

***We are the regulator:*** Our job is to check whether hospitals, care homes and care services are meeting essential standards.

## EL Marsh Care Home

12 Joinings Bank, Oldbury, Birmingham, B68 8QJ

Tel: 01216794364

Date of Inspection: 09 April 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

<b>Respecting and involving people who use services</b>	✓	Met this standard
<b>Care and welfare of people who use services</b>	✓	Met this standard
<b>Management of medicines</b>	✓	Met this standard
<b>Staffing</b>	✓	Met this standard
<b>Assessing and monitoring the quality of service provision</b>	✓	Met this standard

## Details about this location

Registered Provider	EL Marsh Care Home Limited
Registered Manager	Miss Donna Allaina Campbell
Overview of the service	This service is located in a detached house which can accommodate up to four service users. It provides support and care to young adults with learning difficulties. It is a transitional service which aims to enable people to eventually move to a supported, independent living environment.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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## Summary of this inspection

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### Why we carried out this inspection

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This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 9 April 2014, observed how people were being cared for and talked with staff.

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### What people told us and what we found

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We visited this service and talked with people to gain a balanced overview of what people experienced, what they thought and how they were cared for and supported. We spoke two members of staff. People using the service had limited verbal communication skills and so we were unable to get any verbal comments from them. Staff told us that the person understood simple verbal communication, and used body language, facial expressions and some signs to communicate. We used these to understand their view of the support they received. We observed how people were cared for and how staff interacted with them during our visit. We were not able to speak to any relatives of people using the service when we visited.

We considered all of the evidence that we had gathered under the outcomes that we inspected. We used that information to answer the five questions that we always ask:-

- Is the service caring?
- Is the service responsive?
- Is the service safe?
- Is the service effective?
- Is the service well led?

This is a summary of what we found-

Is the service safe?

We saw that people's individual needs had been assessed and that there were enough suitably trained staff to care for people. We saw that medicines were managed safely so that people received their medication as prescribed. CQC monitors the operation of the Deprivation of Liberty Safeguards (DOLS) which applies to care homes and hospitals. No applications had been made and staff had access to clear policies and procedures regarding this. The manager understood how an application would be made, if needed and had experienced the use of DOLS in a previous employment. Staff were alert to the signs of, or potential for, abuse of vulnerable adults and procedures were in place, which were

reviewed regularly to prevent abuse. We saw that the provider regularly monitored the quality of service provision and assessed safety risks.

Is the service effective?

Staff training was sufficient to meet all the needs of people using the service. The manager completed a comprehensive assessment of people's needs. Support plans and activity plans were developed in response to individual risks, preferences and needs. People's physical health and care needs had been assessed with them and care workers who had known them in the past, from a different service. People's dietary preferences were taken into account so that people could eat the food that they liked. We saw that there was an enclosed and secure outdoor space where people could walk and sit. People living in the home had been effectively supported to meet goals and improve communication skills.

Is the service caring?

Staff cared about the welfare of people living at the home. This was apparent when they talked about them and we saw interactions throughout the day that confirmed the happy relationship between staff and service users. People took part in a range of activities that they had chosen and enjoyed.

Is the service responsive?

People enjoyed activities that were important to them and staff regularly suggested new activities and discussed these with people. Staff concerns about people's safety had resulted in changes to the way people were observed and the security of bedrooms. Concerns raised by people were discussed at staff meetings and actions or changes agreed in response.

Is the service well led?

The home had a registered manager, whom we met. The service had a robust system in place to monitor the quality of the service they provided. This included regular audits of all aspects of the care and support given to service users and appropriate safety inspections. Action plans were produced and implemented when necessary. The manager was experienced and caring. The manager appraised all staff annually and conducted supervision meetings at least every two months. Staff had a clear understanding of their roles, supporting and enabling people living at the home to be as independent as possible.

You can see our judgements on the front page of this report.

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## More information about the provider

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Please see our website [www.cqc.org.uk](http://www.cqc.org.uk) for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

## Our judgements for each standard inspected

**Respecting and involving people who use services** ✓ Met this standard

**People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run**

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### Our judgement

The provider was meeting this standard.

