

# Elite Care Homes Ltd

# Moseley Gardens

## Inspection report

98 Moseley Road, Birmingham B12 0HG  
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Website:

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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



### Overall summary

The inspection took place on 5 January 2016 and was an unannounced inspection. At our last inspection on 24 June 2014 we found the provider had not ensured that people were protected from the risk of unsafe care because accurate records had not been maintained. The provider sent us an action plan detailing the improvements that would be made. At this inspection we found that the provider had not made all the improvements needed.

Moseley Gardens provides accommodation and care for up to eight people with a learning disability. At the time of our inspection there were four people living at the home.

There was a registered manager in post and they were available throughout our inspection. 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 had management systems in place to assess and monitor the quality of the service. These were not always effective to ensure the quality and safety of the service was promoted and that risks to people's safety were mitigated.

# Summary of findings

People had not always been protected from potential risk to their safety and wellbeing.

People received flexible and responsive care because they were supported by sufficient numbers of staff.

People were supported to receive their medication as prescribed because the provider had effective systems in place.

Not all staff had received all the training needed so that they could carry out their role effectively.

Staff sought people's consent before providing care and support. Staff understood the circumstances when the legal requirements of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS) should be followed.

People were supported to have food that they enjoyed and meal times were flexible to meet people's needs.

People were supported by staff that were kind, caring and respectful and knew them well.

People were treated with dignity and respect and were encouraged to develop their independent living skills.

People were encouraged to pursue their interest and hobbies so that they did the things that they liked.

# 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 always safe.

Risks to people was not always appropriately assessed.

People were protected from the risk of harm and abuse because the provider had effective systems in place and staff was aware of the processes they needed to follow.

People were supported by adequate numbers of staff on duty so that their needs would be met.

People received their prescribed medicines as required.

Requires improvement



### Is the service effective?

The service was not always effective.

Arrangements in place did not ensure that staff had received the training to meet people's needs.

People's rights were protected because staff understood the legal principles to ensure that people were not unlawfully restricted and received care in line with their best interests.

People were supported with their nutritional needs.

People were supported to stay healthy.

Requires improvement



### Is the service caring?

The service was caring.

People were supported by staff that knew who were caring.

People's dignity, privacy and independence were promoted and maintained

People were treated with kindness and respect.

Good



### Is the service responsive?

The service was responsive.

People were supported to engage in activities that met their needs.

People were supported to maintain relationships with their relatives.

Procedures were in place for people and relatives to voice their concerns.

Good



### Is the service well-led?

The service was not always well led.

The provider had systems in place to assess and monitor the quality of the service but these had not been effective.

Requires improvement



# Summary of findings

Staff were supported and guided by the management team.	
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# Moseley Gardens

## 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 05 January 2016 and was unannounced. The inspection was carried out by one inspector.

When planning 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. 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 contacted the local authorities who purchased the care on behalf of people to ask them for information about the service.

We spent time with all four people living at Mosely Gardens. Some of the people had limited verbal communication and were not always able to tell us how they found living at the home. We saw how staff supported people throughout the inspection to help us understand peoples' experience of living at the home. As part of our observations we used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us.

We spoke with the registered manager, team leader and six care staff. We spoke with three relatives of people and one health care professional by telephone. We looked at the care records of two people, the medicine management processes and records maintained by the home about recruitment and staff training. We also looked at records relating to the management of the service and a selection of the service's policies and procedures, to check people received a quality service.

# Is the service safe?

## Our findings

Some people living at the home were assessed as at risk of drinking items that could be hazardous to them. We saw that items that could be a risk to people were not stored securely. We saw bleach and cleaning fluids stored in the laundry and the room had been left open for several hours. We brought this to the attention of the registered manager who took action to secure the room and told us that the room should be kept locked to prevent the risk of harm to people.

One person told us, “I am safe but it is noisy at times and I don’t like that”. The person told us that they would speak to staff if they were concerned about anything. Most of the people living in the home were not able to tell us if they felt safe and if their rights were protected. Staff told us that they knew how to support people so that risks were managed. We saw that staff were always present in communal areas to support people. We saw that staff acted in an appropriate manner to reassure a person when one of the people living there was unsettled. We observed that people were comfortable around staff. Staff told us that risk assessments were in place for them to follow. A staff member told us, “I read the risk assessments so we know what to do. For example, some people required two staff to support them when they go out on activities”. We saw that when people were supported to go out this was followed.

Staff we spoke with told us that they understood their responsibility to keep people safe and told us that they had received training to do so. Staff were knowledgeable about the types of potential abuse and gave examples of the types of things they would consider to be unacceptable. Staff told us that any concerns they had would be passed onto the manager. A staff member told us, “I would report any concerns to the manager. If they didn’t do anything I would report to the local authority or CQC”. There were procedures in place about protecting people from the risk of harm for staff to refer to. Records we hold showed us that the provider reported concerns as required and referrals were made to the appropriate authority.

