records said on nine occasions that 'nothing' had been happening prior to them displaying a behaviour that challenged. This meant the provider could not consistently monitor people's behaviours to identify trends and patterns.

We found no evidence that people had been harmed however, systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. We have not been back to the location to review this information. The provider confirmed they had amended PRN protocols in line with medical advice and people had not received their medicines inappropriately. They investigated any incorrect medicine recordings and rectified the conflicting information that had been identified in peoples care plans.

- The manager was not yet registered with The Care Quality Commission (CQC) at the time of inspection. Since the inspection we have been informed the manager is no longer working at the service. The nominated individual informed us they would be overseeing the day to day running of the service.
- Notifications had been sent to CQC of events which had occurred within the service in line with legal requirements.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings. This enabled staff to receive feedback and suggest new ideas.

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

- The management team undertook spot checks to ensure staff practice was appropriate and people were receiving the care they wanted. These had identified good practice and areas of improvement with actions.
- Staff felt well supported and part of a team. A staff member said, "There is always someone around if we need them. We have a good consistent team."
- Staff and relatives expressed confidence in the management team. Staff told us, "The managers are very supportive", and, "Management are approachable, and you can talk to them." A relative told us, "This is the first [company] where we talk to the managers and they actually do something."
- Staff were able to tell us about training courses they had attended and said they were relevant to their role. A staff member told us, "The training is online but it's very good."

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

- People and their relatives were given the opportunity to give feedback via surveys. This gave them the chance to express their views and opinions. These surveys had been analysed and an action plan was completed in relation to any area people felt needed improvement.
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

Continuous learning and improving care

- The manager and nominated individual told us the service was new and they were learning about what works well and what needs improving. They were looking into a paperless system that could be implemented across all people's homes. They told us managers would be able to access and update care plans from remote locations. This meant information relating to people's care needs could be easily updated and communicated to the staff team.

Working in partnership with others

- Staff communicated frequently with the GP, opticians, district nurses and other professionals when required. A professional, told us, "The provider gives us weekly updates [about person] and have really good communication. Their joint working with the hospitals and community teams has been very good." This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

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 manager understood their responsibilities in relation to duty of candour. Where incidents occurred, these had been reported and investigated appropriately.

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
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance</p> <p>Systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of harm.</p>