

Coventry City Council

Elsie Jones House

Inspection report

Earlsdon Avenue South
Earlsdon
Coventry
West Midlands
CV5 6DP

Date of inspection visit:
14 February 2020

Date of publication:
30 March 2020

Tel: 02476786704

Website: www.coventry.gov.uk

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Elsie Jones House is a 'housing with care' service for people living in their own flats with a tenancy. The provider of the service is the landlord of the tenants and is also registered to provide personal care to people who live in Elsie Jones House. At the time of the inspection Elsie Jones House had 22 people living there who required personal care.

People's experience of using this service and what we found

People were protected from the risk of harm or abuse by staff who were trained to deliver safe care and knew what action to take if they felt people were at risk. People and their relatives expressed confidence in the care and support provided by staff who they found to be reliable and caring. Staff recruitment processes were safe and robust to ensure people were supported by suitable staff of good character.

People and their relatives said staff safely supported them when they needed assistance to move, and any administration of medication by staff was well managed.

People's care and support needs were assessed and regularly monitored to ensure they were still current and being met. People's wishes, and legal rights were promoted and protected by staff who had received up to date training which the staff felt equipped them well to deal with any issues.

People were supported to have maximum choice and control of their lives and staff advised they had been trained to support people in the least restrictive way possible and in their best interests. People made positive comments about the care and support they received from staff who regularly worked with them.

People and relatives said the staff responded well to changes in how people were to be supported, providing prompt support when people were unwell or had increased care needs. Agreed plans of care reflected the full care and support needs of people.

People and their relatives expressed confidence that any concerns or complaints would be properly addressed. The registered manager was known by people and relatives and regarded as approachable. Concerns or complaints were responded to in line with the providers policy and procedures.

The provider had regularly sought feedback on the quality of the service using questionnaires with people and their relatives. The registered manager had plans in hand to improve how information from the analysis of the questionnaires was shared. The quality of care provided was regularly checked by the registered manager to ensure the provider's set standards were maintained.

Follow Up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

Why we inspected

This was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was good (report was published in October 2017)

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

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Elsie Jones 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

This service provides care and support to people living in 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 service 48 hours' notice of the inspection. This was because we wanted to be sure there would be people at home to speak with us.

Inspection activity was undertaken on 14 February 2020 when we visited the office location and met with some people in the office or in their own homes.

What we did before the inspection

We reviewed information we had received about the service since the last inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service

does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all this information to plan our inspection.

During the inspection

We spoke with four people who used the service and three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, assistant manager and two care workers.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they had not experienced any bad treatment or abuse. One person said, "They treat everyone well." Another person said, "Staff are very good, they respond appropriately, I never have any concerns about them and I feel safe."
- There were procedures and guidance which were followed by staff to ensure people were safeguarded from the risk of abuse. Staff knew how to recognise issues of concern and raise an alert.
- Staff training also covered whistle blowing; one staff member said, "Training has covered whistle blowing and I know the procedures to follow and report any concerns." (Whistle blowing is a process where staff are protected from any repercussions if they report any bad practice.)

Assessing risk, safety monitoring and management

- Risk assessments had been completed in respect of each person related to their care and support needs. The detail had been shared with staff to ensure they provided consistent and safe care in line with the person's needs.
- Each person had furnished their own flats and staff had undertaken risk assessments related to equipment used by the person both in their own flats and in communal areas of the service.
- People were helped by additional equipment that was available in the service. On each floor there was a portable lifting device for staff to use should anyone fall and need assistance to get up. Staff had been trained to use the device safely when people needed assistance but had not sustained any injury and did not need emergency services to be called.

Staffing and recruitment

- Full checks were undertaken on staff before they started work with the service to make sure they were suitable to work with people in their own flats.
- One relative advised, "Staff let me know if they have any concerns; they keep my relative safe."
- There were enough staff on duty to meet peoples care needs.

Using medicines safely

- Staff received training in how to safely administer medication to people following clear procedures. People received as much help with their medication as they needed. Each person had secure medication storage within their flat. One person said, "They organise my medication and give it to me; they also get repeat prescriptions and collect the medication."
- Records were maintained by staff detailing medication administration and application of any prescribed creams or lotions. Details of medication received by the service were accurately maintained.

- Upon receipt into the service medication was distributed to each person's flat for safe storage. When people had received bulky supplies of medication, or their prescribed medication had been changed, the stock was held securely in the service either for safe return to the supplying pharmacist or for distribution to the individual flats when there was enough space.

