

## PLUS (Providence Linc United Services)

# Elwis House

### Inspection report

Flat 1, Elwis House  
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### Ratings

#### Overall rating for this service

Good



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?

Good



### Overall summary

Elwis House provides accommodation for persons who require personal care. The home provides care and support for up to 4 people with learning disabilities, some of whom have additional physical disabilities. At the time of our inspection there were three people living at the home.

The inspection took place on 28 October 2015 and was unannounced. Our last inspection took place on 13 April 2014. We found at that inspection that the home was meeting the regulations inspected.

At the time of our visit the home had a manager and the registered provider had applied to the Care Quality

Commission for him to be the registered manager. The application for registration was being assessed and he was registered shortly after our visit. 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.

At this inspection we found a breach of Regulation 15 of the 2014 regulations of the Health and Social Care Act 2008. People were not kept safe in the event of a fire. A

# Summary of findings

fire safety device fitted to a bedroom door was broken. The door would not close automatically in response to the fire alarm so anyone using the room was not protected in the event of a fire. Also the kitchen was not in a clean and hygienic state. You can see what action we told the provider to take at the back of the full version of the report.

People were protected by safe arrangements for staff recruitment. Staff were knowledgeable about safeguarding issues, how to recognise potential abuse and the reporting procedures to follow.

There were enough staff to provide safe care for the people who lived at the home.

People received their prescribed medicines when they needed them and they were supported to maintain good health. Risks associated with people's health and care needs were assessed and plans put in place to manage them.

Training for staff provided them with the skills and knowledge they required to meet people's needs. Staff were supported to do their jobs well.

People were offered choices at mealtimes and assistance when they needed it to ensure they ate and drank enough and had a balanced diet.

The manager and staff understood their responsibility under the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

People were supported to have contact with healthcare professionals.

The premises had been designed and adaptations made to take into account people's individual needs

Staff were caring towards the people living at the home. Staff knew people well and how best to care for them and encouraged their views about how they were cared for. We observed one person's privacy was not respected while we were at the home.

People were supported to make decisions regarding the care they received.

People took part in activities which reflected their interests and needs.

People and their representatives had opportunities to complain. People's views of services managed by Providence Linc United Services (PLUS) were invited and listened to. The provider carried out a range of audits to ensure the services were managed properly and people's needs were met.

# Summary of findings

## 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 safe. People were at risk because equipment was not properly maintained or sufficiently clean.

Medicines were managed safely and people received them when required.

Staff were knowledgeable about safeguarding people from abuse and the action to take if they felt they were at risk.

The risks associated with people's health and care needs were assessed and plans put in place to manage them.

There were enough staff to provide safe care for the people who lived at the home.

Requires improvement



### Is the service effective?

The service was effective. People were offered choices at mealtimes and assistance when they needed it.

The manager and staff knew their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People were supported to have contact with healthcare professionals.

The premises had been designed and adaptations made to take into account people's individual needs.

Good



### Is the service caring?

The service was caring. Staff generally treated people kindly, with patience and respect.

Staff knew people well and understood their likes and dislikes.

People were supported to make decisions regarding the care they received.

Good



### Is the service responsive?

The service was responsive. Care plans were reviewed when people's needs changed, for example after a period of ill health.

Staff understood people's cultural backgrounds and provided activities which reflected them.

People could make complaints and they were properly investigated. The provider encouraged people who used services to contribute their views.

Good



### Is the service well-led?

The service was well led. There was a range of audits and checks to make sure the home was meeting the provider's standards.

Good



## Summary of findings

People were involved in the management of the organisation.

The manager sent appropriate notifications to the Care Quality Commission.

# Elwis House

## 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 28 October 2015. One inspector carried out the inspection. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well

and improvements they plan to make. We also looked at notifications sent to CQC. A notification is information about important events which the service is required to send us by law.

During the inspection we met all of the people who lived at the home. We spoke with one of the people and observed interactions between staff and people. We spoke with the manager, three care staff and the deputy head of service.

We looked at the care records and medicines records for all the people living in the home. We looked at other records relating to the management of the service, including policy and procedure documents. After the inspection we requested and received information about staff meetings and training and quality monitoring.

# Is the service safe?

## Our findings

Some aspects of the home were not safe so people were not always protected from risks associated with an unsafe environment. A bedroom door was being held open by a cardboard wedge and as this was a fire door this would not protect the occupant from fire. We were told the wedge was in use because a device which held the door open, and closed it when fire alarms were activated, was broken. The door was kept open to enable people who used wheelchairs easy access to the room. Although the fault had been reported to the owners of the building no date had been set for the device to be repaired or replaced.

Standards of cleanliness and repair were not maintained. The kitchen had damaged areas including drawer fronts and cupboard doors, and the cooker hood and tiling were visibly dirty. We were told that the owners of the building planned to refurbish the kitchen but a date for the work had not been agreed.

This is a breach of Regulation 15(1) (a) and (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.

