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

Elsie Jones House

Earlsdon Avenue South, Earlsdon, Coventry, CV5 6DP
Tel: 02476786704

Date of Inspection: 04 November 2013
Date of Publication: November 2013

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

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Details about this location

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<th>Coventry City Council</th>
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<tr>
<td>Registered Manager</td>
<td>Mrs. Patricia Helen Hart</td>
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<tr>
<td>Overview of the service</td>
<td>Elsie Jones House provides housing with care. 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 City Council manage and operate the agency. The complex is situated in the Earlsdon area of the city.</td>
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Summary of this inspection

Why we carried out this inspection

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.

How we carried out this inspection

We carried out a visit on 4 November 2013, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff, reviewed information given to us by the provider and reviewed information sent to us by commissioners of services.

What people told us and what we found

Elsie Jones House provides housing with care. People live in their own flats and staff provide support at pre-arranged times. There were 16 people receiving a personal care service on the day of our visit. During our visit we spoke with four people who used the service, a relative, the manager, the assistant manager and two members of staff.

People told us they were fully involved in their care and support. We were told people's preferences and choices had been discussed with them and staff provided support in the way they liked. People told us the service was responsive to their needs. We were told, "You just need to mention something and they would do it for you."

People we spoke with said their care workers were respectful and caring. One person told us, "The staff are all very good. I have no hesitation saying that, they treat me with the utmost respect."

We saw people's care needs had been assessed and were regularly reviewed to make sure people received the care they required. Risks associated with people's care had been identified and were managed appropriately by the service. The care plans we looked at provided staff with sufficient information about the care and support people required to meet their needs and maintain their safety.

People said there was a small staff team that provided their care. People told us their care was provided around the same time each day. We looked at how calls to people were allocated to care workers. We found there were sufficient care workers to provide the care and support people required.

Care staff we spoke with knew what to do to keep people safe and how to respond to allegations or suspicions of abuse. People we spoke with had no concerns about the care they received and knew who to talk to if they were unhappy with the service.

Records showed the agency had systems in place to monitor the care provided. Everyone
we spoke with told us they were satisfied with the care they received. One person said, "The staff are good fun and look after me well."

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

More information about the provider

Please see our website 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.
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

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.

Reasons for our judgement

People told us they were involved in decisions made about their care. We were told people's support needs had been discussed and agreed with them when they moved into Elsie Jones House. People we spoke with confirmed that an assessment of need had been completed before the service started. This made sure the service was able to meet the needs of people who lived there.

People told us they were fully involved in their care and support. We were told people's preferences and choices had been discussed with them and staff provided support in the way they liked. People we spoke with said their care workers were respectful and caring. One person told us, "The staff are all very good. I have no hesitation saying that, they treat me with the utmost respect."

We looked at the care files of four people who used the service. We saw that people had signed documents that confirmed they had been involved in the planning of their care. We saw people had signed a consent form for sharing information and to allow other professionals, including ourselves, to view their records.

Plans included information about people's preferences and choices. We saw each file contained information about the person's past life and family relationships. Staff told us this information helped them to get to know new people and build relationships.

During our visit we observed staff talking respectfully to people. We were unable to observe care directly but responses from people indicated their privacy and dignity was maintained. "They make sure the door is shut and I am covered with a towel in the bathroom." All the people we spoke with confirmed staff knocked on the door before entering their homes. One person told us, "They always knock or ring the bell. They don't walk in without asking."

People we spoke with said they had been given information about the agency and how it operated. We saw people had a Service User Guide in their home folders that told them
about the service provided at Elsie Jones House. All the people we spoke with said they could share their views and opinions about the support they received. One person said, "They (the staff) always ask if I am ok and how things are going." People told us there was a tenant’s meeting they could attend if they wished.
Care and welfare of people who use services  

Met this standard

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

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs.

Reasons for our judgement

We spoke with four people who used the agency and one relative to find out if people's needs were being met by the service.

