

Elite Care Homes Ltd

278 Moseley Road

Inspection report

278 Moseley Road
Birmingham
West Midlands
B12 0BS

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16 July 2018
19 July 2018

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24 August 2018

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This focused inspection took place on 16 and 19 July 2018 and was unannounced. At the last inspection on 01 and 06 February 2018, the provider had not met some of the legal requirements. The service required improvement in four of the key questions: is the service safe, effective, caring, responsive and the well-led key question was rated inadequate. Conditions were then imposed on the provider's registration in respect of, safe care and treatment and good governance. This inspection was in response to continued concerns about the service.

We carried out this inspection because we received further concerns in relation to;

- ☐ Poor care
- ☐ Safeguarding concerns
- ☐ Staffing levels

As a result, we undertook a focused inspection to look into these concerns. This report only covers our findings in relation to the two key questions of safe and well led. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 278 Moseley Road on our website at www.cqc.org.uk

278 Moseley Road provides care and support to people living with learning disabilities and/or mental health conditions, in three separate 'supported living' settings so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. At the time of our inspection, the provider was supporting 15 people with their personal care needs.

The provider had appointed a manager who had formally applied to be registered with us and this process was completed shortly after our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

A common theme throughout our previous inspection, which was found to have impacted upon the safety and the quality of the service provided to people was poor record keeping and ineffective quality monitoring systems and processes. Information we requested to support our inspection was not always provided and information providers are required to send to us by law, by way of statutory notifications, had not always been sent. Inconsistencies within the provider's quality monitoring practices had failed to identify or remedy the shortfalls we found within the service, which collectively formulated a breach of Regulation 17 of the Health and Social Care Act. At this inspection we found some improvements to promote the safety and governance of the service. However, the shortfalls that we identified within this inspection showed that further improvements were still required. The provider had failed to make sufficient improvements to the

efficiency of their quality assurance systems. This meant that this was the second consecutive inspection whereby the provider had failed to achieve a 'good' rating in the well led area of our inspection, it was also the second inspection whereby they had failed to meet the requirements of 12 and 17 of the Health and Social Care Act 2008 (regulated Activities) 2014. Therefore the conditions we imposed on the provider following our previous inspection remain in place. You can see what further action we have taken at the end of this report.

It is a legal requirement for providers to display their rating, to show whether a service was rated as outstanding, good, requires improvement or inadequate following an inspection. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of the care provided. The provider has a regulatory duty to ensure that ratings are displayed legibly and conspicuously at both the office location and on their website within 21 calendar days of the date at which the inspection report was published. We found at our last inspection in February 2018 that the provider had not displayed their rating on their website or at their office location. This is a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At the time of writing this report we were in the process of issuing a Fixed Penalty Notice to the provider.

The service was not always safe because staff were not always aware of some of the risks associated with people's support needs and records concerning risks to people's safety and well-being were sometimes inconsistent and/or incomplete. People received support to take their medicines as prescribed but some improvements were required to the risk management and recording of medicine administration within the service.

Staff knew the signs and symptoms of abuse and the reporting procedures. However, people were still placed at risk of harm because of compatibility issues in one of the supported living house's.

People were supported by adequate numbers of staff. However, there had been a period of instability in staffing with a number of staff changes which is unsettling for people.

Improvements had been made to the provider's recruitment checks for new staff employed at the service. However, some improvements were still needed for the recruitment records for some existing staff.

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.

People were not always supported by staff that were aware of the risks associated with their care needs. Care records did not always contain the relevant information required in relation to risks and associated management plans to promote people's health and safety.

People received their prescribed medicines when they required them, but improvements were required to the management and recording of medicine administration processes.

There were enough staff to support people safely but staff turn over meant people had not received consistent care and support.

The provider's recruitment process ensured the appropriate check had been carried out.

Staff were aware of the processes they needed to follow to minimise the risk of abuse.

Requires Improvement



Is the service well-led?

The service was not well-led.

The systems and processes in place to assess and monitor the safety and quality of the service had not been effective at ensuring the required improvements were made in a timely way.

Staff told us that they felt supported by the new manager who had made some improvements to the service.

Requires Improvement



278 Moseley Road

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 unannounced inspection took place on 16 and 19 July 2018. This inspection was conducted by one inspector.

