

Coventry City Council

Elsie Jones House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Elsie Jones House is a 'housing with care' scheme. People live in their own flats and have tenancy agreements with the landlord. The provider, Coventry City Council, is registered to provide personal care to people who live at Elsie Jones House.

The personal care and support people require is provided at prearranged times by a team of staff who work at the scheme. There were 23 people living at Elsie Jones House at the time of our inspection visit, 21 people required assistance with personal care.

At the last inspection in August 2015 the service was rated Good. At this inspection we found the service remained Good.

The inspection took place on, 27 and 28 September 2017 and was announced. We told the provider before the visit we were coming so they could arrange for us to visit people who lived at Elsie Jones House and so they could arrange to be there.

A requirement of the provider's registration is that they have a registered manager. There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC 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 registered manager had responsibility for managing two of the provider's 'housing with care' services in the Coventry area.

People continued to receive care which protected them from avoidable harm and abuse. Where people had risks associated with their care measures were in place to help reduce these risks. People who required assistance to take their prescribed medicines were supported by staff who had received training to do this safely.

There was enough staff to allocate all the visits people required and to meet people's needs safely. Recruitment checks were completed on new staff to ensure they were suitable to support people who used the service. Staff had regular checks on their practice to make sure they continued to support people safely.

People were provided with care which continued to be effective in meeting their individual needs. Staff received regular training that provided them with the skills and knowledge to support people's needs. The registered manager and staff understood the principles of the Mental Capacity Act (MCA). Staff respected people's decisions and gained people's consent before they provided personal care. When needed, arrangements were in place to support people to have enough to eat and drink and remain in good health.

People were visited by a team of regular staff that they knew and who they said were kind, caring and respected their privacy and dignity. Staff arrived around the time arranged and stayed long enough to do

everything that was needed without having to rush. People said the support they received helped them to live independently in their own home.

The service remained responsive to people's needs and wishes. People were provided with care and support which was individual to them. Managers and staff had a good understanding of people's individual needs and preferences. People's care and support needs were kept under review and staff responded when there were changes in these needs. People knew how to raise concerns and were confident these would be responded to.

The service was well led. Management and staff told us there was good team work and that all staff worked well together. Staff said they received good support from the management team and that senior staff were always available to give advice. Staff understood their roles and responsibilities and had regular supervision and observations of their practice to make sure they carried these out safely. There continued to be effective and responsive processes for assessing and monitoring the quality of the service provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Elsie Jones 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 checked 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 comprehensive inspection was carried out by one inspector over two days. We visited people who used the service on the 27 September 2017 and visited the office to speak with the registered manager and staff, and view paperwork on the 28 September 2017.

Prior to the inspection the provider had been asked to complete a Provider Information Return (PIR). This form asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the PIR was an accurate reflection of the service.

During this inspection we reviewed the information we held about the service. We looked at the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority commissioners to find out their views of the service provided. Commissioners are people who contract care and support services paid for by the local authority. They had no information to share with us.

During our visits we spoke with nine people who used the service, one relative, the registered manager, the assistant manager, and five care staff. We reviewed four people's care records to see how their care and support was planned and delivered. We looked at four staff recruitment files, staff training records, records of complaints and records associated with the provider's quality checking systems.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. The rating continues to be Good.

People told us they felt safe with the support they received from the service and with the staff who visited them. Comments from people included, "Yes I feel very safe and secure here. There is always staff if I need them and I have a call system and a wrist alarm for emergencies."

Assessments of people's care needs were completed when the service started that identified any potential risks to providing their care. Plans were in place to provide staff with guidance about how to reduce identified risks to the care and support people required. For example, where people had restricted mobility and were at risk of skin damage, risk assessments informed staff to monitor people's skin and detailed what action to take if they noticed any changes. People we spoke with confirmed staff regularly checked their 'at risk' areas during personal care and reduced the risk of skin damage by applying prescribed creams when required. Staff had completed 'react to red' training so they knew how to identify changes in people's skin and knew to refer concerns to the district nurse or GP.

Staff knew how to keep people safe and protect them from avoidable harm and abuse. All staff had completed safeguarding training to make sure they knew how to recognise signs of abuse. Staff told us they would report any suspicions or concerns to the management team. A staff member told us, "If I was concerned about anyone I would let the seniors or the manager know. They would check it out and refer it to social services." Another told us, "I have no concerns but if I did I would report it straight away. We know about whistle blowing and I would report any concerns about staff practice." The managers understood their role and responsibilities in reporting and dealing with safeguarding concerns to make sure people remained safe. Records showed the managers reported any safeguarding concerns to the local authority and to us as required.

The provider's recruitment process continued to ensure risks to people's safety were minimised. Records confirmed, Disclosure and Barring Service (DBS) checks and reference checks were carried out prior to employment to ensure staff were suitable to work with people who needed care and support. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use care services.