People were protected from abuse. and one of the people living at the home said staff treated them well. Staff understood the needs of the people who lived at the home and showed commitment to keeping them safe. A staff member told us that any kind of mistreatment of people “is not tolerated here.” The staff were knowledgeable about how to recognise signs of potential abuse and how to follow the provider’s safeguarding adults reporting processes. There was a whistleblowing procedure available for staff to use and they knew their responsibility to report concerns about poor or abusive practice. They felt confident the manager and provider would follow up allegations of abuse. A financial check was conducted every three months by an independent auditor to ensure the safety of financial processes and that people were protected from the risk of financial abuse.

Staff assessed situations arising from people’s care needs that put people at risk and put measures in place to minimise the risks. People were protected from the risks associated with developing pressure ulcers. A specialist tissue viability nurse provided advice for staff and visited weekly. Equipment was provided and staff had received training in safe care practices. Staff wrote care plans which included care routines to ensure people’s safety. For example the person was assisted to turn regularly to relieve pressure on vulnerable areas of their body.

There were enough staff to care for the people living at the home and to meet their needs. Two staff members were on duty throughout the day and evening. At night time one staff member slept in the home. Staff could use the provider’s 24 hour ‘on call’ system to request advice and guidance from a senior member of staff.

The provider had safe staff recruitment procedures which protected against unsuitable staff working with people. The PLUS recruitment procedure was designed to assess the candidates’ suitability for the roles to which they were applying. The process included checking a person’s identity, work history, face to face interviews, and taking up checks and references before the person began work. Two references were requested, including from a previous employer and a check conducted by Disclosure and Barring Service was made to verify they had not been identified as unsuitable to work with vulnerable people. New staff passed their probationary period before they were confirmed in post.

People received their medicines safely as prescribed by the GP. The medicine administration records (MAR) were in good order. Staff understood the reasons why the medicines were prescribed and recorded each time they gave them to people. Staff had observed a change in a person’s condition as a result of a medicines they were prescribed. They informed the GP so could take it into account during the regular medicines reviews. Medicines were stored safely so no one had unauthorised access to them.

# Is the service effective?

## Our findings

People were supported by staff who were trained to meet their needs. A member of staff told us they had received useful training from the provider since working for them. Mandatory training included a range of health and safety courses such as safe moving and handling, fire awareness, food hygiene, infection control and first aid. In addition, staff had training to meet the specialist needs of the people who lived in the home. For example, supporting people with eating and drinking, nutrition and diet, autism and epilepsy. Staff completed 'refresher' training to ensure they were up to date with safeguarding and first aid.

People were cared for by staff that were skilled and knowledgeable. Staff were supported in their work so they could provide good care for people. The manager held individual supervision meetings with staff. Staff told us that if they had concerns and issues they wanted to discuss between formal meetings they could do so. The manager had arranged to carry out staff appraisals in January 2016 so their achievements could be recognised and their future development needs assessed.

People were protected because the manager knew their responsibilities under the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Applications had been made for DoLS for the people living at the home. Staff acted in line with the principles of the MCA. If people were assessed as not having capacity to make important decisions, meetings were held with relevant people to make decisions in their 'best interests'.

Staff prepared meals to meet people's needs. Staff assessed people's nutritional needs and provided meals which were appropriate for them. One person told us they decided their menu each week and chose the meals they ate. Staff sought advice from a speech and language therapist to ensure the specialist needs of a person were met. They provided food at the recommended texture and consistency and provided individual support to eat meals.

People were assisted to take part in food and drink preparation whenever possible. Kitchen equipment was adapted for people with disabilities and there were 'talking' weighing scales and a 'talking' microwave oven to assist people. It was planned that the kitchen would be adapted with adjustable height units so people could play a greater part in food and drink preparation.

People's health care needs were addressed. People had contact with their GP and healthcare specialists as required and there was effective working with them to meet their individual needs. Specialists including district nurses, speech and language therapists, and hospital consultants had worked with staff to assess and plan for people to receive care that reflected their health needs. Their advice and recommendations were taken into account in care planning and we saw that staff implemented the plans in their work, for example the arrangements around helping a person to eat were followed during our visit. Each person had a health action plan in place describing their individual needs so if they needed to, for instance go to hospital, all of the important information was available to continue providing effective care.

The premises had been designed and adaptations made to take into account people's individual needs. There was level access throughout the home and garden and doorways were wide enough to allow easy access for wheelchair users. Toilets and bathrooms had equipment suitable for people with mobility needs and one of the bedrooms was fitted with an electric hoist. Equipment was provided to allow people to maintain independence skills. For example the front door was fitted with a push button control and there was an adapted telephone so a person could independently call people who were important to them.

# Is the service caring?

## Our findings

People received a service which was caring and respectful. The majority of interactions we observed between people and staff were warm and respectful. However we observed one instance when this was not the case. A member of staff spoke with a person about a personal matter in front of us. We felt this was not necessary and compromised the person's dignity and privacy. We informed the manager about this during the inspection.

People were cared for and one person told us they were content, saying "I feel happy in this place." They said they liked the cafes and shops near to Elwis House and enjoyed having chance to go to them.

Staff enabled people to have private conversations with visitors when they wished to do so. People had their own bedrooms and when people were able to give permission to enter their rooms staff knocked and waited until they did so. For other people who were unable to respond staff knocked on people's doors and announced their presence before entering their rooms.