.People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

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### Reasons for our judgement

We saw that people using the service had single bedrooms. Bedrooms were personalised with photographs and ornaments for each service user. One person had spent time with staff planning changes to their room decor and staff told us this should be implemented soon. When we visited two people were using the service. During our inspection we saw that staff asked people if we could look at their bedroom. Staff told us that they always knocked on people's bedroom doors before entering. Staff were pleasant and respectful when they spoke to service users. Staff called people by name and demonstrated that they knew people's needs and preferences. Staff told us how they protected people's dignity and privacy, and we saw that they did this. This showed us that people's privacy and dignity was protected.

We saw a service user's handbook which included all the necessary details about the service and location. It included information about the service's intention to treat people with respect and acknowledge cultural and religious diversity. It included information about all aspects of care and support and everyday living at the home. The manager told us that this was given to people and their relatives or carers before they came to the home. However, did not see an 'easy read', or pictorial version of this.

The Provider may care to note that people with learning difficulties may benefit from a simpler version of the handbook, with pictures of the home and support staff. This might include a simpler, picture based complaints form.

The manager told us that information about people's previous choices and preferences was documented and referred to if necessary when helping people to make choices. Care plans were clearly personalised and created with people's involvement. Although people were not always able to sign to consent, we saw statements such as, "n\* has stated that he is happy to go to this appointment."

We saw that meal choices were made according to people's preferences and staff told us

that people were sometimes involved in preparing food in the kitchen, with support. All of this showed us that people were involved in making choices and that their beliefs and preferences were respected.

**People should get safe and appropriate care that meets their needs and supports their rights**

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**Our judgement**

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The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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**Reasons for our judgement**

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The manager told us that people undertook a transition period before moving permanently to the home. This involved visiting for short periods of time and then staying overnight or for a weekend. This period allowed people to allay any fears and get used to the service, and decide if they liked it. It was also an opportunity for the manager to carry out a thorough assessment of risks, needs, aspirations and limitations of people. Assessment included physical, mental health, social and emotional needs. This information was used in conjunction with pre-admission assessments and information gathered from previous care and support staff, social workers and relatives where possible. We saw that this assessment process which included the involvement of the service user, allowed a detailed plan of personalised care and support to be developed. This meant that staff had the information they needed to provide appropriate, individualised care and support.

We looked in detail at the care and support plan of the two people using the service. Plans were in place that minimised any assessed risks and promoted independence in all activities. Each person using the service had a daily plan of activity including meal times and 'talk-times'. The manager explained that four times a day a support worker sat and talked with the service user, explaining what was planned for the next period of the day, such as going to the park or which staff were on the next shift. We saw staff doing this and they were calm and kind, using adapted makaton signing and repeating things. They answered questions and ensured that the person understood. All plans were reviewed monthly following a meeting with people and their relatives, advocate or social worker when possible. This meant that people were involved and kept informed of what was happening throughout the day.

We saw that people were engaged in various activities which they had chosen and enjoyed such as swimming, horse riding, walking in the park, fishing, arts and crafts and using electronic games.

The service user's handbook stated that the service aimed, 'to actively help service users to lead fulfilling lives within the limits of their abilities and wishes, and to recognise and cater for those who do not wish to be active or socialise.' We saw evidence that every opportunity was taken by staff to meet this aspiration. This showed us that people were

protected from risks and that care was planned according to individual needs with the involvement of service users.

**People should be given the medicines they need when they need them, and in a safe way**

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## **Our judgement**

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The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

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## **Reasons for our judgement**

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The manager told us that this would only happen after a risk assessment had been carried out successfully. We saw a policy and procedure document for self-administration. None of the people living at the service when we visited administered their own medication. When we visited the service, only one person required medication which was administered by a staff member. Their medicines were stored in a locked cabinet in their bedroom to which staff held the key securely. We saw that their Medicines Administration Record (M.A.R) included a photograph of the person and noted if they had any allergies. Staff used this to identify the correct person to administer medicines to. This is good practise even though there was only one person requiring medication when we visited, because this situation could change in the future. The M.A.R. was signed after medicines were administered. Staff were able to discuss what they would do if a person refused medication. Two medicines were prescribed on a PRN, which means as required basis and staff understood how and when to administer these appropriately. We saw written protocols for the use of these medications.