Before the inspection, we looked at the information we held about the service. This included statutory notifications from the provider that they are required to send to us by law about events that occur within the service, such as deaths, accidents/incidents and safeguarding alerts. We contacted the local authority and commissioning services to request their views about the service provided to people. We carried out this inspection because of concerns we had shared with us about people's care and also concerns about staffing arrangements following information from the provider that four staff had been suspended. The local authority also told us that following safeguarding concerns that they had investigated and concerns in relation to support planning, risk assessment and fire safety they had imposed a suspension on new admissions to one of the three houses.

During our inspection, we visited the provider's main office location and spoke with the manager and the provider. We also visited all three supported living homes and spoke or spent time with nine of the people who used the service. Some of the people who used the service had complex care needs and were unable to tell us about their experiences of using the service. Therefore, we also spoke with two people's relatives. We spoke with nine members of staff including the provider, director, the manager and six support workers. We also made general observations around the properties and reviewed the care records of four people to see how their care was planned and reviewed. We looked at the medicine administration processes within the service and looked at records which supported the provider to monitor the quality and management of the service.

Is the service safe?

Our findings

At our last inspection we found that there were not always enough staff available to keep people safe. We found that the provider was reactive rather than proactive in their approach to preventing incidents. People's records lacked detail in relation to risks. Safety checks were not always carried out consistently. There were inconsistencies in the way medicines were managed and recruitment practice was not always robust. Collectively, the evidence presented demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that whilst some improvements had been made to staffing levels, fire safety and recruitment checks the improvements made did not ensure that the provider had fully met the breach and therefore we found a repeated breach of regulation 12.

Prior to our inspection we received concerning information about a lack of care for people which had resulted in a safeguarding investigation by the local authority. We explored these concerns during our inspection. We saw that action had been taken by the provider to ensure that people's health and medical needs were attended to as required. People's care records were being updated when we visited to reflect their current health and care needs. The provider told us that as a result of the concerns raised disciplinary action had been taken in respect of the staff members who had failed to ensure that people received the care they needed.

We found that not all risks to people were well managed. Some people required support with managing the risks related to their epilepsy, diabetes and behavioural symptoms associated with their learning or mental health needs; such as self-harm. However, some of the care records we looked at lacked detail with the information provided. We saw that some people had a health condition which was referred to in their care records. Their care plan detailed limited information about their medical history or the signs, symptoms and triggers that staff needed to be aware of. Some staff were not clear about what signs they would look for in relation to these health conditions. However, all staff that we spoke with told us that if needed they would seek medical advice and would also speak with other staff members for advice and support. These concerns were discussed with the provider at the time of our inspection and some of these issues had been raised as a concern at our previous inspection which showed that the provider had failed to make the required improvements.

At our last inspection we found that on the whole, people were supported to take their medicines as prescribed. However, we found some inconsistencies to the way medicines were managed within the service and at this inspection we found the same issues were identified which meant the provider had failed to make the required improvements. This included the management of medicines on an 'as required' basis (often termed 'PRN'). Whilst some people had protocols in place to inform staff on how to support a person with their medicines in this way, others did not. We also found that care records did not always reflect people's medicine administration records (MAR) with regards to PRN medicines. For example, one person's care records stated that when they became 'agitated' staff should offer PRN medicine. However, their MAR charts indicated that this medicine was prescribed and administered on a regular basis. Furthermore, despite the

service supporting people within their own homes, there appeared to be some restrictions around medicines, often called 'homely remedies', which are available to buy over the counter, such as paracetamol. We asked one person what they would do if they had a headache or pain and they told us, "I would need to see a GP". We asked a staff member the same question and they told us that they would make an appointment for the person to see a GP. They told us that they do not have any paracetamol in the house so they would not be able to take any if they needed it. In addition to the lack of progress on previously identified concerns we also found at this inspection that there was no care plan in place for the administration of prescribed creams which would inform staff on how and when to apply the cream and also prescribed creams were not dated. Staff we spoke with told us they knew how and when to apply the cream.