Preventing and controlling infection

- Staff were provided with personal protective equipment including gloves and aprons as needed to reduce the risk of cross infection when supporting people.
- People were supported by staff to keep their flat clean and they also had support with doing their own laundry. One person said, "I'm happy with the support I get to change my bed and do the cleaning."

Learning lessons when things go wrong

- The registered manager advised they always reviewed and followed up on any incidents or occurrences to check staff had taken appropriate action, and to identify any lessons to be learnt.

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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager advised that initial visits by people to view vacant flats at the service were also used as an opportunity to discuss individual support needs. A detailed assessment of the care and support needs was obtained when people moved in and used to inform each person's support plan.
- Care plans were clear and contained information about how the person liked to be supported. One person advised, "My relative and I are involved in agreeing the support plan."

Staff support: induction, training, skills and experience

- People commented positively on the ability of the staff. One person said, "Staff are skilled and well trained." A relative said, "All the staff are good, and some are excellent."
- There were clear records detailing training which had been provided for staff, alongside plans of training due to be provided, to enable them to confidently support people. One staff member said, "There is good access to training, and I have found some of the training topics really good."
- Good oversight of training was maintained by the registered manager and assistant manager with clear reminders provided for staff when mandatory training needed to be repeated.

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

- Staff ensured people who needed support to maintain a balanced diet were served food and drink in line with their care plans. Some people received support with preparing their meals and their specific support needs were well known by staff.
- The registered manager maintained good contact with the catering provider who served a main meal each day in the dining room which most people chose to have. When the catering staff were not available, the registered manager ensured a takeaway meal was offered to people so they didn't miss out on the opportunity to have a main meal and socialise with other people.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager advised staff had experience of liaising and working with healthcare professionals such as district nurses when needed to help people to keep well.
- One healthcare professional advised, "The staff have adhered to the care plan and supported my client as has been agreed. Staff bring me up to date when I visit to help keep my client well."
- One relative commented, "They keep a watchful eye on my relative's health. When I mentioned they had lost weight, the staff advised they had noticed this too and had already contacted the doctor on behalf of [name of person]. I found this reassuring."

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 take 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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- We found that no one was subject to any restriction on their liberty at the time of the inspection.
- Staff had a good understanding of the need to ensure people were involved in making decisions about their lives, with their rights fully respected.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Each person's preferences about how they were to be supported was recorded in their care plans. Staff liked providing continuity of care where ever possible. One relative said, "[Name of person] sees the same staff regularly and they are known to us too."
- One member of the care staff team had taken a lead on ensuring that a range of information was available in the service about equality and diversity topics of interest for people and the staff. There was a folder in the main lounge area with details of all such events the service had been involved in alongside details of support groups people may be interested in.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to be very involved in determining how they were to be supported.
- One person who had lived in the service for some years said, "I was involved in agreeing my care plan and very little has changed I still get the care I want." Another person said, "I am happy with the care; I could ask for more support when we discuss my care [plan] but I don't feel more support is needed."

Respecting and promoting people's privacy, dignity and independence

- One person said, "The staff know how I like to be supported. For example, when I had a fall, they helped me in a way that I was happy with. I know my own mind and staff respect that."
- People were supported to maintain as much independence as possible and determine their own daily routines with staff available when needed. One staff member advised, "I try to help people use the aids they have to maintain their independence."
- Staff knocked or called out when they went to each person's flat and waited to be invited in before entering.

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 good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person had a personalised care and support plan which reflected their preferences and wishes in respect of how their care needs were to be met.
- Care and support was provided by staff who knew everyone well and all staff were up to date with any changes in how care was to be provided. Care plans were regularly reviewed and updated as people's support needs changed.

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.

- The registered manager had ensured each person had a clear care plan which was based around discussion with people and presented in plain language to make it clear and accessible.
- When people were unable to easily read their own care plan the registered manager had ensured they had been verbally shared with people. One person told us, "Staff read out my care plan to me when we are discussing it."
- Easy to read posters and information about events and activities were on display in the communal areas of the service, together with other general information.

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

- The service offered a range of activities on a regular basis which had been developed and identified in line with the interests of people using the service. One person advised, "We were all asked what we would like to be included in the activity programme and each suggestion has been acted on."
- One staff member had taken a lead role in organising activities ensured everyone had been asked about activities they would find interesting. They had been able to meet some of the preferences and shared plans to provide more. Other members of the care staff team had good skills in leading and arranging activities within the service and tried to ensure the activities were varied and inclusive for all the people. One relative said, "All of the staff are really good, but [staff name] is excellent at activities."
- All staff were keen to ensure people were encouraged to join in and socialise with others to avoid isolation and to improve their well-being. Some people joined in numerous activities whilst other people chose to only join in occasionally.
- People were supported to maintain contact with their families and friends. Staff had developed good links

with the families of people using the service and ensured the service was supportive of relationships, welcoming and greeting people who did visit. One relative commented, "The staff are welcoming, they always greet me by name and encourage my relative to socialise within the house."

