

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 

Overall summary

We undertook an announced visit to Elsie Jones House on 14 August 2015. We told the provider before our visit that we would be coming. This was so people could give consent for us to visit them in their flats to talk with them.

Elsie Jones House provides housing with care. People live in their own home and receive personal care and support from staff at pre-arranged times and in emergencies. At the time of our visit 25 people received personal care from the service.

The service had a registered manager. 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.

People felt safe living at Elsie Jones House. Support workers were trained in safeguarding adults and understood how to protect people from abuse. There were processes to minimise risks associated with people's care to keep them safe. This included the

Summary of findings

completion of risk assessments, recruitment checks to ensure support workers suitability to work with people who used the service, and procedures for managing people's medicines safely.

The registered manager and deputy manager understood the principles of the Mental Capacity Act (MCA), and support workers gained people's consent before they provided personal care. People were supported to maintain their independence and to live their lives as they chose. People were happy with the care they received and said support workers treated them with respect and maintained their privacy when providing support.

There were enough suitably trained support workers who had the right skills and experience to provide the support people required. People received consistent support from workers who knew them well. The service was based on people's personal needs and preferences.

Care plans and risk assessments contained relevant information for support workers to help them provide the personalised care people required. People were involved in making decisions about their care and were able to share their views and opinions about the service they received.

People knew how to complain and information about making a complaint was available for people. People said they were confident about raising complaints and knew who to contact if they had any concerns. Staff said they could raise any concerns or issues with the managers, knowing they would be listened to and acted upon.

There were processes to monitor the quality of the service provided and to understand the experiences of people who used the service. This was through communication with people and support workers, checks on care records and medication records, returned surveys and a programme of checks and audits.

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 safe.

People told us they felt safe living at Elsie Jones House, and support workers understood their responsibility to keep people safe and report any suspected abuse. There were procedures to protect people from the risk of harm. This included procedures for managing risks associated with people's care, thorough staff recruitment and a safe process for handling medicines. There were sufficient support workers to meet people's care needs.

Good



Is the service effective?

The service was effective.

Staff were trained and supervised to support people effectively. Managers understood the principles of the Mental Capacity Act 2005 and support workers gained people's consent before care was provided. People who required support had enough to eat and drink during the day and were assisted to manage their healthcare needs.

Good



Is the service caring?

The service was caring.

People received care and support from a consistent staff team that understood their needs. People were supported by workers who they considered kind and caring and who promoted their privacy and independence.

Good



Is the service responsive?

The service was responsive.

People said the service was based on their personal preferences and that care and support was available when they needed it. Support plans were regularly reviewed and support workers were given updates about changes in people's care. People were asked for their views about their care and knew how to make a complaint if needed.

Good



Is the service well-led?

The service was well-led.

People told us they were satisfied with the service they received from Elsie Jones House and that the service was well managed. Support workers received support and supervision to carry out their role and had no hesitation raising concerns with the managers. There was an experienced management team that consistently monitored the quality of service to make sure people received a good service.

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 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.

The inspection of Elsie Jones House took place on 14 August 2015 and was announced. We gave the provider 48 hours notice we would be coming so people who used the service could give agreement for us to visit and talk with them. The inspection was conducted by one inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

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 contracts team and asked for their views about Elsie Jones House. They had no concerns about the service.

We reviewed the information in the provider's information return (PIR). This is a form we asked the provider to send to us before we visited. The PIR asked the provider to give some key information about the service, what the service does well and improvements they plan to make. We found the information in the PIR was an accurate assessment of how the service operated.

During our visit we spoke with the registered manager, deputy manager and two support workers. We spoke with nine people who used the service and one relative. We reviewed four people's care plans and daily records to see how their care and support was planned and delivered. We looked at other records related to people's care and how the service operated including, medication records, three staff recruitment records, the service's quality assurance audits and records of complaints.

Is the service safe?

Our findings

All the people we spoke with at Elsie Jones House said they felt safe with their support workers. People said, “Yes definitely,” and “Yes, they’re excellent, they can’t do enough for you, I wouldn’t swap them, they would help you without any fuss or bother.” People knew who to speak with if they did not feel safe; comments included, “I honestly think I could speak to any of the staff, there is no one I couldn’t tell,” and “I would talk to the senior staff, they’re all very helpful.”

