

Lindale Homes Limited

Elliott House

Inspection report

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West Midlands
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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 ●

Summary of findings

Overall summary

About the service

Elliott House is a residential care home providing personal care to 40 people aged 65 and over at the time of the inspection. The home previously could accommodate up to 43 people but has recently been registered to accommodate up to 54 people following an extension at the home. The care home accommodates people in one adapted building set out over two floors.

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

People received safe care. People were supported by staff who understood the appropriate action to take should they be concerned about their safety. The risks associated with people's care had been identified and plans put in place to minimise these. Staff had been recruited safely and there were tools in place to ensure appropriate staffing levels were in place. People were supported to take their medicines safely.

People received effective care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were supported to receive appropriate healthcare in line with their specific needs. Staff had received training in line with people's needs. People were supported to eat and drink meals of their choosing.

People received support that was caring, compassionate and kind. People and their relatives were involved in all aspects of their care. People had their dignity and privacy respected and their independence promoted.

People received care that was responsive to their needs. People and their relatives had been involved in developing their care plans and reviewing them as and when their needs changed. People had a wide range of interesting and engaging activities available to them which we saw people enjoying. People were able to raise concerns and complaints and be assured these would be investigated.

The service was well-led. There were systems in place to monitor the quality and safety of the service. People and staff were able to feedback their views of the service and had opportunities to suggest improvements. The management team acted openly and responsively during the inspection.

Rating at last inspection- This service was registered with us on 14 July 2017 and this is the first inspection of the service.

Why we inspected

This was a planned inspection.

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

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.

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 ●

Elliott 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

This inspection was carried out by one inspector.

Service and service type

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

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

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service before the inspection. We sought feedback from the local authority who work with this service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with the registered manager, deputy manager, operations manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf

of the provider. We also spoke with a senior support worker, four staff and the chef. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

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

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us the service was safe. One relative told us, "Staff know how to keep her safe," and described the ways staff supported their relative safely.
- People were supported by staff who understood the signs of abuse and appropriate action to take should they have concerns. Staff had received safeguarding training and were able to describe the action they would take to report any concerns. Staff were confident that the management team would take appropriate action to deal with safeguarding concerns.
- The registered manager was aware of their responsibility to report any safeguarding concerns to the appropriate authorities.

Assessing risk, safety monitoring and management

- Their were risk assessments in place around people's known risks although some of these lacked detail. However, staff were consistently able to tell us how they supported people safely. The registered manager took immediate action to ensure these risk assessments were completed in more detail.

Staffing and recruitment

- There were sufficient staff available to support people safely. The registered manager completed a staffing dependency tool each month to determine the staffing levels needed depending on people's current needs.
- Staff were recruited safely. We saw that the providers recruitment process included obtaining a Disclosure and Barring Service Check (DBS) to determine whether staff were safe to work with people.

Using medicines safely

- People received safe support with their medicines. A new electronic medicine administration tool had been introduced which had features available which aimed to reduce the chance of a medication error. We saw staff supporting people with their medicines and this was done in a dignified and caring manner.
- Staff had received training in safe medication administration and their competency was checked by the management team.

Preventing and controlling infection

- The home was clean and odour free and had a dedicated team of staff responsible for the cleanliness of the home.
- Staff were aware of their responsibility for good infection control standards. We saw staff using personal protective equipment such as gloves when supporting people, for example, at meal times or when administering medicines.

Learning lessons when things go wrong

- We saw there were systems in place to investigate any incidents and accidents that occurred at the home. Each accident was investigated individually to determine if anything could be done to prevent re-occurrence. The registered manager completed analysis of any incidents to identify trends to reduce the chance of a similar incident occurring again.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. 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 had systems in place to ensure people's needs were assessed prior to them living at the home and that only people whose needs the service could safely meet would live at the home.

Staff support: induction, training, skills and experience

- Staff were happy with the training they received and told us it provided them with the skills they needed to support people. One staff told us about their training, "It shows us the right way how to do things. The knowledge is great." There were systems in place to ensure training was kept up to date. Staff received supervisions which allowed them to reflect on practice and identify any learning or support needs.
- The registered manager informed us that competencies of staff were carried out following training to ensure the training received had been understood and put into practice although we found that records of these competencies needed to be made in more detail.

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

- People were supported to eat and drink sufficiently. The registered manager had introduced dedicated staff who were available at meal times to support people in making choices, monitoring food intake, and who were aware of people's dietary needs. We saw that this benefitted the meal time experience for people.
- People were happy with the meals available to them and one person told us, "The food is lovely." People were able to state their preferences for food which were incorporated into menu plans. Some people required a special or modified diet which we saw put into practice.

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

- The registered manager informed us how they worked with other agencies to provide consistent care, for example when people had hospital appointments. The registered manager was aware of and had made referrals to specialist healthcare teams when people's needs changed.

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

- Many people at the home were living with Dementia. We saw that the registered manager had started work to ensure the environment was conducive to people living with Dementia. The registered manager described further planned improvements to help people orientate around the building. Staff had a good understanding of supporting people living with Dementia.

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

- People were supported to access appropriate healthcare according to their needs. We saw there was

information available for staff on people's healthcare conditions.