During our visit we looked at people's care files in the office and the care plans that were kept in people's homes. We found people had the same information in plans kept in their home and in the office. This made sure care workers had consistent and up to date information about the support people required. There was evidence to show plans were being reviewed and updated regularly. Staff told us they had a handover at the start of every shift that kept them informed of any changes in people's care needs.

We looked in detail at the care and support being provided to four people who used the service. We saw people's care and support had been arranged according to their personal needs and requirements. The care files we looked at provided staff with sufficient information about the care and support people required to meet their needs and maintain their safety. People told us the service was responsive to their needs. We were told, "You just need to mention something and they would do it for you."

Plans included a process for assessing and managing risks associated with peoples care, for example people's mobility and falls prevention. These assessments were carried out to make sure people's care was delivered in a safe way.

Care plans included information about how staff should be moving and handling people. One person told us they had been in hospital following a fall and had used a hoist after they were discharged. We were told care workers were competent when using the hoist and the person said they had felt safe during this procedure. We were told that staff had checked this person's skin when they were unable to move around to make sure it was not red or sore. This person told us they were usually very independent and did most things for themselves. They said following the fall they had needed staff to provide personal care and other tasks they would normally do themselves. The person told us, "They (the staff) were great. They came in several times a day to see to me, I only had to ask and they sorted it for me. You can't ask for more than that."

Care workers we spoke with said they had completed moving and handling training and knew how to use a hoist. They gave examples of how they managed people's pressure
areas. Staff said they completed body maps to record any marks or bruises. We were told concerns would be referred back to the manager or senior staff on duty who would contact the GP or district nurse. The procedures in place made sure people remained safe and well.

We saw records in the office that showed staff recorded what they had done during each call. We asked people if they read the reports staff completed. Two people told us they regularly read what the care worker had written and it was usually an accurate account of what they had done.
Safeguarding people who use services from abuse  

People should be protected from abuse and staff should respect their human rights

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**Our judgement**

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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**Reasons for our judgement**

Staff we spoke with knew how to recognise symptoms of abuse and said they would refer any concerns to the staff in the office. The manager and assistant manager knew the procedure for referring safeguarding concerns to the local authority and to us. We looked at the safeguarding file. We saw that safeguarding incidents had been recorded, referred and investigated in a timely way.

Staff knew about the whistle blowing procedure and said they would have no hesitation reporting poor practice of others to the staff in the office. Staff we spoke with knew who to contact within the organisation if they had concerns relating to the managers or staff working in the office.

Staff we spoke with said they had completed safeguarding training. We saw training records that confirmed updates in safeguarding training were taking place. We did note that some staff still required updates in safeguarding training. The provider may find it useful to note that updates in safeguarding training should be completed in a timely manner. This would make sure staff skills were up to date and that staff were able to continue to safeguard people who used the service.

We looked at the safeguarding procedure. We saw this provided clear information for staff about responding to suspicions or allegations of abuse. We found the safeguarding folder that held policies and procedures was disorganised. It contained historical policies from 2008 and 2009 that had been updated. It was difficult to find current information. We discussed this with the manager who told us the folder would be audited to make sure staff had easy access to the current policy and phone numbers if they should need them.

The agency had a procedure in place for assessing and managing risks. Records showed that people had risk assessments completed for identified risks. These included how to move people safely and prevention of falls. People who used the service told us they were supported to maintain their independence and could continue to do things for themselves. For example, manage their medication. These procedures made sure people’s wellbeing was upheld and they received their care in a safe way.
We found the agency had additional procedures in place to protect people who used services from abuse. For example, safe handling of medication procedures to make sure people received their medication as prescribed and the recruitment practice that made sure people had been properly checked before working at Elsie Jones House.

