

Northamptonshire County Council

Evelyn Wright House

Inspection report

32 Badby Road
Daventry
Northamptonshire
NN11 4AP

Tel: 01327703140






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16 April 2019

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	Requires Improvement 
Is the service effective?	Good 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

About the service: Evelyn Wright House is registered to provide accommodation and personal care for up to 29 older people, some of whom are living with dementia. At the time of inspection 29 people were living in the home.

People's experience of using this service:

Improvements were required to medicines management to ensure people received their medicines as prescribed.

The environment was not consistently managed in a safe way. The arrangements in place for food safety and infection control required improvement.

Improvements were required to ensure records were reviewed regularly and consistently completed.

Audits were not always effective in identifying where improvements were needed.

Timely action was not always taken to respond to known areas that required improvement.

People received safe care and they were protected against avoidable harm, abuse, neglect and discrimination.

Staff were appropriately recruited and there were enough staff to provide care and support to people to meet their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

Staff had access to the support, supervision and training they required to work effectively in their roles.

Staff were friendly and caring; they treated people with respect and maintained their dignity.

Staff encouraged people to maintain their independence.

People had personalised plans of care in place to enable staff to provide consistent care and support in line with people's preferences.

Information could be provided to people in an accessible format to enable them to make decisions about their care and support.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

The service provided appropriate end of life care to people.

The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of people, and listened to staff.

Rating at last inspection:

This was the first comprehensive inspection of the service.

Why we inspected:

This was a planned inspection.

Enforcement:

At this inspection we found the provider to be in breach of one regulation of the Health and Social Care Act

2008 (Regulated Activities) Regulations 2014. Action we told provider to take is recorded at the end of the report.

Follow up:

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Evelyn Wright 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector and one expert by experience. The expert by experience for this inspection had experience of co-ordinating health and social care services for a relative.

Service and service type:

Evelyn Wright House is a care home. People in care homes receive accommodation and nursing or personal care. 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. We visited the home on 10 and 15 April and made telephone calls to people's relatives to gain their feedback on the 16 April.

What we did:

We reviewed information we had received about the service, including information within the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We looked at other information received from the provider, such as statutory notifications about incidents and events the provider must notify us about.

We contacted Healthwatch England, the national consumer champion in health and social care, to identify if they had any information which may support our inspection.

During the inspection process we spoke with six people who lived in the home and two people's relatives, we also spoke with a health care professional who was visiting the home. We spoke with eight members of staff, including care staff, shift leaders, team leaders, kitchen staff, domestic staff and the registered manager. We looked at three records relating to people's care needs and five staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, quality surveys, training information for staff and arrangements in place for managing complaints.

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely:

- Improvements were required to medicines management. We checked the numbers of medicines in stock for people and found discrepancies in the amount of medicines held. These discrepancies indicated that some people may have not received their medicines as prescribed. For example, one person had twenty-one tablets left in stock, however if they had been given all prescribed doses there would have been twenty tablets in stock. There were two gaps on the person's medicines administration record sheet (MAR) where staff had not completed the record.
- Medicines record keeping was inaccurate and unclear. One person was prescribed a variable dose of medicine and could be administered one or two tablets dependent on their needs. Staff had recorded that they had administered two tablets once a day, this meant there should be twenty tablets in stock. We counted twenty-six tablets in stock.
- Staff had not followed medicines procedures as they had not dated liquid medicines on the date they were opened. Liquid medicines should be dated when opened to ensure that they are used or disposed of in an appropriate timeframe.
- Where people were on a variable dose of medicines they did not have detailed variable dose protocols in place to guide staff on administering the appropriate amount of medicine. There was some information in people's care plans, but this was not sufficiently detailed.
- Although audits of medicines were in place they had not identified the concerns found at this inspection. We discussed our findings with the registered manager who immediately arranged for a full audit of medicines to take place. They also introduced a daily stock count of medicines which would be overseen, and counter checked by senior staff to ensure any future errors were quickly identified. Further training and competency observations were arranged for all staff with responsibility for medicines administration.

