Coventry City Council  
Elsie Jones House  

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<th>Region:</th>
<th>West Midlands</th>
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| Location address:| Earlsdon Avenue South  
                   | Earlsdon  
                   | Coventry  
                   | West Midlands  
                   | CV5 6DP         |
| Type of service: | Domiciliary care service |
| Date of Publication: | March 2012     |
| Overview of the service: | Elsie Jones House is a housing with care complex. The care provision is registered with CQC as a domiciliary care agency. The agency provides personal care support to people who are tenants at Elsie Jones House.  
People who use the service are tenants of Whitefriars Housing and Coventry Social Services manage and operate |
the agency.

The complex is situated in the Earlsdon area of the city.
Summary of our findings
for the essential standards of quality and safety

Our current overall judgement

Elsie Jones House was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review to check whether Elsie Jones House had made improvements in relation to:

Outcome 04 - Care and welfare of people who use services
Outcome 16 - Assessing and monitoring the quality of service provision

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 8 February 2012, observed how people were being cared for, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We carried out this review to check on the care and welfare of people using this service.

People we spoke with said that they were consulted about the care provided and were involved in decisions about their care.

People told us that the agency had carried out an assessment before the service started and that they had a copy of the care and support plan in their home. Support plans we looked at showed staff had the information they needed to provide the care support required. Staff we spoke with confirmed that plans are kept up to date.

The people we spoke with said that they had regular carers. People told us carers did everything they needed and that staff take their time and do not rush. One person said "The girls are busy but they never rush me."

People told us they were happy with the support they received and that it made a difference to their everyday living. One relative told us, "It's lovely here, Mum is treated really well, all the staff are great it's like one big family."

People told us that they were treated with respect and that care staff maintained their privacy and dignity. The staff we spoke with showed a good understanding of peoples' support needs.
People we spoke with were confident that they could raise concerns if they were not happy with the care being received and that they would be listened to. Staff we spoke with knew what they would do to keep people safe.

What we found about the standards we reviewed and how well Elsie Jones House was meeting them

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People who use the service receive effective and appropriate care and support. This is because peoples’ care needs are planned to meet their individual and personal requirements.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

There are arrangements in place to assess and monitor the safety and quality of care. The views of people and families are used to improve the quality of services delivered.

Other information

Please see previous reports for more information about previous reviews.
What we found for each essential standard of quality and safety we reviewed
The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

**Compliant** means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*
Outcome 04:
Care and welfare of people who use services

What the outcome says
This is what people who use services should expect.

People who use services:
* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement
The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us
We visited the agency on 8 February 2012. We spoke with the assistant manager, a senior carer and a care worker during our visit. We spoke with four people who used the service and two relatives to get their views of the service provided.

People we spoke with said that they were consulted about the care provided and were involved in decisions about their care. People told us that they were happy with the support they received and that it made a difference to their everyday living. One person said "I am very happy with the service I get, all the staff here are wonderful" and a relative told us, "It's lovely here, Mum is treated really well, all the staff are great, it's like one big family."

People told us that they were treated with respect and that care staff maintained their privacy and dignity. For example one person said: "Staff always knock and wait for me to answer before they enter my flat."

People told us that they had a copy of their care plan in their home and staff confirmed plans are kept up to date. The staff we spoke with had a good understanding of peoples support needs.

People felt that care staff helped them to be as independent as possible and that care staff provided them with the care and support agreed. One person told us, "I can do most things for myself but I need help when I shower. I wash my front and the carers' do my back where I can't reach."
People we spoke with said they had regular carers. People told us carers did everything they needed and that staff take their time and do not rush. One person said "My carers are very good I can't fault them. They always do things in the way I like" another said "The girls are busy but they never rush me."

**Other evidence**

During our visit we reviewed the care and support plans of four people who use the service. We found that care plans provided care staff with information on how they should care for people to meet their needs. The care plans set out what tasks needed to be completed and when, and reflected people's needs. Risk assessments were in place, identifying the risks to people using the service and what should be done to reduce them. This included assessments for people who needed assistance to move around and for pressure area management. Staff we spoke with knew how to manage pressure areas. They were able to discuss what changes in the skin condition to look for and when to inform the district nurse. One plan we looked at showed recent changes to the person's pressure area management. The changes had been risk assessed and the assistant manager was in the process of updating the support plan to specify what staff need to do to manage the pressure areas.