All the staff that we spoke with told us that the staffing arrangements had improved. One person told us, "There seems to be enough staff around". Another person told us, "There is always staff here and I can speak to staff when I need to". A staff member told us, "The staffing has improved. It's a lot better now, I think we do have enough staff". A relative told us that they had been very concerned about the staffing levels. However, they told us that things had improved in the last few weeks. They told us, "Things are better now in the last three to four weeks there is more staff and they are regular staff who know (person's name)". The manager told us that staffing levels were based on the needs of people in each of the three houses. They told us that they were currently in the process of reviewing the staffing arrangements in place for each person so that it was clear what paid support hours people required from the service and how this was being provided. We reviewed the staffing records and found that 50 % of the staff had started since our last inspection in February 2018. This meant that there had been a lack of consistency and stability for people and this would be unsettling particularly for people with autism and complex needs.

Staff we spoke with were familiar with the systems and processes in place to protect people from the risk of abuse and avoidable harm. All of the staff we spoke with were able to tell us the signs and symptoms they would look out for to indicate that someone may be at risk of abuse or avoidable harm. One person living in one of the house's (Yardley Wood Road) told us that although they were happy living in the house they were at times frightened by the behaviour of one of the people they lived with. They told us, "I know (person's name) can't help it but it scares me. I go to my room; I have spoken to my social worker about it". Staff that we spoke with confirmed that at times the other people living there were frightened by the person's behaviour. The manager had appropriately made referrals to the local authority about these concerns and we were told medical reviews for the person were taking place. Some strategies were also in place to reduce the incidents and people's care records were being updated to ensure that information about supporting people safely were detailed and up to date. Following our inspection we contacted the local authority about these concerns and they told us that they would look into these and respond back to the provider.

We looked at other records concerning the safety of the service. We found that staff were responsible for supporting people to ensure that the property was safe to live in, which included health and safety checks and cleaning rotas. We saw across the three house that these were not always completed consistently and on a regular basis.

Collectively, the evidence above demonstrated a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at four staff files and found that the provider's recruitment practices ensured that only staff that were suitable to work with people were deployed to work within the service. We saw that improvements had been made to the providers practice regarding recently appointed staff. Staff we spoke with confirmed that recruitment checks were carried out before they started work, which included providing details for referees.

Other checks also included verification of their 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.

At our previous inspection we saw that not all people had personal emergency evacuation plans [PEEPs] in place, these were now in place for all people. Staff we spoke with were aware of the fire evacuation procedures within the home and were able to tell us how they would support people in the event of a fire.

Is the service well-led?

Our findings

At our last inspection we found that the provider's quality monitoring processes were inconsistent and ineffective and found the provider in breach of regulation 17. This was because feedback had not been sourced to support the provider to drive improvements. Information that had been shared with the management team and was not always acted upon in a timely or responsive way. As a result of that inspection we rated the Well Led question as Inadequate and we imposed conditions on the providers registration.

At this inspection we found although some improvements had been made these were not sufficient and the conditions we imposed on the provider registration following our last inspection were not fully complied with and remain in place. This meant that this is the second consecutive inspection where the provider has failed to meet the regulations.

One of the conditions we placed on the provider was for there to be no increase in care packages provided too existing people or for the provider not to take on any new care packages without the prior written agreement of the Care Quality Commission. This condition had been complied with. Another condition was for the provider to ensure that people had personal emergency evacuation plans in place and that fire safety checks were in place and all staff received fire safety training. This condition was met apart from some staff still required fire safety training but a date for this was planned and confirmed to us. The third condition was for the provider to ensure that sufficient references were obtained and verified for authenticity for all staff prior to starting employment and to ensure a comprehensive induction and training package is in place. This condition had been complied with although some work on staff training was on-going. The fourth condition was for the provider to improve medicine management including to implement a homely remedies policy and for PRN protocols to be in place so that people had access to pain relief as and when required. The homely remedy policy had been developed and shared with us on the day of our inspection but had not yet been implemented, so this condition had not been met in full. The fifth condition was for the provider to ensure that risk assessments were in place and contained sufficient detail for staff to identify and manage the risks and for staff to receive training in specific conditions. Although we could see that work was well underway to improve care planning and risk management systems. We found that there were known risks to people that had not been assessed and planned for, so this condition was not met.

We also required that the provider provided a written report to CQC to inform us as to when these actions will take place with monthly updates. The last report received for June 2018 advised us that the only outstanding issues were the development of people's care plans and that these were in progress. This showed that the providers updates to us had not ensured a full and accurate account of their progress against the imposed conditions.