Support workers understood the importance of safeguarding people they provided support to. They had completed training in safeguarding adults and understood what constituted abusive behaviour. Support workers knew what action to take if they had any concerns about people. One support worker told us, “If I suspected abuse I would record it and report it to one of the managers or the senior on duty.” Support workers were unsure how allegations would be investigated once reported to the management team. The managers said they would make sure all staff knew safeguarding concerns were referred to the local authority for investigation. There was a policy and procedure for safeguarding people and the registered manager understood their responsibility, and the procedure for reporting allegations of abuse to the local authority and CQC.

There was a procedure to identify and manage risks associated with people’s care, including risks in the home or risks to the person. Support workers knew about people’s individual risks and how these were managed. Records confirmed that risk assessments had been completed and support was planned to take into account and minimise risk. For example, there were plans completed to reduce the risks associated with supporting people who needed assistance to move around, and to manage people’s medication safely.

There were enough support workers to meet people’s individual needs. We asked people if support workers arrived when they were expected, and if they had time to talk with them. People told us, “Yes I must say they do” and, “Yes, and everything I’ve asked them so far they always do,

sometimes they stay longer. They always have time to speak to you and ask you if you need anything, they are very good.” All the staff we spoke with told us there were sufficient support workers to meet people’s needs. Work schedules and staff rotas showed there were sufficient support workers to cover the calls people required.

Recruitment procedures ensured, as far as possible, support workers were safe to work with people who used the service. The provider information return (PIR) which was completed by the registered manager told us the staff recruitment process included a DBS (Disclosure Barring Service) check and reference checks. The Disclosure and Barring Service checks people’s backgrounds to prevent unsuitable people from working with people who use services. Three staff files looked at, confirmed these checks had taken place. Support workers also told us they had wait until their DBS and reference checks had been completed before they started working in the service.

Most people needed support to manage their medicines, although some people we spoke with managed this themselves. People who were assisted to manage their prescribed medicines said they always received their medicines when they should. Comments from people included, “Without fail it’s every 4 hours, they watch the clock”, “They are on time, they’re never late,” and “Yes they are very strict on that.”

There was a procedure for supporting people to take their medicines safely. Where people required assistance to do this, it was clearly recorded how this should be provided in their care plan. Support workers we spoke with told us they were confident giving medicines because they had received training that explained how to do this safely. Completed medication administration records (MAR) showed people had been given their medicines as prescribed. There was a procedure to check medicine records regularly to make sure there were no mistakes. Weekly checks were made by senior staff to ensure support workers had administered medicines correctly. Records confirmed support workers had completed training to administer medicines and had their competency checked by senior staff to ensure they were doing this safely.

Is the service effective?

Our findings

People told us support workers were knowledgeable and competent when providing their care and support. Comments from people included, “Yes they know what they are doing”, “Yes they are well trained.” Another told us, “Yes they are, it’s not a job I’d like to do.”

Support workers said they had completed an induction when they started to work in the service. This included training and working alongside a more experienced support worker before they worked on their own. New support workers completed the Care Certificate which was introduced in April 2015. The Care Certificate sets the standard for the fundamental skills, knowledge, values and behaviours expected from staff within a care environment. There was a programme of training considered essential for care workers as well as an expectation they complete a vocational qualification in social care. This included training to understand the Mental Capacity Act, how to move people safely, and how to safeguard people. Support workers told us they felt confident and competent to support people who used the service. One support worker told us, “We have regular refresher training to keep our skills up to date. I’ve also completed an NVQ in care which increased my knowledge and understanding. “Another support worker told us, “I am well trained. I have enough training to support people who use the service. I also have training to help my personal development including a qualification in social care.”

The Care Quality Commission is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS) and to report what we find. The MCA protects people who lack capacity to make certain decisions because of illness or disability. The registered manager told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions. However, two support workers told us one person’s decision making ability had deteriorated recently and the person now struggled to

make every day decisions, for example, deciding what they wanted to wear. We passed this information on to the registered manager who told us this would be reviewed with the person and a referral made to social services if necessary. DoLS makes sure people who lack capacity to make certain decisions do not have their liberty restricted unless specific safeguards are in place. The registered manager was aware that DoLS legislation had been extended to include people living in extra care housing schemes like Elsie Jones House. There was no one using the service that required their liberties restricted.

Staff understood the requirements of the Mental Capacity Act (MCA). They knew they could only provide care and support to people who had given their consent. All the people we spoke with told us the service helped them to be as independent as they could, which included making their own decisions.