Staff knew people well and were familiar with their backgrounds and needs. Staff we met had worked for the provider for at least four years and were very familiar with and to people who lived at Elwis House. Staff knew their histories and needs well and people were comfortable with them. Staff told us they enjoyed their work and felt caring towards the people living at Elwis House.

Whenever possible people were involved in making decisions about their care. If people were unable to express their views verbally efforts were made by staff to involve their representatives in care planning meetings, or when necessary in best interests meetings. Staff were familiar with people's communication methods. They paid attention to people's facial expressions and body language to help them understand their feelings and help them. One person attended a self-advocacy group called the 'speaking up' group and this gave them skills and a forum to express their views.

People were assisted to maintain relationships with their relatives and other people important to them. Staff supported people to visit their relatives and to contact them by telephone. Relatives were encouraged to visit when they wished and encouraged them to participate in social events carried out at the home, such as barbeques and birthday celebrations.

People and staff were supported when they experienced a bereavement of a person who used to live at home. People and staff talked about people who used to live at the home fondly. Photographs of the people were available and it was recognised that they had a place in the history of the home. Counselling services were available for any people or staff who needed additional assistance in dealing with their loss.



# Is the service responsive?

## Our findings

People's care was responsive to their needs. People and their relatives had the opportunity to contribute to assessments and reviews of care and have their wishes reflected in the plans. Staff assessed people's needs and reviewed them to take account of changes in their conditions. Guidelines and plans were written to help staff meet people's needs and be consistent in the way they provided care. Individual support plans were reviewed regularly and in response to people's changing needs. Professionals involved with people were invited to be part of the discussions and their views were taken into account. Records showed that specialist advice was included in the care planning. For example, advice from a speech and language therapist about how to support safely a person with meals was included in a care record.

People had opportunities to join in activities that reflected their interests. One person worked part time in a baking project managed by the provider and told us they enjoyed going to work. Some people went to a social club where they had the opportunity to meet and socialise with other people. One person attended a discussion group and also went bowling. When we visited one person had been out for lunch with a member of staff and had been out walking in the local area. Another person was relaxing and watching television.

Staff assisted people to achieve their goals. When people expressed a wish for something staff worked with them and

the organisation to make it possible. For example one person told staff where they wanted to go on holiday in 2016 and staff were planning to ensure the person achieved it.

Staff were knowledgeable about people's cultures and they assisted people to experience them. One person was served meals which reflected their culture and tastes. They also had the opportunity to eat culturally appropriate meals when they attended a day centre for members of their community. This also gave them chance to meet and socialise with people from their community.

People and their representatives had opportunities to complain. The provider had a complaints procedure and an 'easy read' version of the complaints policy was available. One person told us they knew how to complain and would feel comfortable talking to staff or the manager about anything that made them unhappy with their care. Staff knew people well, were aware of their communication methods and were sensitive to people's moods. This would assist them in observing if people were unhappy with any aspects of their care. One complaint had been received in the last year. The issue was investigated promptly and a response sent to the complainant with which they were satisfied.

The provider ensured that people who used services had opportunities to express their views. Each year people and their relatives or representatives were asked to complete a satisfaction survey to give their views about the quality of the service.

# Is the service well-led?

## Our findings

The provider had a range of audits to check on the quality of the service provided for people. A senior manager visited the home at least every two months and carried out quality checks. The visits included spending time with people who lived and worked at the home, checking the building and sampling records to ensure they met the provider's quality standards. A report was produced which highlighted and gave a timescale for actions to improve the quality of the home. The deputy head of service carried out a quality visit on the day we were at the home. They were familiar with and to people who lived at the service. A manager from another service audited health and safety systems annually. Areas identified as requiring attention were highlighted and timescales set for action. Regular tests and checks were carried out to ensure the on-going safety of the premises.

People were the focus of the home and a staff member told us "It's their home" and that the routines were set around people's needs and wishes. For example staff rotas were arranged to ensure enough staff were available to support people to their activities and appointments.

The manager of the home was registered shortly after our visit so this met a requirement of the registration of the home with the Care Quality Commission (CQC). The manager sent appropriate notifications to the Care Quality Commission.

People who use services were given opportunities to be involved in the management of the provider's services. For example, staff recruitment included a person who used a PLUS service as part of the interview panel so that their views contributed to decisions making. Also the provider had a 'shadow management board', made up of people who used services and staff members. They contributed to the creation of the business plan and the overall monitoring of the organisation. One of the people living at Elwis House was a member of the shadow management board and told us they enjoyed it.

People were familiar with and to the staff team at Elwis Road which was stable and had little turnover. Staff told us they found the manager and the organisation generally "supportive". One told us they felt their views were listened to and they were appreciated, they said "It's a pleasure coming to work."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment</p> <p>Regulation 15(1) (a) (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment.</p> <p>How the regulation was not being met:</p> <p>People who use services and others were at risk because equipment was not properly maintained or sufficiently clean.</p> <p>Regulation 15 (1) (a) (e)</p>