

PLUS (Providence Linc United Services)

Elwis House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Elwis House is small residential care home that provides personal care for up to four people with learning disabilities. Four people were living at the service at the time of the inspection.

People's experience of using this service

People were not always safe. The provider had not ensured risks to people were always mitigated, particularly for one person who was at high risk of leaving the service unattended. People's medicines were mostly managed safely, however, there was insufficient information regarding 'when required' (PRN) medicines. We have made a recommendation about the management of PRN medicines. We have also made a recommendation about recruitment practices.

The provider had responded to the risks associated with the Covid-19 pandemic. Infection control procedures had been increased in line with current guidelines to reduce the risk of infections being brought into the service. There were regular infection control audits and maintenance checks to ensure safety issues were resolved and hygiene levels were maintained. However, we observed some staff were not wearing PPE in line with current guidance. Staffing levels were safe to meet the needs of the people receiving care. However, there was a reliance on agency staff to maintain safe staffing levels. We have made recommendations about the correct use of PPE and the use of agency staff to reduce the risks.

At the last inspection, we identified not all people were actively involved in the review of their care and support needs. We found not enough improvements had been made in this area. People were supported with their complex physical health needs and care records contained detailed information on these. People were supported to ensure they had enough fluid and nutrition to maintain good health.

At the last inspection we identified people's communication needs were not always met and not all people were given meaningful choices about what activities they could engage in. Improvements had been made but we identified further improvements were needed. We have made a recommendation about supporting people to express their future wishes.

We received mixed feedback about how well the service communicated and worked in partnership. Relatives of people receiving care told us they were happy with how the service communicated with them and kept them informed. However, professionals told us the service did not always communicate effectively and did not always act on recommendations made. Systems were in place to monitor the quality of the service, however, they had not been effective in addressing all the concerns raised in this inspection.

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

Rating at last inspection and update

At the last inspection, the service was rated as requires improvement (Report published 12 June 2019). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

Why we inspected

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. During the inspection we identified one person was at risk of leaving the service unattended. Due to this we widened the scope of this inspection to include the key question 'safe'.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to safe care and treatment at this inspection. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. If we receive any concerning information we may return to inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Elwis House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Service and service type

Elwis House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the provider 24 hours' notice of the inspection. This was because of the COVID-19 pandemic. We wanted to check if anyone was displaying any symptoms of the virus and to be aware of the provider's infection control procedures.

What we did before the inspection

We looked at information we held about the service. This included details about incidents the provider must notify us about, such as allegations of abuse and serious accidents and incidents. We also reviewed all other information sent to us from other stakeholders, for example the local authority and members of the public.

During the inspection

We spoke with the registered manager and the assistant manager. We reviewed four people's care records. We reviewed the recruitment and training records of five support workers. We looked at maintenance records for the building and quality assurance records related to all aspects of the management of the service.

After the inspection

We made calls to four support workers. Due to the communication needs of people using the service we were only able to get feedback from one person via telephone. We also spoke with three relatives of people who used the service about their experience of the care being delivered. We continued to seek clarification from the provider to validate evidence found in relation to people's care and support, staff training and quality assurance processes. We also received feedback from the local authority and the multi-disciplinary team who worked with the service to plan and deliver care and support.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People were at risk of avoidable harm. The service identified, assessed, and regularly reviewed risks to people, but measures were not always sufficient. For example, one person was at risk as they had left the service unattended on two occasions and was extremely vulnerable whilst out on their own. The service had assessed the risks but the measures in place were not sufficient as we witnessed the person leaving the service unattended during the inspection.
- Professionals with knowledge of the service told us risks were not always identified by the service. One professional told us, "The multi-disciplinary team are often key to identifying risks, which happens as a consequence of input, rather than the service proactively identifying risk issues and seeking support."

The failure to effectively mitigate risks to people's health and wellbeing was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager had failed to assess risks associated with the use of flammable emollient creams. We discussed this with the registered manager who told us these risk assessments were now in place.
- Personal emergency evacuation plans (PEEPs) were in place to give staff guidance on what support people required to evacuate safely in the event of a fire.
- Equipment was serviced regularly to ensure it was safe and all staff had received training to ensure they were able to use equipment safely. The registered manager completed safety checks of the service to ensure hazards and maintenance issues were identified.
- There was a system in place to record accidents and incidents when they occurred. A senior manager reviewed accident and incident reports and took action to prevent reoccurrence.

Preventing and controlling infection

- We observed staff did not always follow best practice guidance with the use of PPE as some staff were seen not wearing masks appropriately. Due to staff shortages the service was using agency staff, but the risks associated with this had not been properly assessed and there was no evidence that the provider had any exclusivity arrangements with the supplying agency to reduce the risk of infections being spread across different services.

We recommend the provider continues to educate staff on the correct use of PPE and reviews its staffing arrangements in line with the government winter plan.