Assessing risk, safety monitoring and management, preventing and controlling infection:

- Staff had not consistently followed the processes in place to ensure the safety of the environment. We found that areas where chemicals were stored were not locked. For example, several of the sluice rooms, some of which contained cleaning chemicals were found to be open during the inspection. There were notices on these doors reminding staff that they should be kept locked, but we found them to be open on several occasions. This was discussed with the registered manager who stated that they would ensure that staff understood the importance of keeping these areas locked and increase their monitoring to ensure that they were locked.
- People were at risk of eating food that was not always safely stored. For example, opened food such as mashed potato and condiments in one fridge in the main kitchen had not been labelled with the date they were opened and the use by date.
- The home was divided into three areas each with its own kitchenette. We saw opened food such as

cheese, milk, jam and condiments in fridges in these areas that had not been labelled with the date they were opened and the use by date.

- People were placed at risk of cross infection because areas within the home were not maintained or cleaned properly. The flooring in the main kitchen had lifted in some areas and there was a gap between the flooring and the wall in one of the kitchenette areas. This was discussed with the registered manager and they made arrangements for these areas to be repaired. In two of the kitchenettes the plaster was coming away from the walls around the windows and the door of one of the cupboards could not be properly secured as it was broken. Some of the kitchenette areas were not sufficiently clean, for example the top and inside of one of the fridges was ingrained with food debris. The registered manager arranged for all kitchenette areas to be cleaned and food labelled whilst the inspection was ongoing.

These concerns constitute a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Safe care and treatment.

- Other areas of the home such as communal areas and people's bedrooms were clean and smelled fresh.
- Staff had the appropriate personal protective equipment to prevent the spread of infection. For example, staff wore disposable gloves and aprons when providing support with personal care.
- Risks to people had been assessed. Care plans provided staff with the information they needed to manage risks to people's health and wellbeing. For example, where people required staff support to move or were at risk of falls.
- People had equipment to help them stay safe. For example, people had call alarms that were within easy reach. People at risk of falls had sensor mats in their rooms that alerted staff when people were walking. One person told us how they had been supported following a fall saying, "I was given all the paperwork for falls and entries were made on the care plan. They did a risk assessment and keep checking to see I haven't fallen. I carry a buzzer with me all the time and it is attached to an additional emergency button. If I press that they [staff] will come running."
- Maintenance staff undertook regular checks of equipment in the home to make sure it was safe for people and staff to use. This included checks of water temperatures to make sure they were within the safe range.

Staffing and recruitment:

- Most people told us that staff were busy, but their needs were met. People used call bells to gain staff assistance and told us, "They come as quickly as they can but sometimes they are busy." And, "Not always quick because they might be attending to another resident – in which case they will tell you that they are busy, and you are next."
- People's relatives agreed that staff were busy and worked hard to meet people's needs. Comments included, "I think they are understaffed but they always make time to talk to [family member]... All the staff are amazing, but they could do with more of them."
- Staff told us that they were deployed in sufficient numbers to meet people's needs and did not feel rushed.
- Our observations during the two days of inspection were that staff were busy but able to meet people's needs and answer call bells in a timely manner.
- People were safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.

Systems and processes to safeguard people from the risk of abuse:

- People were cared for safely. Everyone we spoke with said they felt safe living at Evelyn Wright House. People told us that the staff made them feel safe, one person said, "They [staff] are here every minute of the day."

- The registered manager fully understood their responsibilities to keep people safe and had raised concerns appropriately with the local authority when needed.
- Staff had safeguarding training. The training was completed by new staff during induction and was planned to be refreshed annually. We saw that safeguarding training was up to date for most staff. The registered manager was aware of the staff whose training was due to be refreshed and was arranging this.
- Staff were able to tell us about the signs and symptoms of abuse and understood how to report any incidents to senior staff or the local authority safeguarding team.

Learning lessons when things go wrong:

- The registered manager had a system in place to monitor accidents and incidents and understood how to use them as learning opportunities to try and prevent future occurrences.
- The registered manager discussed incidents and accidents with the staff team to ensure all staff knew about any resulting changes to practice. For example, the medicines errors identified during this inspection were discussed with staff and action taken to ensure the risk of this happening again was minimised.

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

Good: 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:

- People and their relatives told us that people had received a pre-assessment of their needs before moving into the service. People's pre-assessments were used to create individualised care plans that ensured staff had the information they needed to provide people's care.
- The pre-assessment considered protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, staff could meet those needs.