- The registered manager had set up a regular coffee break which took place every morning in the communal lounge. They told us irrespective of how many people joined in it was something that was felt to be valuable to people who did not leave their flats often. One person said, "I have been invited to the coffee break with others, I haven't gone yet but its nice to be asked."

Improving care quality in response to complaints or concerns

- People and relatives expressed confidence about management of complaints they raised confirming they would be listened to and responded to by the registered manager. One person said, "If I had a complaint I would speak to [registered managers name] and I would inform my relative." Another person said in respect of complaints, "[Registered manager] is approachable and reliable I would speak to her." One relative said, "I can't imagine ever having any reason to complain but if I did, I would go to [registered manager's name] or [assistant manager's name]. I feel sure they would take my concerns seriously."

- There was an accessible complaints procedure in place to deal with any complaints received.

- Staff referred to action they would take to advocate on behalf of people and raise complaints themselves if they had any concerns. Staff also expressed confidence that any concerns raised would be responded to. Staff advised of action they would take if issues were not addressed and named who they would approach if this ever happened.

End of life care and support

- No one was receiving support for end of life care at the time of the inspection.

- The registered manager advised when providing of end of life care they had ensured specific wishes were agreed and recorded in care plans.

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 good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People expressed satisfaction with the support they received from the service to remain independent. One person said, "The support is good, and nothing needs to be improved." Another person who had lived in the service for a number of years said, "They are wonderful staff who do anything for you. If I had any worries, I would approach any of the staff."
- People commented on the involvement of the registered manager; one person said, "[Registered manager name] attends the tenant's meetings where you can raise anything and speak up."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff were open and transparent throughout the inspection process.
- The registered manager advised that regular contact was maintained with relatives and people who used the service. There was a process in place to share information with relatives and others should any incident occur.

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

- The registered manager was clear about their responsibilities and the regulations related to the service. The registered manager had notified us of any accidents and incidents as required including incidents or deaths.
- The registered manager advised the service did not use agency staff and chose to use members of the providers relief staff team to cover absences or vacancies when needed. Members of the relief team were provided with an up to date briefing about the care and support needs of people using the service before they started providing care.
- The registered manager and assistant manager had a clear focus on regularly checking the quality of all aspects of the service. The findings from audits and checks were used to identify when changes were needed across the service or from individual members of staff. Direct checks on the quality of the care provided included observation of care practice, and audits for all staff conducted by senior care staff who then reported back their findings.
- Both the registered manager and the assistant manager confirmed that they were supported by the provider's area manager and had regular contact with them. Requests from staff for access to training were welcomed with staff having direct access to the providers system to make their requests.

- Staff were very clear about their responsibilities to report and act on issues to protect people using the service. One staff member said, "I would be confident to raise any concerns and whistle blow if I saw bad practice. I know it would be responded to."

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

- The registered manager had sought feedback from people who used the service and their relatives with full analysis undertaken and shared with all. The registered manager had shared their analysis of feedback to ensure people had an overview about how everyone viewed aspects of the service provided. It was available in an easy read format and visually easy to understand. The registered manager advised that although not everyone responded to the requests for feedback, they were keen to further develop ways in which analysis was shared and provided.
- The service produced regular newsletters for people using the service and took the opportunity to share information about all planned activities or events of interest. Consideration was given to the format of the newsletters and they were available on request in larger print formats.

Continuous learning and improving care

- The registered manager had a clear focus on regularly checking the quality of all aspects of the service. Direct checks on the quality of the care provided included unannounced observed practice sessions for all care staff from a senior member of staff and audits were undertaken following direct delivery of care to people. Findings from audits were used to identify when changes were needed to maintain or improve the quality of the service.
- The registered manager advised they were supported by their own line manager to undertake appropriate training to further develop the service. The registered manager advised requests for training from all staff were well received and responded to.

Working in partnership with others

- The registered manager said staff had a good working relationship with healthcare professionals and other agencies when they were involved in supporting people to continue living in their own flats within the service. One professional referred to the staff team following the agreed plan and helping to support the person to remain living independently.
- The registered manager advised they had opportunities to meet regularly with managers from the provider's other services to share information about good practice and developments which could be used in the service.