We saw that staff were available to respond to people’s request for care when they needed it. There was enough staff to enable people to do things that they liked. We were told and records confirmed that during the day there were sufficient staff on duty so that people could participate in in house activities and trips out in the community. Everyone

spoken with told us that there were enough staff to meet people’s needs. Staff told us that on some occasions staffing levels drop if staff are off sick. They told us that managers do try and get all shifts covered. The registered manager told us that they were allocated hours of care based on each person’s assessed needs and staff were employed in line with those hours. This ensured that sufficient staff were available to meet people’s needs. The manager told us that they were in the process of building up a reserve of regular bank staff to support the staff team and cover for unplanned staff absence and annual leave.

Staff knew the procedures for handling emergencies such as medical emergencies. Staff told us that there was always a senior staff member on duty who was available to support and advise in an emergency. A staff member told us, “The managers are always on call evening and weekends. I feel we get the support we need”.

Staff told us that all the required recruitment checks required by law were undertaken before they started working. Staff records we looked at confirmed that all required checks had been undertaken. This included Disclosure and Barring Service checks (DBS), these are checks that are undertaken to ensure that staff do not have any relevant criminal offences that would prevent them from providing care and support to people that use services.

One person told us that they received their medicines on time. Staff spoken with were aware of how to support people with prescribed medication that could be taken as and when necessary and we saw that individual protocols were in place to help staff to do this. Staff told us that everyone that lived at the home had an annual medication review or their medication reviewed when their needs changed. A staff member told us, “All staff receive medicine training. However It is only senior staff who give out the medicines”.

We saw that administration records detailing when people had received their medicines had been completed by staff. We checked daily records of two people and counted the medicine that confirmed people had received their medicine as prescribed. Some people required medication on ‘as required’ basis. Guidance was available for staff to refer to when people would need their ‘as required’ medicine and staff spoken with confirmed they knew when these medicines would be given. A staff member told us, “I know when [Person’s name] is getting agitated and some of

## Is the service safe?

the triggers. It is always senior staff or the manager who would approve PRN (as required medicines)". The

registered manager told us that the storage arrangements for medicines were in the process of being improved. The current location of medicines did not ensure that correct temperature control for medicines could be maintained.

# Is the service effective?

## Our findings

One person told us, “I like the staff”. A relative told us, “Although there has been some staff changes there are still staff that know [Person’s name]. I think that they are happy and well cared for”. Another relative told us that the staff changes had caused some disruption for their family member.

Some staff told us that they were waiting on training in specific areas so that they had the skills and knowledge to support people safely. Some people had behaviour that challenged others. We were told at times they were restrained to keep them or other people safe. Not all staff had received training in the Management of Actual or Potential aggression (MAPPA). A staff member told us, “I need to do MAPPA training”. Another staff member told us, “I would like to do some autism training so I understand people’s needs better”. The registered manager told us and showed us records to confirm that staff training was being scheduled so that staff received the training they needed. Staff told us that there had been lots of staff and management changes and this had been unsettling for the home. However, all the staff we spoke with told us that they could approach the team leader and registered manager if they needed to.

A staff member told us. “I had an induction it included training at the head office. Then I shadowed experienced staff. I feel I am working alongside staff who know people’s needs well and the staff support me”. Another staff member told us, “I enjoy the job and would like to learn more.” We asked the manager about the Care Certificate for new staff. This is a framework for good practice for the induction of staff and sets out what they should know before they can care for people supervised. He told us that this was not currently in place but he would take action to ensure that any new staff’s induction complied with this.

We saw staff cared for people in a way that involved them in making some choices and decisions about their care. For example, what they wanted to do, where they wanted to go and what they wanted to eat and drink. 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). 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 were being met. The registered manager told us that they had made application to the local authority and were waiting on assessments to take place. We saw records confirming that these applications had been made to the local authority.

One person told us that they could see the doctor if they were not well. They told us that they went to the dentist and opticians for check-up appointments. A relative told us that sometimes they had to remind staff that their relative needed to see a doctor. Records showed that people had been supported to attend some medical appointments including optician, GP and consultant appointments. The registered manager told us that they had recently made referrals to specialist services for people where they had identified that this input was needed. For example, to advise with managing behaviour that could be challenging. There were no care plans in place on specific healthcare needs although staff that we spoke with had an understanding of people’s healthcare needs. These would inform staff how to support the person to meet their healthcare needs consistently. People had Health Action Plans (HAP) in place. However, these had not been kept up to date to show how current health care needs had been met. (HAP tell you about what you can do to stay healthy and the help you can get. The Department of Health says that all people with a learning disability should have a HAP).