Staff support: induction, training, skills and experience:

- Staff were confident in the training they received. Specialist training was included to ensure staff could support people's specific needs, for example training in providing support to people with diabetes.
- We looked at training records and found these were mostly up to date. The registered manager was aware of the staff whose training was due to be refreshed and was making arrangements for this.
- Staff were supported with regular supervision from senior staff and felt they could feedback any concerns. One member of staff said, "I get supervision regularly, we talk about any worries, anything that's needed in the home and I get feedback on my progress."

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

- People were supported to maintain a healthy and balanced diet and told us that they enjoyed the food. One person said, "Brilliant. It really is. There is always a choice. If you don't like the pudding you can have the ice cream instead."
- We saw that people were offered choice for every meal. Where people were unable to read the menu, we saw staff taking plated meals to show people the food and encouraging them to choose their preferred option. The registered manager told us they had tried pictorial menus, but this approach worked better for people currently living in the home.
- Staff were aware of any dietary preferences that people may have, and this was documented within care plans as required. Nutritional profiles detailed people's cultural or religious requirements.
- Staff were aware of people's nutritional needs. People had been referred for specialist support from dietitians and speech and language therapists when needed and staff followed their advice. However, people's nutritional assessments had not been reviewed as often as necessary. The registered manager was aware of this and was introducing a system to ensure reviews took place as required.

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

- People told us that staff supported them to access other health and social care professionals such as a GP

or community nursing staff.

- We spoke to a health care professional who told us that staff had good knowledge of the healthcare needs of people living in the home and were proactive at communicating with them if healthcare support was needed.
- Information in care records confirmed the service liaised with other professionals when required to ensure people had access to the right support and help.

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

- Staff had worked hard to make the service as homely as possible. People's rooms were decorated to their choice. People had personalised their bedrooms with pictures and other belongings that were important to them.
- Areas were accessible to the people living in the home; with various communal areas for people to use, and a large garden which people could access with staff support.
- People told us that improvements could be made to some aspects of the design of the service. For example, none of the rooms had their own toilet and some people felt uncomfortable sharing these facilities with others. This also meant some people had a long walk to reach the toilet. People could have a commode in their room if they chose.
- There was a lack of storage available for equipment and staff had erected screens in lounge areas behind which to store manual handling equipment such as hoists.
- The registered manager had identified that the first floor of the building was no longer suitable for people's needs and this floor was no longer accessed by people. Staff continued to use this for storage.

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 with appropriate legal authority. 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 found that they were. The registered manager had applied for DoLS for some people and senior staff were currently reviewing people's mental capacity to ensure DoLS were applied for if needed.

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

Good: 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 told us that they had good relationships with staff, one person said, "The staff are very cheerful. Very good. Not everybody can do this kind of work." Another person's relative told us, "I've been nothing but impressed with the staff, the home is full of love and care."
- People told us they felt cared for by staff. One person said, "I have to have my commode at night time. They get it out for me without me asking them. They will also put out clean towels for the following morning for me. They will do anything for you. If I said the birds need water, they will go out to the garden and top up the container."
- People looked comfortable, relaxed and happy to speak with staff. We observed people being affectionate with staff and laughing. Staff always talked in a friendly, kind and caring manner, often using humour to cheer people up.
- Staff knew the people they were supporting well. For example, we saw staff supporting a person who was becoming anxious about going home. Staff calmly supported the person and ensured they felt listened to.

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

- People and their relatives told us they had been involved in developing individualised care plans and these were reviewed with them. However, we saw that people, or their relatives had not always signed the record of their care reviews to show their involvement and agreement. The registered manager was aware of this and was currently auditing all care plans to ensure people's involvement was recorded.
- Not everyone using the service could communicate verbally, but staff had a good understanding of how to support people with making choices. This included using visual cues and body language.
- No one currently required the support of an advocate. However, the registered manager was able to support people to access advocacy services should they need to.

