Elite Care Homes Ltd

Moseley Gardens

Inspection report

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Date of inspection visit:
24 January 2017

Date of publication:
17 March 2017

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

We inspected Moseley Gardens on 24 January 2017 and our inspection was unannounced. At our last inspection on 05 January 2016 we found that the provider had not ensured that effective systems were in place to assess and monitor the quality of the service. The provider sent us an action plan detailing the improvements that would be made. At this inspection we found that although the provider had made improvements some further developments were needed.

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

There was a registered manager at the service when we inspected. 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.

There were systems and processes in place to assess and monitor the quality and safety of the service. However, further improvements were needed to ensure that these were effective in identifying shortfalls within the service.

People's requests to take part in community activities could not always be met because the numbers of staff and their deployment was not always well managed.

People told us that they felt safe and staff we spoke with were confident that they could identify signs of abuse and would know where to report any concerns. Staff received training and supervision and staff training was monitored by the provider. Staff were recruited in a safe way and employment checks were completed before they started to work at the service.

People had been involved in decisions about their care and received support in line with their care plan. The provider had made appropriate applications so that people's rights could be protected. However, not all staff were aware of what restrictions were in place for people to keep them safe.

People told us that they felt safe and staff we spoke with were confident that they could identify signs of abuse and would know where to report any concerns. Staff received training and supervision and staff training was monitored by the provider.

People were supported to maintain good health and had regular access to healthcare professionals. People received their medicines as prescribed. Arrangements were in place to ensure that people made choices about the food they ate and specialised meals were provided when needed.

People were supported to take part in interests and hobbies that they enjoyed. People who could tell us told

us they could speak to staff if they needed to, and the provider had a system for listening and responding to complaints.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe

People were supported by staff that was effectively recruited to ensure they were suitable to work with people, but the deployment of staff did not always ensure that people's needs would be met consistently.

People were safeguarded from the risk of harm because staff were able to recognise abuse and knew the appropriate action to take.

People were supported to receive their medicines safely and as prescribed.

Is the service effective?

Requires Improvement

The service was not always effective

People were involved in making decisions about their care. They were asked about their preferences and choices and consented to their care where possible. However, some staff were not aware of the restrictions in place that limited their liberty.

People received care from members of staff who were suitably trained and l supported to meet people's individual care, support and nutritional needs.

People were supported to access health care services so that their health and wellbeing was maintained.

Is the service caring?

Good

The service was caring

People were treated in a way that respected their dignity and showed respect.

People received care and support from staff that were kind.

Arrangements were in place to consult with people about their

care.

Is the service responsive?

Good

The service was responsive

Staff supported people to be involved in expressing their views about their care.

The registered manager and staff responded appropriately to comments and complaints about the service.

Is the service well-led?

Requires Improvement

The service was not consistently well led

The providers system to assess and monitor the quality of the service provided was not always effective at identifying shortfalls.

People were happy with the quality of the service and managers and staff were accessible and approachable. Staff told us that they were supported in their role.

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 visit took place on the 24 January 2017 and was unannounced. It was carried out by one inspector.

In 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. We contacted the local authorities that purchase the care on behalf of people, to see what information they held about the service and we used this information to inform our inspection. We looked at the information the provider had sent to us in their Provider Information Return (PIR). A PIR is a document that we ask providers to complete to provide information about the service. We used this information to help us plan our inspection.

We used a range of different methods to help us understand people's experiences. We met all seven people who lived at the services. We spoke with three people some people were less able to express their views so we observed the care and support that they received in communal areas. We spoke with five care staff, a team leader and the registered manager.

We looked at two records about people's care to see how care was planned and delivered. We also looked at records maintained by the home about medicine management, staffing, training, accidents and incidents and the quality monitoring system.

Requires Improvement

Is the service safe?

Our findings

We saw during our visit that there was a lack of organisation around the deployment of staffing. For example, we saw that at times staff were reacting to situations in the service rather than being in a situation where they were able to proactively respond to people's request for care and support. This was because staff were supporting people in different areas of the home. For example, some people chose to be in their bedrooms and some people were in the communal areas of the home. We saw that it was a challenge for staff at times to be in the different areas of the home to respond to people request for support and to minimise any risks to people. We saw an incident where one person living at the service injured another person. The staff took immediate action following the incident to minimise a repeat of the incident. However, the effective deployment of staff to begin with may have prevented the incident taking place. Staff that we spoke with told us that since more people had moved into the service the staffing arrangements at times were not adequate. Staff told us that this had meant that they were not always able to respond to people's request to go out on community based activities and we saw this happen during our visit. We also heard staff cancel a medical review appointment and they told us the reason for this was that there was not enough staff to support the person to the appointment. The registered manager told us that their staffing levels were in line with what the local authority was paying for, but the staffing structure for the service was being reviewed. The registered manager told us that as a result of this review they planned to employ more senior staff who would be responsible for overseeing staff deployment on a day to day basis.