We saw that people were supported to access drinks, snacks and meals. One person told us, “I like the food I love chips. I sometimes help staff in the kitchen”. Staff were aware of each person’s individual eating and drinking needs and preferences and what people’s food likes and dislikes were. One person told us that they liked “Pies” and smiled when we asked them if they enjoyed their lunch. We saw that there was a menu in place on display and this included some pictures so it was easier for people to understand. We saw that staff were present during the meal time to offer support and assistance to people.



# Is the service caring?

## Our findings

We saw that the interactions between people using the service and staff showed they had a good relationship. Conversations between people and staff were friendly and inclusive. We saw staff sit and spend time talking to people and spending time doing activities. For example, we saw staff spend time doing drawing and writing activities which the person told us they enjoyed doing.

We saw that there was some information available to people in accessible formats so that they could make choices and make decisions about their care. For example, about activities and food choices. We saw that staff supported people to make decisions about their care. One person chose to spend their time in their bedroom another person was preparing to go out on an activity and then changed their mind and said they wanted to stay at home and staff respected this decision.

One person was anxious and needed some reassurance. We saw that a staff member sat with the person and reassured them and tried to reduce the level of their anxiety. They offered them activities to do and responded to the person's request.

People's privacy and dignity was promoted. People had their own bedroom so that they could spend time in private if they chose. We saw that staff spoke with people respectfully and personal care was delivered in private. A staff member told us, "We always respect people's privacy and make sure that personal care is provided behind closed doors". We saw that some people were supported to be independent and develop their self-help skills. For example we saw that people were supported to help make drinks and return crockery to the kitchen after meals. We saw staff supported a person to vacuum the lounge. One person told us that they looked after their own bedroom and kept it clean. A staff member told us, "I always encourage people to do as much as they can for themselves. We encourage them to make decisions about what they want to do". A relative told us, "The staff seem caring and [person's name] always looks well cared for when we visit".

We saw that people looked cared for and had been supported to dress in individual styles that reflected their age, gender and personality. Staff told us about one of the people who always liked to dress well. Staff recognised the importance of this and spoke very fondly about how the person was supported daily to dress well. This showed that staff recognised the importance of how people looked, to people's wellbeing and self-esteem.

# Is the service responsive?

## Our findings

One person told us that they could get up when they wanted and that they could choose what they wanted to do. We saw staff offering one person assurance when they became anxious. We saw staff responded quickly to people that needed care and support. Staff were able to tell us about people's likes, preferences and important people in their life.

The registered manager told us that he was in the process of ensuring that the key worker role was more effective. Some staff knew people well and some newer staff were in the process of getting to know people and building up a relationship. The registered manager told us that the key worker role would be developed within the service so that people received care that was personalised and responsive to people's needs. They would be matching staff to people and ensuring that staff were clear about the role and what it entailed. A key worker is a system where a member of staff works with and in agreement with the person they are assigned to. The key worker has a responsibility to ensure that the person they work with has maximum control over aspects of their life.

We saw that people were supported to do things that they enjoyed. One person was supported to visit the airport to watch the airplanes take off and land. Another person was supported to go to the local shop to buy some snacks. We saw in their care records that this was an activity that they enjoyed doing daily and this had been followed through by staff. One person was supported to do some drawing and number work and they told us they enjoyed doing this. Staff told us and records showed that people were supported to access community facilities including the cinema, bowling and local parks and shops. Staff told us that one person had applied to renew their bus pass and they were supported to use public transport. The registered manager told us that now that more people were living at the service there were plans in place to upgrade the home's

transport. He told us that a larger vehicle would be provided so that request to activities could be responded to and to ensure the vehicle could accommodate people and the staff supporting them safely.

A relative told us that they were pleased that the staff were exploring training and educational options for their family member. Staff told them that their relative had been to a recent college open day and they hoped that some opportunities would develop from this.

We saw that people were free to practice their faith and religion as they wished. One person showed us information they had received from the mosque including a magazine and prayer timetable. They told us, "I like to go to the mosque the staff take me". A staff member told us, "I think we support people well with their cultural needs. We observe all the traditions and can meet these needs well".

People were supported to stay in touch with their family and people important to them. We saw staff support a person who wanted to telephone a family member. When the family member wasn't available to take the call we saw that staff supported the person's request to try at different times throughout the day. Relatives told us that staff supported their family member to maintain contact with them. Relatives told us that they were made to feel welcome when they visited the home.

One person told us, "I would tell the staff if I am not happy". Staff told us that they were confident that if there were any complaints, the manager would respond to them appropriately. Staff told us that they recognised changes in people's body language and behaviour which may be an indication that people were unhappy about something so that they could respond appropriately. Relatives told us that they knew how to raise concerns if they needed to. In the event of any complaints being raised, there was a system in place to identify, capture and investigate complaints.