Respecting and promoting people's privacy, dignity and independence:

- People were supported to maintain their independence. Staff explained how they supported people to do as much as they were able for themselves.
- People's privacy and dignity was respected by staff. One person said, "I can shut my door and they will always knock before they enter." We saw that staff knocked on doors before entering and respected that people's rooms were their own private spaces. Staff were allocated as dignity champions and on the day of inspection a dignity champion was running a workshop for staff. This involved discussions and activities to consider how they could promote people's dignity. They explained that their role also involved observing staff and providing feedback on their approach.
- Staff we spoke with understood about confidentiality. They told us they wouldn't discuss anything about a person in front of others, only staff, and in a private area so they would not be overheard. Records were

stored securely.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People received care that was personalised to their needs and preferences.
- All the care plans we reviewed contained personalised information to support staff to provide people with individualised support. For example, information regarding how people liked their personal care to be delivered, their past history and any cultural or religious needs. Some care plans had not been reviewed in line with the provider's policy, however all care plans contained information that was an accurate reflection of people's current needs as they had been updated as people's needs changed. The registered manager was aware that some care plans were overdue for review and had a plan in place to achieve this.
- People had access to the information they needed in a way they could understand it. This meant the service complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. For example, people's care plans contained information about their communication needs and the support they required. The registered manager told us that they would ensure information was provided to people in a way that met their individual needs.
- People told us that there was enough varied activity available. Comments included, "There's all sorts to do. There are exercise sessions in the dining room. There's craft work and lots of entertainment with singers coming in." And, "There's always something to do. They don't tie you down. If you like something you can do it."
- During the inspection, we observed that there were varied activities for people to take part in. For example, we observed people being supported to prepare for the upcoming Easter fete. We also saw people enjoying watching chicks hatch in an incubator, this provoked much interest and discussion.

Improving care quality in response to complaints or concerns:

- The service had received one complaint since the last inspection and records showed that this had been logged and responded to appropriately.
- People told us they knew who to speak with if they were unhappy and wished to make a complaint. One person said, "It's very rare you have to complain about anything. You mention anything, and they just sort it out."

End of life care and support:

- At the time of inspection no one was receiving end of life care. People were supported to make decisions about their preferences and these were recorded in their care plans. Other healthcare professionals such as GPs, community and palliative care nurses were involved as appropriate.
- Staff had received training in supporting people at the end of their life. Staff were aware of good practice and guidance in end of life care, and the need to respect people's personal, cultural and religious beliefs and

preferences.

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

Requires Improvement: Service management was inconsistent.

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

- Audit tools being used were not always effective. Audits covering medicines, food safety and the environment had not identified the concerns found at this inspection.
- Action was not always taken to ensure that areas identified as requiring improvement, were acted upon in a timely manner. The registered manager was aware that some care records were not being completed or reviewed in line with the provider's policy and was implementing systems to improve this. However, we found that these areas required further improvement.
- The registered manager, team leaders and staff understood their roles and were open and honest. Staff told us that they were listened to when they raised concerns and prompt action was taken in response.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Feedback from people, their relatives and staff confirmed that people felt well cared for in the home. We received consistent feedback that the service was providing personalised care to people. Our observations confirmed this.
- People and their relatives told us that the registered manager knew people well and was available to them. One person said, "[Registered manager] doesn't just stay in the office, she comes down and talks to you." Another person's relative said, "I think the leadership and management is good. [Registered manager] has made positive improvements, it's a good team. [Team leader] also picks up on things and speaks to staff if needed."
- All staff provided positive feedback about their experiences working at the service and the support that was provided to them. One member of staff said, "[Registered manager] has given me the opportunity to learn at my own pace, they're always checking I am ok and want to know how I learn best, I love it here."
- The provider, registered manager and staff team understood their roles and were open and honest. The registered manager ensured open communication with people, their relatives, staff and outside agencies. One staff member told us, "I think the home is well run, the management are supportive and any problems we can go to them."
- The registered manager notified CQC and other agencies of any incidents which took place that affected people who used the service.

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

- People's feedback about the service was captured through regular contact with people and their relatives. One person's relative said, "We're invited to meetings and if we can't go they [staff] will ask if there is

anything we want to say. They [staff] take action when needed."

- We saw minutes of meetings that had taken place where people and their relatives had the opportunity to contribute to the running of the service.

Continuous learning and improving care:

- Staff were encouraged to attend regular meetings. Staff meeting minutes confirmed that staff could raise concerns and make suggestions as to how the service could be improved.

Working in partnership with others:

- The registered manager had arranged for students from a local college to spend time at the home to take part in activities with people and make improvements to the garden. This was mutually beneficial for the people living in the home and the students.
- The registered manager worked in partnership with local commissioner to ensure that people were receiving care that met their needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Improvements were required to medicines management to ensure people received their medicines as prescribed.</p> <p>The environment was not consistently managed in a safe way. The arrangements in place for food safety and infection control required improvement.</p>