We found that provider quality monitoring systems had not been embedded and had not been effective. The systems in place had failed to identify the shortfalls we found during our inspection. We looked at the records of the providers audits and saw that these were poor and lacked any detail about what had been assessed and what and how improvements would be made. The audits had not identified where quality and

safety were being compromised. They had not accurately identified the progress against the conditions we had imposed. They had not identified the shortfalls we found. For example, they had not identified that PRN protocols were not in place for some people, they had not identified that there was no system in place to audit non blister pack medicines, they had not identified that care plans were not in place for specific health conditions including epilepsy and diabetes. Not all care records were accurate and up to date. Systems in place had not identified that all risks to people were identified and planned for to minimise the risk of harm. The first aid arrangements in each house were not clear and not known by all staff members. The provider needed to assess the level of first aid needed across the supported living service. Health and safety checks across all three houses were not carried out consistently. Although improvements had been made to the provider's recruitment checks for new staff employed at the service improvements were still needed for the recruitment records for some existing staff.

All the evidence above supports that at this inspection the provider remained in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

It is a legal requirement for providers to display their rating, to show whether a service was rated as outstanding, good, requires improvement or inadequate following an inspection. The ratings are designed to improve transparency by providing people who use services, and the public, with a clear statement about the quality and safety of the care provided. The provider has a regulatory duty to ensure that ratings are displayed legibly and conspicuously at both the office location and on their website within 21 calendar days of the date at which the inspection report was published. We found at our previous inspection in February 2018 that the provider had not displayed their rating on their website or at their office location. This was a breach of regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. As a result of this breach we are currently in the process of issuing a fixed penalty notice. At the time of this inspection we found that the provider was displaying their rating as required.

There had been a lack of stable leadership at this service. The service was required to have a registered manager in post as part of the provider's conditions of registration. 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 had not been a registered manager in post since June 2017. We found that a manager had been deployed to manage the day to day running of the service since the previous manager's departure and they had applied for their registration with us and at the time of writing this report their registration with us was confirmed.

We saw that the manager had made improvements to the service. We saw that significant work was underway to improve people's care records so staff had the information they needed to support people safely. Audits had taken place on daily records around people's care and feedback had been provided to staff where improvements needed to be made. We saw that the arrangements in place for record keeping in relation to safeguarding information and notifications that the provider needed to report to us about significant events in the service had improved. These were now well maintained. Improvement on learning development opportunities for staff had taken place and weekly training events had been introduced. The manager had sourced a new pharmacist's provider who was due to take over the supplying of medicines the week after our inspection. The manager had developed a home remedy policy and this was shared with us and we were advised that this was to be implemented alongside the medicine improvements. Service user questionnaires had been introduced and people's feedback and their family member's feedback had been asked for. A meeting with people's relatives to discuss developments at the service and to seek feedback had been scheduled for 16 July 2018.

We also found that the manager had knowledge and understanding in relation to providing a supported living service and how the current service needed to be improved and developed. For example, we found that the current medicine arrangements were not in keeping with supported living good practice. All medicines were kept in a locked medicine trolley in the office and not in each person's own room. The manager told us that each person would be provided with a lockable cupboard in their own room for the safe storage of their own medicines. People were also to be provided with a copy of their own care and support records to be kept in their own room. These practices showed positive steps towards improvements in the service and to ensure the service was reflective of its aims and objectives.

Staff we spoke with reported to be generally happy within their work and they told us that lots of improvements had been made and spoke positively about the manager. A staff member told us, "The staffing levels are much better now, we are also having training. Things have really improved. The manager (manager's name) is very supportive". Staff we spoke with were aware of the whistle-blowing policy should they need to use it. Whistle-blowing is the term used when someone who works in or for an organisation raises a concern about risks to people's safety, malpractice or illegality without the fear of workplace reprisal. They may consider raising a whistle-blowing concern if they do not feel confident that the management of their organisation will deal with their concern properly, or when they have already raised a concern but the problem within the organisation or with the provider has not been resolved.

We found the provider to be co-operative during the inspection and they were receptive to feedback throughout the process. At the time of our inspection, the provider was working with other external agencies such as the local safeguarding authority, commissioners and community learning disability teams to ensure people's needs were met.