Some of the people we spoke with prepared all their own food and drinks; others made their breakfast and supper and bought a lunchtime meal from the dining room in the service. Two people told us support workers made them a sandwich or snack at tea time. No one we spoke with relied on support workers to prepare all their food and drink. Support workers knew how to monitor and manage people’s nutrition and hydration if this was required. People’s nutritional needs were being met by the service.

People were supported to manage their health and well-being. People told us support workers helped them to make health appointments if they asked them to. One person told us, “Oh Yes they ring them up for me,” and, “Oh yes, I’ve seen the doctor when I’ve needed to, in fact he comes quicker than when you go to the surgery.” Support workers and managers confirmed they liaised with health care professionals on people’s behalf, for example the GP, dentist, optician or chiropodist who visited people in their flats if required. Health professions visited some people to assist them manage their health conditions, for example, a district nurse or Community Psychiatric Nurse.

Is the service caring?

Our findings

We asked people if support workers were friendly, caring and treated them with dignity and respect. One person said, “Oh yes they all do,” and, “They are always smiling and are great. If you want anything it’s no bother. The staff we have here makes it feel homely.” Another told us, “Oh I like them they are lovely people.”

A support worker told us that ‘caring’ meant, “Making sure we look after people so they don’t want for anything, and spending time with people so you get to know them as an individual.” Another said ‘caring’ meant, “Being respectful of people, and making sure we treat people as we would like to be treated. Making sure their privacy and dignity is maintained and they receive the support they need.”

People lived in their own flats so we were unable to observe care directly. People we spoke with confirmed staff knocked on the door and waited for a response before entering their homes. Comments included, “They won’t cross your door until you say come in,” and “They don’t come in without your permission.”

People received care and support from a consistent staff team that understood their needs and who they had built

relationships with. One staff member told us, “We have time to sit and talk with people; you build up friendships as people stay with us for years. Having staff they know and trust is important to people.”

People were encouraged to maintain their independence and where possible undertake their own personal care and daily tasks. One person told us, “I’ve progressed and improved. I now have a frame which I can walk with so I’m more independent.” Another said, “Yes, they just let you get on with it, if you need any help you just have to ask for it.”

Most people told us they had been involved in planning their care, one person told us, “They asked what help I wanted.” People said their views about their care had been taken into consideration and included in their care plans. “Oh yes they ask you what you want and what your needs are.”

Support workers understood the importance of maintaining people’s confidentiality. They told us they would not speak with people about other people who used the service and ensured any information they held about people was kept safe and secure.

Is the service responsive?

Our findings

People received consistent, personalised care and support. People had an assessment completed before moving to Elsie Jones House to make sure the service was able to meet their needs. Assessments detailed the support people required and were used to inform a care and support plan so people received a personalised service. Staff we spoke with had a good understanding of people's care and support needs. People told us their support needs had been discussed and agreed with them when they started to use the service, and the support they received met their needs. We asked if support workers understood how they liked to receive their care and support. Comments included, "Yes they know what I like, for example they never give me sugar with coffee," and "Well yes of course they do, you're asked what you want."

Staff told us they had time to read care plans and sit and talk to people. One support worker told us, "Everyone has an 'At a Glance' form that tells you what people's likes and preferences are. We also have work schedules that tell you what is required on calls and if people need anything specific, like medication, pressure area checks or assistance to move around." The 'At a glance' document was easily accessible to staff and provided an overview of the care people required, how they liked their care provided and any risks associated with the person's care. One 'At a Glance' form did not have all the important information about the person, support workers would need to know. Although information about how to manage this element of the person's care was recorded in the care plan, support workers told us it was the 'At a glance' document and information on work schedules they read before providing care. The managers said the missing information would be added.

People told us they were involved in reviews about their care and support, "Yes they come in every so often and ask you questions," "I have been involved in a yearly review," and "They ask you different things and if there's anything more they can do." Care plans we viewed had been reviewed and updated regularly and people and their relatives, if people requested, were involved in reviews of their care.

People told us they received their care at the times expected. We were told the service was flexible and support workers responded if people requested to change their care times. Support workers told us they had call schedules which identified the people they would support during their shift and the time and duration of the calls. Call schedules and daily records of calls confirmed people received care as detailed in their care plans.