- There were systems in place to assess, respond to and reduce the risks of infection including those associated with the COVID-19.

- We found the service to be clean and free from any unpleasant odours. There was a cleaning schedule in place and regular checks by the registered manager to ensure high standards of hygiene were being maintained.
- Relatives of people using the service told us they were happy with the way the service had adapted its procedures and was keeping people safe during the pandemic. One relative told us, "We are particularly appreciative of the way they have maintained their service during this pandemic."
- The provider was admitting people safely to the service when they were being discharged from hospital.

Staffing and recruitment

- Recruitment practices did not meet current guidance as the provider had not requested a full employment history when new staff were recruited.

We recommend the provider consider current guidance on recruitment and act to update their practice.

- Staff were employed based on skills, experience and personal values to ensure that they were suitable to work with people at the service.
- Checks carried out before new staff started included people's right to work in the UK, references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS provides information on people's background, including convictions, to help employers make safer recruitment decisions.
- There were always enough staff on duty to ensure people's needs were safely met.

Using medicines safely

- For the most part medicines were managed safely, however, we identified some improvements were needed in the management of PRN medicines. There was not always clear guidance for staff to ensure PRN medicines would be given in the right circumstances. We discussed these issues with the registered manager, and they told us they had experienced ongoing issues with the prescribing GP. However, there was no record of these issues being identified in the manager's audits or raised with the GP practice.

We recommend the provider consider current guidance for the administration of PRN medicines and act to update their practice.

- The registered manager regularly checked people's medicines and promptly investigated any issues. Samples of medicine administration records (MARs) we reviewed had been completed correctly and we could see there were processes in place to ensure medicines were being stored at the correct temperature.

Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of safeguarding procedures. They knew who to inform if they had any concerns about abuse or safety and how to escalate their concerns if they were not satisfied their concerns were being taken seriously.
- People were protected from financial abuse and there were systems in place to check people's money during shift handovers and routine audits.
- The registered manager was aware of their responsibility to report safeguarding concerns to relevant organisations including the local authority and CQC.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has remained the same. This meant, although there had been some improvements, the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
At our last inspection the provider had failed to ensure care and support was always person centred. People's communication needs were not always met and there was insufficient evidence that people were actively involved in the review of their care needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although there had been some improvements in how the service was meeting people's communication needs, we found not enough improvement had been made in how people were involved in the review of their care needs and the provider was still in breach of regulation 9.

- One person had not attended their recent review meeting as it was hosted by video conference which would have made their participation in this meeting difficult. There was no evidence the person had been supported to express their views on their care and support or evidence the outcomes of the meeting had been discussed with them.

Staff working with other agencies to provide consistent, effective, timely care

- The provider did not always work effectively with other agencies and organisations to ensure people's needs were met in good time. At the last inspection we found the service did not always make referrals to other professionals when needed. The provider had made some improvements and was now making more referrals for professional input, more improvements were needed. For example, speech and language therapists had recently identified a risk in relation to swallowing safety and medication management. A professional told us, "Speech and language therapists have found this to have been poorly understood and followed up by the Elwis House team."

- One person had been receiving support from a psychologist. The input had ended in May 2020 and a range of recommendations were made about what the staff needed to do to continue to improve the person's ability to communicate their needs and learn new daily living skills. The staff had not acted on the recommendations they had received five months ago and could not give any reasonable justification for this.

Staff support: induction, training, skills and experience

- There was a comprehensive training package in place and new training was provided where required to meet the needs of people who used the service.

- New staff had a comprehensive induction and probation period to ensure they were competent to deliver care and support for people. One member of staff told us, "When I started, I shadowed for two weeks to get to know the place. That gave me the confidence to work."
- Staff told us they felt supported by their manager. However, they had not received formal supervision since the lockdown restrictions due to the difficulties in maintaining a social distance. We discussed this with the registered manager, and they told us they had introduced a more informal way of providing supervision to reduce the need to sit in close proximity for extended periods.

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

- People's nutritional needs and hydration needs were met.
- Improvements had been made since the last inspection. The provider had made referrals to speech and language therapists and there were updated eating and drinking guidelines in place to ensure people had food that met their needs.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access appropriate healthcare services when needed.
- Staff had contacted a range of health care professionals such as GPs and nurses where there were concerns about people's health. One relative told us "[Family member's] health needs are monitored, and any issues are addressed in a timely manner."
- Hospital passports had been developed for everyone using the service. Hospital passports contain detailed personal and health information about people which could be shared with hospital staff if they were admitted to hospital.
- There were also regular visits from district nurses and enteral nurses to ensure the safety of the PEG tube feeding system was maintained.