We saw that there was a policy and procedure available for the management of medicines which had recently been updated and changes had been made to improve medicines management. We saw records that showed that three support workers at the service and the manager had been trained to administer medication. The manager explained that there was always a member of staff on duty who had been trained to administer medication. This all showed us that prescribed medicines were given to people safely.

The manager explained how prescriptions were obtained from the General Practitioner and supplied by the local pharmacy. These were checked against the prescription. Unused medicines were stored in a locked cupboard, recorded in a 'returns book' and returned to the pharmacy. This evidence showed us that medicines were managed safely.

## Staffing

✓ Met this standard

**There should be enough members of staff to keep people safe and meet their health and welfare needs**

### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

### Reasons for our judgement

Two members of staff that we spoke to, told us that they received an induction when they first started working at the home and that they believed they had received enough training to care for the people who used the service. We saw training records that showed that all staff had received training which included fire safety, health and safety, safeguarding vulnerable adults and managing behaviour that challenged. They had also received training in caring for people with epilepsy and with autism. Updated training had taken place annually. Staff discussed aspects of safeguarding vulnerable adults and knew what to do if they suspected any abuse. Staff who administered medicines had received training. Some staff had completed National Vocational Qualifications in care, or other qualifications. The manager was very experienced and had trained to degree level in Health and Social Care. The manager told us that all staff had an annual appraisal and regular supervision meetings. This showed us that staff had been supported to learn how to care for people safely and that all staff had the skills and knowledge to care safely for people living at the home.

Staff told us that there were always enough staff to care for people using the service. On the day that we visited the service people had one to one support. We looked at records of duty rotas for different days of the week in February, when there was only one person using the service and in March and April 2013 and saw that staffing numbers varied according to people's needs and activities. On most days there were three support workers during the day and the manager worked from Monday to Friday from 0900 to 1700. One support worker was on duty each night. This showed us that there were always enough staff on duty to safely care for people using the service.

## Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

### Our judgement

The provider was meeting this standard.

The provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

### Reasons for our judgement

We saw that individualised risk assessments had been made for each service user and that plans of care and support addressed these and were reviewed regularly. Regular audits included medicine stock checks and signatures on the MAR. We saw that the service used a format called 'Quality of Care and Support Practise' which had recently been completed which listed outcomes against which the manager had provided evidence that they had been achieved. An example of this was, 'promoting service user's participation and involvement', evidenced by a service user preparing meals with help or supervision.

We saw that at monthly review meetings, people had been asked if they were happy or not with the quality of the service provided. One person had said that they disliked the blue car that was used to transport people living at the service and would prefer a mini bus. The manager told us that they had passed this onto the provider but did not know if it would result in a change. However it showed us that the service continually monitored the service, by asking people their opinions and took the views of people seriously.

The manager also audited whether the policy and procedures on control of substances hazardous to health (COSHH) and infection control had been implemented correctly. When there had been shortcomings in meeting the required standard, the manager told us, and we saw that there were action plans in place to address these. The audits that we saw had only recently been completed and actions were still in the process of being implemented. This showed us that when risks to the health and safety were identified, changes were made to reduce the risk.

We saw that regular safety checks of the premises took place including electrical and gas safety, fire alarm and smoke detector testing took place. This showed us that the provider had an effective system to monitor the safety of the service.

## About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.


In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.


You can tell us about your experience of this provider on our website.


## How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

## How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

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**Minor impact** - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

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**Moderate impact** - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

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**Major impact** - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

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We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

## Glossary of terms we use in this report

### Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

### Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

## Glossary of terms we use in this report (continued)

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### **(Registered) Provider**

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There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

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### **Regulations**

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We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

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### **Responsive inspection**

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This is carried out at any time in relation to identified concerns.

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### **Routine inspection**

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This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

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### **Themed inspection**

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This is targeted to look at specific standards, sectors or types of care.

## Contact us

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