The managers and staff told us there was enough staff to provide the care and support people required. There was a regular team of staff that visited people; staff we spoke with knew people's needs and how to support them. The assistant manager told us, "We are lucky to have such good staff retention; there is not a high turnover of staff. We also have a pool of regular relief staff we can use to cover staff absence."

People who required support to take their medicines received these as prescribed. Staff had received training and had been assessed as competent to administer medicines safely. Staff signed a medicine administration record (MAR) sheet and recorded in people's records that medicines had been given to

confirm this. MAR's were checked in people's homes on a weekly basis and audited when they were returned to the office. This was to ensure they were completed accurately and any errors identified in a timely way.

Is the service effective?

Our findings

Staff had the same level of skill, experience and support to effectively meet people's needs as they had at the previous inspection. People continued to make their own decisions and were supported by staff who understood how to protect their rights. The rating continues to be Good.

People said staff knew what care and support they needed to meet their needs and maintain their welfare. One person said, "Yes staff know how to look after me."

The managers and care staff understood the principles of the Mental Capacity Act. They understood their responsibilities to protect people's rights and what to do when someone might not have the capacity to make their own decisions, so these were made in people's best interests. People's consent to care continued to be sought and people's rights with regards to consent and making decisions were respected by staff. The registered manager told us they had applied for 'Best Interest Decision Making' training to support their practice and increase their understanding of this process.

A staff induction and training programme was in place that included courses that were relevant to the needs of people using the service. The provider considered some training as mandatory for staff, this included moving and handling people, safeguarding adults from abuse, and medication training. Staff also completed training in other areas related to people's individual needs, such as dementia care and pressure area management. Following induction training the provider supported staff to complete a qualification in health and social care to increase their knowledge and improve their practice.

Staff told us their knowledge and learning was monitored through supervision meetings with their manager and observations of their practice. The registered manager told us observations of practice was carried out to make sure staff worked in line with the provider's policies and procedures and put their training into practice.

People told us staff supported them to make health appointments when needed. One person told us, "They support me to arrange health appointments and transport for hospital appointments." Staff liaised with district nurses or doctors on behalf of people to arrange appointments or seek advice when required.

Where people were unable to prepare meals staff supported them to do this and made sure people had enough to eat and drink. People had the option of purchasing a lunch from Elsie Jones House every day, if they preferred not to cook a main meal. Everyone we spoke with said staff made sure they were left with a drink before they left. Arrangements were in place to assess and monitor people's dietary needs if this was required.

Is the service caring?

Our findings

At this inspection, we found people continued to have their privacy and dignity upheld by staff who were kind and caring. The rating continues to be Good.

People lived in their own homes so we were unable to observe people's care directly, but people told us their privacy and dignity was maintained. One person told us, "They [staff] always make sure they ring the bell or knock before they enter, they never just walk in." Another said, "I have never had a problem with privacy or anything like that, they are very thoughtful about that." One person told us that staff knocked their door but did not always wait for the person to respond before entering their home, which they would prefer. We discussed this with the registered manager who spoke to the person and advised they would ensure staff did this in future.

People were positive about the standard of care they received and said staff treated them with respect. One person told us, "Staff are very friendly, polite and respectful." Another said, "They are all very respectful and treat me very nicely." A staff member told us, "I love it when people say 'It's lovely to see you', It makes my day."

Staff knew about people's preferences, for example who preferred a bath or a shower, what people liked to eat and drink, and about things which were important to people, like their family. People were satisfied with how staff provided their care, one person told us, "Staff are very polite, and they all know what they need to do." Staff said they had sufficient time allocated to people's care calls which meant they did not have to rush.

People were complimentary about the care staff, one person told us, "The staff are all lovely I would recommend living here to anyone." We asked people if there was anything they would change about their care and support. People's responses included, "No there is nothing I would change, I think it is absolutely marvellous." A staff member told us, "I like to get to know the tenants. I know them all really well, they have built up trust with me and I can tell if they are worried about anything. I try to reassure people and make sure they are relaxed and comfortable."

People told us they were involved in their care and how they would like to receive this. This was evidenced within people's care plans, and through reviews of their care.

Staff understood the importance of maintaining confidentiality, they said they were mindful of talking in corridors and made sure the office door was closed when discussing people's care. Care records in the office were kept safe and secure.

Is the service responsive?

Our findings

We found management and staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

People told us that prior to moving into Elsie Jones House senior staff had spent time with them discussing their care needs and how they wanted to be supported. People's care was then planned from the assessment, and a support plan completed that informed staff what care and support people required. All the people we visited had a support plan in their home for staff to follow.

Elsie Jones House had two short term flats for people who, following a hospital admission, required a period of assessment and enablement before returning home or moving to alternative accommodation. For people who had short term tenancies, usually a period of approximately six weeks, staff worked closely with occupational therapists to support people to regain skills and independence.