One person told us that they were safe living at the home. They told us, "Yes I do feel safe living here. I am alright". Staff recognised that changes in people's behaviour or mood could indicate that people may be being harmed or unhappy. A staff member told us, "I would report any concerns I had to one of the managers and it would be dealt with". Some staff told us that they had some concerns about people who were physically frail living alongside people who were more physically active. Shortly after our visit some concerns came to light which showed that a safeguarding incident had not been reported as required to a senior staff member or the registered manager. When the registered manager was made aware of the incidents the matter was reported to the local authority. The registered manager told us that all staff were to be retrained in safeguarding to ensure that they were clear about their responsibilities.

We saw that staff supported people at risk of choking to eat safely and supported people to take part in activities in a way that promoted their safety for example, accessing the kitchen with support to make a drink. Staff demonstrated that they knew how to reassure people when needed and had recorded known triggers which caused people to become anxious. Records we looked at showed that people had risk assessments and management plans in their care files which were specific to their care needs, such as the risks relating to their physical health conditions and learning disabilities. These included moving and handling, behaviour management and nutritional risks. The risk assessments detailed what actions staff needed to take in order to reduce any potential risks and how to respond when required. Staff demonstrated that they knew how to reassure people when needed and had recorded known triggers which caused people to become anxious. They knew how to avoid situations which may have prompted certain people to become agitated.

Staff we spoke with knew how to protect people from risks associated with their health conditions and were aware of what action they needed to take in an emergency. A staff member told us," There is always someone on call if you need back up and support in an emergency". Records showed that regular checks of the fire detection equipment and the emergency lighting were completed to ensure that it was fully working in the event of an emergency. The PIR told us that arrangements were in place to ensure that safety checks on all equipment took place and that this included planned maintenance of equipment.

Staff told us that recruitment checks were carried out before they started work. These checks included identity, previous work practices and the disclosure and barring service. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care.

We looked at the systems in place for the safe handling of medicines. We saw that people received their medicines as prescribed. Records showed that medicines were reviewed regularly by healthcare professionals so that people were not on unnecessary medicines. Staff told us that they received training in the safe handling of medicines. Medicine administration records had been completed to confirm that people had received their medicines as prescribed. Some people required medication on a 'when required' basis. Staff knew when people would need their 'when required' medication and guidance on when to give this medication was available for staff to refer to.

Requires Improvement

Is the service effective?

Our findings

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. We saw that the service was working in line with the requirements of the MCA. We saw that people that lived at the home may not have the mental capacity to make an informed choice about some decisions in their lives. Throughout the inspection 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 and where they wanted to go. Where people lacked the mental capacity to consent to bigger decisions about their care or treatment the provider had arrangements in place to ensure that decisions were made in the person's best interests.

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. We saw that where the provider had believed they were depriving someone of their liberty in their best interests the required applications had been made to the local authority. Some of the applications had been approved. However, we had not been notified of these. The registered manager told us that they would ensure that we were notified as required and took action to do this on the day of our visit. Staff that we spoke with had received some training on MCA and DoLS. However, staff were unsure about which people applications had been made for and the reasons why the applications had been made. This showed that staff were not always aware of the restrictions in place for people and what the restrictions meant for the individual and how the staff supported them.

We saw that people were free to move around the home as they wanted and do the things that they liked doing, for example, one person liked to spend time in their room do writing work and staff supported them to do this. We saw that care plans were based on people's needs and focussed on their likes and dislikes. Staff spoken with showed that they knew people well and they had the information they needed to meet people's needs. Staff told us that they knew what to do when a person became unhappy and also how to prevent this occurring in the first place. We saw that care records had behaviour management plans in place. These had information about how to recognise and prevent people becoming unhappy and upset and also how to redirect people into doing something they liked doing.