We found that care plans were updated in response to changes in people's needs. One plan we looked at had been updated the previous day due to deterioration in the person's mobility and mental health. We asked care staff about the people they looked after. The care staff we spoke with had a good understanding of the needs of the people they were supporting and what they needed to do to meet these needs. Care staff also had a good understanding of how to recognise when someone needed additional support or referral to other services. For example, work schedules showed that call times for one person at lunchtime had been extended so staff could assist them with eating. We also saw that referrals to the GP, district nurses, psychiatrist and other professional were regularly made.

Plans we looked at showed staff assisted people to take their medication. The agency had a system for assessing and managing peoples' medication. This included a process of auditing medication records on a weekly basis. However the process for randomly selecting records did not ensure that all the flats were audited regularly. The assistant manager agreed to adapt the auditing procedure to include all the flats where they assist people with medication. Records confirmed that staff completed medication training and there was a procedure in place for assessing staff competency in assisting with medication.

Staff we spoke with knew what they would do to keep people safe. Training records confirmed staff had completed safeguarding training. Staff spoken with knew about the whistle blowing procedure and said they would have no hesitation reporting poor practice to the office.

We looked at the recruitment records for three care staff. Recruitment records are held at the city council offices and copies sent to the agency. The required documents were available to show staff had been properly checked before they started working with clients. We saw there was evidence that criminal records checks had been completed but this information should also include the date and outcome of the disclosure as well as the disclosure number.
Records showed there was a training programme in place. A copy of the training matrix which was sent to us included all mandatory health and safety training. The agency use the city council's training facilities. The assistant manager said although they request updates when they are due they sometimes have to wait several months for mandatory training courses to become available.

**Our judgement**
People who use the service receive effective and appropriate care and support. This is because peoples’ care needs are planned to meet their individual and personal requirements.
Outcome 16:
Assessing and monitoring the quality of service provision

What the outcome says
This is what people who use services should expect.

People who use services:
* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

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What people who use the service experienced and told us
People we spoke with told us they were asked for their views and opinions of the service. One person told us they had lived at Elsie Jones House for several years and they are regularly asked for their opinions and if they are satisfied with the support they received. They said that there is a monthly tenants meeting, that they have daily well being visits and are also sent questionnaires. This person told us "I am perfectly happy here. I get all the help and support I need. It's a lovely place to live." This person also said they were more than satisfied with the care staff, especially the assistant manager."

People we spoke with said that they would speak with the manager, assistant manager or the senior carers if they were unhappy with anything. People told us that they were confident their concerns would be listened to and acted on.

Care staff we spoke with said that they would report any concerns to the managers or the seniors. They told us any concerns they had raised had been dealt with promptly.

Other evidence
The agency had procedures in place to monitor the service they provide. The quality of care provided was reviewed through audits and learning from incidents and complaints. Records showed that care staff were regularly supervised and their practice observed to ensure any training needs or concerns with the quality of care provided were identified. We saw one member of staff had made mistakes during medication administration on two occasions. Standards had been reset during supervision and
another competency assessment had been completed.

We found there was a clear management structure with lines of reporting and decision making in place. Care staff and people receiving services were able to refer to a senior member of staff for guidance. People we spoke with said they would refer any concerns to the senior on duty or the assistant manager.

We asked care staff how they could give their opinions on how the service was run. Staff said they had team meetings and regular supervision sessions.

We were provided with the findings of the last satisfaction questionnaire sent to tenants in June 2011. This showed people were satisfied with the service they receive.

During our review, we asked other professionals involved with the people receiving care if they were aware of any current concerns or complaints about services being provided. Coventry City Council contracts monitoring officers told us they had visited the service in November 2011. We were told that the agency scored 85% on their audit. There were no current complaints about the service.

**Our judgement**
There are arrangements in place to assess and monitor the safety and quality of care. The views of people and families are used to improve the quality of services delivered.
What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called Guidance about compliance: Essential standards of quality and safety.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

**Improvement actions:** These are actions a provider should take so that they maintain continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

**Compliance actions:** These are actions a provider must take so that they achieve compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

**Enforcement action:** These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.
## Information for the reader

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