Staff told us they had time to read support plans so they had a good understanding of people's care and support needs. Staff told us each person had an 'At a Glance' form in the front of their files so they could quickly see what people's needs, likes and preferences were. Staff also had daily work schedules that informed them what people required on each call and if they needed anything specific, like medication, and pressure area checks.

We looked at staff rotas and call schedules to see how people's care calls were scheduled. These confirmed there was a regular team of staff that provided consistent calls to people at prearranged times.

The managers told us about one person who was living with dementia and how implementing positive risk taking had meant the person could remain at Elsie Jones House. We spoke with the person's relative who told us how the action taken had supported their relative to remain in the environment they knew, this had given the family reassurance the person was safe and well cared for.

People told us they received care and support based on what they needed and in the way they liked. We asked people if they received good care, by staff that they knew. People they told us, "Definitely," and "Staff work on a shift system but we do have the same staff who we know well."

Copies of people's support plans were kept in the office. We reviewed four people's care records. All contained an assessment of needs and a support plan that included how any identified risks were to be managed. Plans were focused on the person, their choices, likes and preferences and included how people liked their care provided. Staff told us support plans were up to date and easy to follow. Plans we looked at had been regularly reviewed and updated when people's needs had changed.

Staff attended a handover meeting at the start of their shift which updated them about people's care needs. The registered manager told us, "We have started a new system for handovers. As well as the face to face

meeting when staff come on shift, we now email a copy of the handover from each shift to all staff." They said this kept staff up to date with any changes since they were last on shift. A record was kept of the meeting to remind staff of updated information and referred them to more detailed information if needed. Staff told us this supported them to provide appropriate care for people.

People had access to a call alarm system, so they could get urgent assistance from staff between scheduled call times if they needed. People confirmed staff responded to call bells. One person said, "I have used it, they came very quickly." People we visited also had wrist or neck pendants so they could alert staff in an emergency if they were unable to access the call alarm.

People and relatives told us they were happy to raise any concerns with the managers or any staff member and were confident they would be listened to. No one we spoke with had any complaints about the service. We looked at the complaints records; this showed there had been no formal complaints in the past 12 months. Three minor concerns had been received which had been responded to in a timely manner. We noted there was no log for complaints or concerns so the managers could quickly identify if there were any common trends or patterns. The registered manager told us they would put one in place.

Is the service well-led?

Our findings

At this inspection, we found the service continued to be well led by an experienced management team who were committed to providing a good quality service. The rating continues to be Good.

There was an experienced registered manager and assistant manager in post who provided consistent leadership for the service. The registered manager had management responsibility for another of the provider's housing with care services within the area, and spent time each week at both schemes.

The registered manager was supported by a management team that consisted of an assistant manager, who deputised in their absence and senior support staff. The registered manager said they received good support from the provider. This included regular management meetings and visits by their line manager, who made themselves available during our inspection visit. The assistant manager told us, "I am very happy with my role and extremely well supported by [registered manager]."

People were complimentary about the service they received and no one we spoke with could think of anything that could be improved. One person said, "There is nothing I can think of that they could improve as there is nothing I am unhappy with."

Staff we spoke with told us they enjoyed working at Elsie Jones House. Comments included, "I love it, I really enjoy my job, meeting different people, helping them and making a difference to their lives." Another said, "All staff work really well together as a team."

Staff were available to support people 24 hours a day and staff said there was a senior member of staff available at all times. One staff member told us, "Any concerns I go straight to the office and speak with the seniors or managers, they are always responsive and available."

There were regular meetings for the management team and staff. Staff told us they were well supported to carry out their roles through regular training, one to one meetings with their line manager, and regular staff meetings.

People's views were gathered in different ways which included quality assurance surveys and meetings with people. Regular tenants meetings took place to update people about any changes and for them to discuss any issues.

The registered manager told us their biggest challenges in the past 12 months had been making sure they could continue to meet people's changing needs and working with other professionals who did not know the service and how it operated. They said, "Some social workers think we are a care home and are here to provide people with 24 hour care, which we are not. They don't always realise people have tenancies and the right to refuse us entry to their flats. This means some people they refer are not suitable to live here due to their complex needs or behaviours."

The management team made regular checks of the quality of the service. For example, care plans were reviewed regularly and MARs were checked to ensure they had been completed accurately and medicines had been given as prescribed. The checks and audits made sure they continued to learn and make improvements to the service. We asked what checks the provider made to ensure people continued to receive safe effective care and to make sure the managers operated in line with the provider's policies and procedures. The registered manager told us, their line manager visited the service and provided individual supervision. They said there was no formal process for provider audits and checks. The registered manager told us they would raise this at their next managers meeting.

The provider, registered manager and assistant manager understood their responsibilities and the requirements of their registration and understood what statutory notifications were required to be sent to us.