Staff told us that they had received an induction when they were first employed. They told us that this included working alongside more experienced member of staff. A staff member told us," I had an induction and did some training sessions and shadowed experienced staff before working on shift". Staff told us that they had supervision to discuss their performance and development and that the registered manager was approachable. Staff who were new to working in care had the opportunity to work through the Care Certificate as part of their induction. The Care Certificate sets fundamental standards for the induction of

adult social care workers. Staff told us and records we looked at including the Provider Information Return showed that the managers observed staff working with people to monitor the quality of care at the service.

Staff told us they tried to cook food that was nutritious and healthy. People told us that they enjoyed their food. One person told us, "The food is nice". Another person smiled when we asked if they had enjoyed their meal. We saw that nutritional assessments and care plans were in place for people and detailed people's specific needs and risks in relation to their diet. We saw that where people were at high risk associated with their diet or fluids they were referred to the appropriate medical professionals and their instructions followed. Records we looked at including the Providers Information Return showed that healthy eating training had been planned for staff.

Staff were able to tell us about the healthcare needs of the people they supported. They spoke about how they supported people to maintain good health and also how they supported people with their changing healthcare needs. People had Health Action Plans (HAP) in place. HAP tells you about what you can do to stay healthy and the help you can get. Records looked at showed that people were supported to access a range of medical and social care professionals and that health care concerns were followed up in a timely manner with referrals to the relevant services. Although we saw that a follow up medical appointment was changed due to staff levels. However, a medical appointment that was urgent on the day was made and the person was supported to attend.

Good

Is the service caring?

Our findings

One person told us, "The staff are nice". Another person told us that they liked the staff. During our inspection we observed staff interacting with people and they were kind and caring. We saw that staff adapted their communication and interaction in accordance to the needs of individual people. Some people used words, signs and gestures to communicate and we saw that staff engaged with people and demonstrated that they communicated effectively. Records we looked at showed that people had care plans in place that included information about their communication needs and likes and dislikes.

Staff that we spoke with had a good understanding of people's needs and we found that people received their care and support from staff that took the time to get to know and understand their history, likes, preferences and needs. We saw that staff engaged with people and offered support in a way that demonstrated that they knew people's preferred method of communication and that they were listening to people.

During our inspection, we saw staff offering choices to people in a way they would understand and in doing so promoted their independence. For example, we saw one member of staff supported a person to choose an activity they enjoyed doing and the staff member sat with them and supported them to use their lap top. Another person liked to spend time in their bedroom and we saw staff supporting the person to do this and another person went out for a drive with staff to drop a person at the day centre and to do some local shopping. They told us, "I like going out and I go to the shops and for a drive with staff".

We saw staff checking and asking people what they wanted them to do before proceeding. Staff showed patience in their dealings with people. When we were talking to a member of staff they appropriately walked away from us to speak with a person who needed assistance because they had noticed a certain expression which indicated that they needed help and reassurance.

The registered manager and staff were able to tell us about people's personalities and priorities and they expressed affection for the people they cared for. Staff were aware of how people preferred their needs arising from their culture, religion or health conditions to be met and the records showed that they respected these choices.

Three people showed us their bedrooms and they were proud of their personal space. We saw that people's bedrooms were comfortable and a welcoming personal space that reflected the character and likes of the individual. For example, one person liked to spend periods of time in their bedroom and they had a comfortable sitting area and table so they could sit and do their hobbies. Another person's room had minimum personal items and we saw that this was in keeping with their individual preferences and recorded in their care records.

Some opportunities were provided to support people to be independent and develop their skills. For example, people were supported to return cups and plates to the kitchen after meal times, and go shopping for food and personal toiletries and bring their clothes to the laundry room. One person liked to do some

hoovering and staff supported the person to do this. Staff told us that they recognised the importance of encouraging people to do things for themselves and that this was promoted when possible.

Information in the Provider Information Return told us that there were plans in place to arrange a family fun day at the service with people and their family members so they could discuss and share ideas about developments for the service.

Good

Is the service responsive?

Our findings

People told us about the activities and outings they enjoyed. These included going into Birmingham, the local park and shops and seeing family. Those who were able to converse with us provided examples of times when they had participated in outings. One person told us, "I go to the day centre. I like going but don't do much when I am there". Another person said, "I go into Birmingham and out to the shops and park".