We looked at how complaints were being managed. We found the log of complaints had not been updated since 2011. We saw two complaints had been received in 2013. We saw information to show how the complaints had been investigated and what the outcome of the complaint was. The provider may find it useful to note that a log of complaints should be kept up to date. This would provide quick reference to the nature of the complaint received, the stage of the investigation of the complaint and the outcome. It would also help identify any trends or patterns of complaints received.

People we spoke with knew how to make a complaint. We were told there was information about making complaints in their home folder. No one we spoke with had made a complaint. One person said "No, never had to. I've had nothing to complain about."

People living at Elsie Jones House had access to a call system that staff responded to between scheduled call times. This meant people could get urgent assistance from staff on site. People confirmed staff responded to call bells. One person said, "If you pull the cord somebody comes." We also saw people who were unable to reach pull cords or were prone to falling wore neck pendants so they could call for assistance if they needed to.
Staffing  

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

At the time of this inspection there were 18 people living at Elsie Jones House and the service employed 21 care workers. The agency provided personal care to 16 of these people. We spoke with four people who used the service and one relative during our visit. We spoke with the manager, assistant manager and two care workers while we were there.

We asked people if they had consistent care workers. People said there was a small staff team that provided their care. People told us their care was provided around the same time each day. We looked at staff rotas and work schedules to see if there were sufficient care workers to meet people’s needs. These documents showed calls to people were routinely scheduled for the same time each day. We saw calls were scheduled in line with times recorded in the care plans we had viewed. We asked people if care workers stayed long enough to do what was in the care plan without rushing. All the people we spoke with said they did. People said care workers often stayed after they had provided their care to have a chat, which they enjoyed. We found there were sufficient care workers to provide the care and support people required.

We saw there was a structured induction programme in place for new care workers. We spoke with two members of staff about their induction. We were told they had received a staff handbook with policies and procedures and had worked closely with more experienced workers before working on their own. We saw they had completed the required training to make sure they worked with people in a safe way.

We saw there were training records in the staff files we looked at. Records showed staff had completed regular training including updates when they were due. Staff we spoke with said they felt well trained by the agency and understood how to support people in a safe way. Training records we viewed showed a training programme was in place that included moving and handling people, safe handling of medication and safeguarding adults training. We were sent a copy of the training matrix following our visit. This showed some training was due to be updated. We were confident there was a programme in place to regularly update staff training. This would make sure staff maintained the skills and knowledge to work with people in a safe way.
Assessing and monitoring the quality of service provision

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 to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Records we looked at showed the agency had systems in place to monitor the care provided to people. These included regular reviews with people who used the service and satisfaction questionnaires. Returned questionnaires showed people were satisfied with the care provided.

We saw there was a process in place to audit records to make sure people were receiving the care as outlined in their care plans. This included audits on medication records and three monthly summaries of peoples care.

We found there was a process in place for managing identified risks. This included the person's environment, moving and handling procedures, prevention of falls and medication administration. These assessments made sure people received their care and support in a safe way.

We saw that staff had regular supervision and their practice was observed to make sure they provided care and support in line with policies and procedures. Staff said they had handovers at the start of each shift and staff meetings. This made sure they were provided with updates about people's care and support as well as information about changes in policies and procedures.

Policies and procedures were in place and had been made available to staff as part of their induction. Policies we viewed included medication, complaints and safeguarding. We saw policies and procedures were easy to understand and provided staff with clear information.

Staff said they would direct people who raised concerns to the complaints procedure. They knew a copy of this was available in people's home folders. Staff said they would also refer any concerns people raised to the staff in the office.

We asked people what they would do if they were unhappy with the service. No one we spoke with had concerns about the care they received. Everyone we spoke with said they would speak to the manager or staff in the office if they needed to.
All the people we spoke with told us they were satisfied with the service they received. People told, "'The staff are good fun and look after me well." Another said, "Staff are very friendly and polite, they do things in the way I like."
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.

**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.

**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.

**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.

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:

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### 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)

(Registered) Provider

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’.

Regulations

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

Responsive inspection

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

Routine inspection

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

Themed inspection

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