# Is the service well-led?

## Our findings

At our last inspection on 24 June 2014 we found the provider had not ensured that people were protected from the risk of unsafe care because accurate records had not been maintained. The provider sent us an action plan detailing the improvements that would be made. At this inspection we found that the provider had not made all the improvements needed.

Regular audits were completed, for example health and safety, care records and medicine management. This showed that the provider had procedures to monitor the service. However, the providers systems had not ensured that where quality or safety was compromised that these matters were responded to appropriately and without delay to ensure the safety and wellbeing of people living at the home. The provider did not have an effective system to ensure that records were well maintained. We found that records relating to people's care and treatment was not always well maintained and up to date. For example, risk management plans did not show that incidents had been fully analysed and steps taken to mitigate risks to people. The provider did not have an effective system to ensure that records were up to date and provided staff with the information they needed to support people in the way they needed. For example, records were not always maintained to show the reason why some medicines were given on an as needed basis. Care plans were not always reviewed and updated when people's needs changed. There were no care plans in place on specific healthcare needs. These would inform staff how to support the person to meet their healthcare needs. We found that health and safety audits and infection control audits had not identified that systems in place were not being followed through in practice. We saw that soiled clothing was left on the laundry floor and handwashing dispenser in the communal bathrooms were not replenished to ensure hand hygiene was maintained. The providers system to identify and respond to maintenance issues were not effective. Some relatives that we spoke with told us that maintenance matters were not always dealt with promptly. We saw that worn and damaged furniture had not been replaced. For example, we saw the sofa in the lounge was damaged and part of the covering had been removed. The building had not been maintained and emergency repairs had not been dealt with promptly. For example we saw, that a broken glass window pane was boarded with wood and staff told us that it had

been in this condition for a few weeks. This posed a safety hazard to the people that used the service. Some people living at the home were at risk of drinking items that could be hazardous to them. We saw bleach and hazard items had not been stored safely. This was a breach of regulation 17 Health and Social Care Act 2008 ( Regulated Activities ) Regulations 2014. The provider had not ensured that the systems and processes in place had been operated effectively so that the quality and safety of the service was promoted and that risks' to people's safety were mitigated.

We were told that the provider's representative completed a quarterly report on the service. These were not available for us to see during the inspection. However, the registered manager agreed to send the last report to us and we received this information as requested. The report dated November 2015 highlighted some of the areas that we had identified as needing improvement. An action plan was in place and showed that improvement to the environment would be made by the end of February 2016.

One person told us that they were happy living at the home and they knew who the registered manager was and could speak with them if they wanted to. Relatives that we spoke with told us that there had also been a lot of staff and management changes at the service which had impacted on their family members care. A healthcare professional told us that the management and staff changes at the service had meant their recommendations were not always followed through consistently. A relative told us that they had not been satisfied with aspects of their family members care. The registered manager had agreed to arrange a meeting with relevant people so that a review of the person's care could take place.

The service had experienced a period of instability with a number of manager changes in the last few years. A new manager for the service was appointed in May 2015 and was registered with us. This meant the provider had met their legal responsibility to have a registered manager in place as this was a condition of their registration. The registered manager told us that they were in the process of making improvements to the service. This included ensuring that a stable staff team was established and that staff received the training and support they needed to carry out their role. An incident reporting procedure had been implemented. We saw that the registered manager was visible in the home and spent time talking to people and staff.

## Is the service well-led?

Staff told us that the registered manager and team leader was helpful and approachable. Staff told us about some of the improvements that had been made. This included changes to the management of the rota so there was greater flexibility for people to take part in activities. A staff member told us, “We now record incidents in more detail we fill out a report. This was needed as it is much better now”. Staff told us that regular meeting were taking place and this provided an opportunity to discuss the service. Some staff told us that they needed a dedicated staff working area for handovers and meetings to take place. The provider told us that this was in progress and would be provided.

The registered manager told us that they planned to implement a system for gathering feedback and this would include sending out surveys to people, their relatives and

healthcare professionals to capture their views about the service and to inform areas that required improvement. The registered manager told us that they had taken action on addressing staff performance and where needed disciplinary procedures had been followed.

The provider had met their legal requirements and notified us about events that they were required to by law. This showed that they were aware of their responsibility to notify us so we could check that appropriate action had been taken.

Before the inspection we asked the provider to send us a provider information return (PIR). This is a report that gives us information about the service. This was returned to us completed and within the timescale requested. Some areas for improvement had been identified in the PIR.

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 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The provider had not ensured that the systems and processes in place had been operated effectively so that the quality and safety of the service was promoted and that risks' to people's safety were mitigated.</p>