When we arrived, one person had gone out to a day centre. Other people were in the kitchen with staff or in the living room doing some writing and drawing activities. People were able to wander around freely and, throughout the day, some people chose to go to their rooms. One person told us that they liked going out with staff to do shopping. One person said they wanted to go to the shop to buy a snack. We saw that staff supported them to do this and from reading their records and talking to staff we saw that this was a regular activity that they liked to do. Another person liked to go out for a drive in the services transport and they liked to visit the airport. Staff told us that there were difficulties at times supporting people with their choice of community activities because people needed a high staffing ratio when accessing the community. The registered manager told us to ensure that people received the support they needed from staff to take part in activities and interest in the community a weekly scheduled was in place to ensure opportunities were equitable to all the people living at the service.

People used a range of different methods to communicate. Staff understood that each person had an individual way of communicating and understood that behaviour was also a way of people communicating their needs. Staff were able to tell us how they would know if a person was happy, or not and the things that people enjoyed doing and if the person was unwell. We saw that information about people's communication needs had been recorded in their care records and this ensured staff had access to the information they needed to support and promote people's communication skills.

During the inspection we saw that staff involved people in conversations and decisions about their care and how they spent their time. One person told us, "We have meetings and we talk about different things like the food and things we want to do".

Staff we spoke with told us how important it was to get to know people and the things they liked and disliked to ensure they were providing care that was centred on what the person wanted to do. People were supported to stay in touch with their family and people important to them. We heard when a person asked about a family member staff explained when they would see them next.

We saw that arrangements were in place for listening to and managing complaints. However, some of the people would be reliant on staff or relatives to raise their concerns on their behalf. One person told us, "I am not sure who I would speak to, I would speak to which ever staff was here". Staff told us that if there were any complaints the registered manager would respond to them appropriately. We saw that there had been a recent complaint made about the service and this had been investigated as required. Although the service had a system for listening and responding to complaints and concerns the recent information had not been

added to the complaint record. The manager assured us that this would be dealt with.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 05 January 2016 we found that the provider had not ensured that the systems and processes in place had been operated effectively we therefore found evidence to support a breach of regulation 17. At this inspection although we found evidence of improvement some further improvements were still needed. We saw that regular audits were carried out so that risks identified were managed. For example, the laundry arrangements were being improved as it had been identified that the current arrangements were not sufficient because of a lack of space for separating clean and soiled clothing. We also found since our last inspection that that there were systems in place so that incidents and accidents were analysed and steps taken to mitigate risks and to learn from incidents. People's care records had also been improved so that there was information in relation to people's risks and how these should be managed. However, we found that the provider did not have effective systems for ensuring that we were notified of the outcome of DoLS applications as required and for ensuring that staff were kept informed of the process and any decisions made and the implications of these for the people living at the service of the deprivations that had been requested or agreed. The registered manager took action on the day of our inspection to ensure these notifications were sent to us.

The registered manager told us that they were reviewing the staffing arrangements and had plans to improve the staffing structure to support the growth of the service. There had been an increase in the number of people living at the service from four to seven in just a few months. They told us that two new senior staff would be appointed and that this should help with how staff are deployed and how staffing numbers are managed effectively. The registered manager told us that a manager or senior staff member would be available in the service at all times.

The provider had a condition on their registration with CQC that they have a registered manager in place. A registered manager has 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 very recently left the service and a manager from one of the providers other services had taken on the role of manager and was registered with us. This meant that the conditions of registration were met.

The registered manager demonstrated that he had kept up to date with best practice in relation to people's needs and health conditions and the requirements of the law in relation to the running of the home. He was aware of the duty of candour. This requires all health and adult social care providers to be open with people when things go wrong, offer an apology and to state what further action the providers intends to take. The Provider Information Return showed that the provider arranged business development meetings and this ensured that best practice was shared across the service.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistle-blowing and that they knew how to raise any concerns. Staff described an open culture in which they communicated with each other and with the registered manager. They described how there had been recent management changes. However, they told us that they received a good level of support from the registered manager. Staff told us that they knew the processes they should follow if they had concerns or

witnessed bad practice and had confidence to report them to the registered manager. The only concerns that were raised with us by staff was in relation to staffing arrangements and also the vulnerability of people who were more frail. These matters were supported by our observations and discussed with the registered manager.

The provider had ensured that they had completed the PIR. The information provided within the PIR was corroborated during the inspection by the observations we made and by what people told us. It was evident that the provider was aware of their strengths and was also mindful of areas for development.