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People had been supported appropriately under the MCA. Staff understood the requirements of the MCA and were able to tell us how they ensured they sought consent and offered choices to people. This included interpreting non-verbal cues that people may give. We observed staff offering people choices in their care.
- The registered manager had made referrals to the DoLS team when they had identified a restriction on a person's care. The registered manager was awaiting approval for these DoLS applications at the time of the inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. 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

- People felt cared for by the staff who supported them. One person told us, "The care is very good here." Another person told us, "Staff are lovely to me they are." One relative told us about the staff and said, "They're lovely. I couldn't wish for better staff." Another relative told us, "Staff have got to know [name of person] and are fond of him."
- We saw many kind and caring interactions between people and staff during the inspection visit and staff told us they enjoyed supporting people. One staff member told us, "The job is so rewarding and I feel happy. I'm doing something I enjoy." Another staff member told us the best part of their role was, "The residents, I really like it."

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

- Relatives informed us that they had been involved in developing a care plan prior to the person moving into the home. Relatives explained that this had enabled people's preferences and likes and dislikes to be recorded so that people could receive care how they wished.
- The registered manager had introduced a 'resident of the day' scheme which involved all of the different staff teams at the home. The 'resident of the day' was the focus for the day and along with records being reviewed also allowed the person's care to be reviewed with them so they could state if they wanted any changes to their care to be made.

Respecting and promoting people's privacy, dignity and independence

- People had their privacy and dignity protected and were encouraged to remain independent. We saw staff seeking consent before entering people's bedrooms to retain their privacy. Where people needed support to eat their meal this was carried out by staff in a dignified manner.
- People were encouraged to be as independent as possible. We saw people using walking aids to encourage independence with mobility.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated as Good. 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

- People and their relatives where appropriate had been involved in developing their plan of care to ensure individualised care could be provided. Care was reviewed with people to determine if it continued to meet their needs and also to enable people and their relatives to state any changes they may want to make.

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.

- We were informed of different aids that were available to support people with their specific communication needs. The registered manager described further work that was being carried out to provide people with pictorial aids that would support with menu choices.

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

- People had a wide variety of planned activities available to them. These activities were planned around people's interests.
- During the inspection visit we saw many different activities occurring including reviewing current affairs, music and movement and gentle exercise sessions. We saw people become animated and engaged during the activities and were enjoying taking part in these activities.
- Relatives told us they were always welcomed into the home and that there were no restrictions on when they could visit. One relative told us the home was, "Very welcoming. We can come anytime of the day." This enabled people to maintain relationships that were important to them.

Improving care quality in response to complaints or concerns

- People and their relatives were aware of how they could raise concerns or complaints about the service. One relative told us, "Any concerns I bring up and they address it." We saw the complaints procedure was on display in one of the communal areas of the building.
- We saw that where complaints had been received they had been investigated and a response provided to the complainant. Whilst complaints were investigated we found some improvement needed in the oversight of complaints to ensure themes or patterns of complaints could be identified and rectified. The registered manager took action to remedy this during the inspection.

End of life care and support

- The home was not currently providing end of life care at the time of the inspection. However, people had been given the opportunity to discuss end of life wishes to ensure care could be provided as the person wished at this time.

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.

This is the first inspection for this newly registered service. This key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There were systems in place to monitor the quality and safety of the service. Whilst monitoring checks had not highlighted that two PRN protocols had not been completed, and that the returns of medicines needed improving, the registered manager acted responsively and had made the necessary improvements by the second day of the inspection. In addition, the registered manager informed us of changes to their quality monitoring systems that had been made that would enable them to monitor these areas more closely.
- A new system for care records had been introduced prior to the inspection which all staff were getting acquainted with. The registered manager explained that this system would enable better monitoring and analysis of care records to ensure they were maintained accurately.
- The registered manager notified us appropriately about specific events that had occurred at the home.
- The registered manager informed us that since the previous manager had left they had been working hard at implementing safe systems of work and ensuring robust recruitment of staff was carried out. The registered manager explained they were now in a position to introduce improvements in the service.
- People and their relatives were pleased with how the home was managed. One relative told us, "The manager is making this place. I respect and trust her."
- Staff felt supported by the management team. One staff member told us, "[Registered managers name] is a really good manager. She tries very hard with the residents."

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

- From our conversations with the registered manager and staff we found that the home had an ethos of continuous improvement that was based on providing good quality care to people.

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

- Through our discussions with the registered manager we determined that they were aware of and acted in line with the duty of candour requirements. The registered manager was open and transparent throughout the inspection process.

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

- People and their relatives were involved in having their say about how the home was run. One relative told

us, "It's nice to be involved..... [registered managers name] will update us on what's happening in the home." There had recently been an open day at the home which people and relatives commented was a lovely day.

- People were able to feedback their views through surveys and meetings that took place on a monthly basis.
- The home had also provided people with an opportunity to feedback about the home through a independent group of relatives that met.

Continuous learning and improving care

- The registered manager had kept up to date with changes in the care sector and informed us of plans to review the oral healthcare of people living at the home. The registered manager had signed up to external groups such as 'Skills for Care' to provide the registered manager with support and to enable their knowledge of care practice to remain current.
- The registered manager had introduced systems to enable good communication between all departments in the home. This allowed important information to be shared that aided monitoring of the service.

Working in partnership with others

- The service worked alongside professionals such as commissioners, social workers and healthcare professionals to ensure people received the care they needed.