Adapting service, design, decoration to meet people's needs

- At the last inspection we found some areas of the home were not suitable for all the people who used the service. This had now been resolved and there were two adapted bathrooms which met people's mobility needs. One relative told us "[Family member] enjoyed being involved in discussions about the refitting of the bathroom."
- The service had an automatic front door to enable a person in a wheelchair to enter and exit the house independently. Although this was a benefit to the person who used a wheelchair, the ease of access and exit posed a risk to others who were able to leave the house unattended.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make 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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- The staff had made all the necessary applications where people needed to be deprived of their liberty as part of their care and support. At the time of the inspection all the applications had been authorised.

- Staff had received mental capacity training and understood their responsibilities in relation to protecting people's rights. One member of staff said, "The law protects people who are unable to make decisions for themselves. Regardless of capacity we always ask people's consent before doing anything."
- There were best interests meetings taking place when people lacked the capacity to make key decisions about their care and support.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has remained the same. This meant people's needs were not always met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them.

At the last inspection we found there was insufficient meaningful activities for people. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although there had been some improvements, we found not enough improvement had been made at this inspection and the provider was still in breach of regulation 9.

- At the last inspection we found some people did not have any specific planned activities other than walking in the local community or visiting the local supermarket. Since the last inspection, the provider had made some improvements in this area. However, all planned external activities had stopped due to the COVID-19 pandemic and there was insufficient evidence that alternative activities had been offered. One professional told us, "The service-users also appear to engage in a limited range of activities. This was apparent pre COVID as well as more recently."
- The provider ensured people were being supported to maintain contact with their family using alternative methods such as keeping in touch using video calls. The provider has also introduced socially distanced garden visits to enable people to maintain face-to-face contact. One relative of a person receiving care told us "[Family member] likes to stay in regular touch with us by telephone and is supported and encouraged to make and receive telephone calls and to send cards."
- Support plans contained detailed information about people's needs and preferences with personal care.

Meeting people's communication needs

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

- At the last inspection we found people's communication needs were not always fully met as communication passports were not regularly updated and people did not have access to the communication aids they needed. The provider had made improvements and was now working with speech and language therapists to update people's communication passports which would enable staff to understand people's communication better.

Improving care quality in response to complaints or concerns

- There was a system in place to respond to complaints from people who use the service.
- There had been no complaints about the service since the last inspection.

End of life care and support

- The service did not provide end of life care and support at the time of our inspection.
- The service had an end of life policy which stated individual needs and wishes related to people's end of life should be fully documented. However only one person had been supported to make a funeral plan and there was no evidence that this had been discussed with other people or their representatives.

We recommend that the provider takes the necessary steps to discuss future wishes with people and their representatives.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as requires improvement. At this inspection, this key question has remained the same. Although there had been some improvements, the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Working in partnership with others

- The provider did not always work effectively in partnership with others. We were told the provider did not always communicate effectively and professional recommendations for client care were not always adhered to. We received comments from professional such as, "In the recent past emails have been ignored and phone calls not returned" and "Many of the concerns raised by the multi-disciplinary team (MDT) with Elwis House stem from the fact that management do not appear to work well with the MDT to ensure the wellbeing, safety and quality of life for their clients."
- We discussed the concerns around partnership working with the registered manager and they told us the newly recruited assistant manager was making improvements to the way the service communicated with external partners.

Continuous learning and improving care

- Quality assurance systems were not always effective. There were regular quality audits of the service which were carried out by another manager within the organisation and an action plan was created to resolve any identified issues. However, due to the current restrictions the quality audits were done remotely, and we found that these quality assurance systems had not been effective in identifying and resolving all the issues we found with safety and quality.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The provider was meeting their responsibility to display the ratings of the previous inspection and they notified CQC about important events or serious incidents that occurred at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff understood their roles and were clear about when they would need to seek guidance and support from their manager.
- There was a clear handover procedure between each shift which covered areas such as medicines, finances, recent health updates and any other significant information such as appointments and activities.
- The registered manager was regularly at the service and observed staff carrying out their duties and addressed any concerns.
- Relatives gave positive feedback about the care and support their family member received. We received

comments such as, "I'm quite happy they look after [family member] very well. I've got no worries" and "I trust them 100%. I've got no concerns."

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

- Relatives of people using the service were positive about how well the provider communicated with them, especially around the changes that had been put in place in response to the COVID-19 pandemic. We received comments such as, "I have always found the [registered] manager to be very responsive to both email and telephone contact" and "They keep in touch. If there is a problem they let me know straight away."
- The registered manager had adapted the team meetings to ensure communication with staff was maintained whilst they were unable to have full staff meetings at the service.
- Staff were positive about the service being delivered and the support they received from the provider during the COVID-19 pandemic. We received comments such as, "The organisation is very supportive. They are looking after our health" and "We are working as a team here. It's been a great experience."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The registered manager did not ensure that people who used the service always received person centred care as their preferences and needs were not always met. 9(1)(a)(b)(c)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure care and treatment was provided in a safe way for service users because and they did not always do all that was reasonably practicable to mitigate such risks; 12(1), (2)(a), (b).</p>

The enforcement action we took:

Warning notice served