Support workers had a handover meeting at the start of their work shift which updated them with people's care needs and any changes since they were last on shift. A record was kept of the meeting to remind support workers of updated information and referred them to more detailed information if needed. One support worker told us, "Handovers are where we find out what's happened since we were last on shift. They are recorded so you can look at the notes and see whose running records you need to read." Support workers told us this supported them to provide appropriate care for people.

People at Elsie Jones House had access to a call system, and some people had personal alarms that staff responded to in between scheduled call times. People told us, "If I ring the bell they always come straight away" and "Oh yes I've only got to pull the chord and they'll come." This meant people could get urgent assistance from staff if they needed.

People we spoke with told us they had never had cause to complain but knew who to complain to if needed. Comments included, "I've never had the reason to complain." Another said, "I'd just jog round to the office and have a few words with them."

Support workers said they would refer any concerns people raised to the managers or senior support workers and they were confident concerns would be dealt with effectively. We looked at records of complaints, there had been no complaints about the care people received in the past 12 months. People had the opportunity to raise concerns and could be confident these would be taken seriously and looked into.

Is the service well-led?

Our findings

We asked people what it was like to live at Elsie Jones House. People were positive about the support they received and told us, “Brilliant, wonderful I can’t find any fault with them, people say they don’t like living in homes but they are great here,” and “Very comfortable; staff are very helpful, you can make it your own home.” The service had received many thank you cards complimenting staff on the care and support provided.

People told us they knew who the managers were and thought the service was well managed. “There’s two managers, and am sure there’s always one available,” and “Oh yes it is very well managed.”

The service had a clearly defined management structure which included a registered manager and deputy manager. The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated. The registered manager had responsibility for managing two housing with care units. The deputy manager deputised when the registered manager was at the other unit, they were aware of the registered manager responsibilities and undertook them in her absence.

Support workers understood their roles and responsibilities and what was expected of them. This was because the provider issued each member of staff with an employee handbook and the managers made sure staff had regular support and supervision. Support workers knew the management structure and their line manager, so they knew who to report concerns to.

We asked support workers how they were supported in their roles, and if they felt able to raise any concerns they had. Staff confirmed they had regular work supervision, team meetings and handovers on each shift where they could raise any issues. Support workers told us senior staff observed how they worked and gave feedback if they noticed areas that needed improvement. They were aware of the provider’s whistle blowing procedure and were confident to report any concerns or poor practice to the

managers. They were certain any concerns they raised would be listened to and acted on. Staff said they received good support from the registered manager and deputy manager.

We asked people if meetings were held where they could share their views and opinions of the service. Comments from people included, “We have a tenant’s meeting about every month. I go to the meeting, that’s the only way you know what is going on. We have discussed trips and health and safety, furniture for the garden and if you want to go anywhere for the day.” “I think I’ve missed one since I’ve been here. I find it interesting and they do tell us things,” and “Occasionally I go, but we always have a newsletter afterwards so I know what’s going on.” The deputy manager told us they had purchased new garden furniture after people had requested this in a tenant’s meeting. We saw a large table and chairs were available in the garden for people to use. People were also able to share their views during reviews of their care, monthly manager’s visits and were sent satisfaction questionnaires. People had been given information about the service and how it operated. This included a brochure about Elsie Jones House and a tenant’s guide that told them about the services provided. People were asked for their views and opinions about the service and their opinions were listened to and acted on.

The provider’s quality assurance process included checking that people were satisfied with the quality of their care and support. The registered manager told us, “We have an open door policy so people can come to the office and speak with us at any time if they are concerned about anything. We review people’s care regularly, managers visit each tenant on a monthly basis to see if they are satisfied with everything, and we have monthly tenant’s meetings. We send out regular surveys to people about different aspects of support to ask for any comments.” Records confirmed these quality assurance processes were implemented regularly and consistently.

Additional quality assurance systems were in place to monitor the service people received. Records were regularly audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. There were systems to monitor any accidents and incidents. Incident forms were completed and reviewed after each occurrence for trends and patterns. If patterns were identified these were acted on, for example one person had become prone to falling,

Is the service well-led?

and had been referred to the GP and the 'falls clinic' to find out if there was a reason for this. There were regular health and safety checks carried out by the organisation and visits

from the local authority contracts department to monitor the care and support provided. The local authority contracts officer for Elsie Jones House had no concerns about the service provided.