

I K Macintosh

# Eaves Hall Rest Home

## Inspection report

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Date of inspection visit:  
29 November 2018

Date of publication:  
08 January 2019

### Ratings

Overall rating for this service

Good 

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?

**Good** 

# Summary of findings

## Overall summary

We inspected the service on 29 November 2018. The inspection was unannounced. Eaves Hall Rest Home 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 accommodates up to 15 people.

On the day of our inspection 14 people were using the service.

At our last inspection on 27 July and 1 August 2016. We rated the service as 'good.' At this inspection we found the evidence continued to support the rating of 'good' overall. Although we did find areas of practice that required improvement in order to maintain a safe service, there was no evidence or information from our inspection and ongoing monitoring which demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People did not always receive a safe service. We found that there were no hand sanitizers in place on entering the home to reduce the risk of infection. We also found that hand towels and swing bins were in use in some bathrooms and toilets, instead of paper towels and pedal bins. This meant that there was the potential for viruses to spread. We raised this issue during inspection and immediate action was taken. Risks to people's individual safety were assessed but information around people's specific health conditions was not always documented. Although we were told fire drills were taking place, there were no formal records to evidence this. Discussion took place with the registered manager who assured us they would document these and arranged an external fire safety check to take place.

Staff knew how to keep people safe and reduce the risks of harm from occurring. Staff had completed training in safeguarding vulnerable adults and understood their responsibilities to report any concerns. There were enough staff to meet people's needs and safe staff recruitment processes were used, to further reduce risks to people. Staff supported people to have the medicines they needed to remain well. The administration of people's medicines was checked, so the registered manager could be assured people received these safely. However no formal medication competency assessments were completed for staff. This was discussed with the registered manager who assured us that these would be completed.

People continued to receive an effective service. Some staff training was outdated and we found one isolated incidence where a staff member had not received moving and handling training. This was addressed promptly and the training was booked during the inspection. People were supported to have enough to eat and drink, based on their preferences. Staff had developed good systems for working with other health and social care professionals, so people's health needs would be met promptly. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The principles of the Mental Capacity Act (MCA) were followed.

People continued to receive care from staff who were compassionate and caring and people were treated with dignity and respect. Staff understood people's preferences and knew what mattered to the people they cared for. People were encouraged to be as independent as possible, with support from staff. There was a welcoming and homely atmosphere at the service.

People continued to receive a responsive service. People's needs were considered before they came to live at Eaves Hall Rest Home, and care plans were developed to meet their needs. People's relatives and other health and social care professionals had been consulted about planned care. People had told us they had opportunities to engage in some activities.

Systems were in place to support people to raise any concerns or make any complaints. None of the people living in the home or their relatives had wanted to make any complaints because they considered the care provided was good.

Staff had worked effectively with other health and social care professionals so people's wishes at the end of their lives were met. People and staff felt supported, listened to and valued by the management.

Further information is in the detailed findings below.

## 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 has deteriorated to requires improvement.  
Risks around infection control were not consistently managed.  
People's medicines were managed safely and staff had received training in this area. However, medication competency assessments were not formally documented.  
Systems and processes were in place to safeguard people from abuse.  
People and relatives felt the service provided safe care.

**Requires Improvement** ●

### Is the service effective?

The service remains effective

**Good** ●

### Is the service caring?

The service remains caring

**Good** ●

### Is the service responsive?

The service remains responsive

**Good** ●

### Is the service well-led?

The service remains well led

**Good** ●

# Eaves Hall Rest Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection took place on 29 November 2018 and was unannounced.

The inspection team consisted of two inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we reviewed information we held about the service such as notifications. These are events which happen in the service the provider is required to tell us about. We considered the last inspection report and information which had been sent to us by other agencies. We also contacted commissioners who had involvement with the service, and Healthwatch. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care. During the inspection, we spoke with four people who used the service for their views about the service they received. We spoke with one relative, the registered manager and three care staff.

We looked at the care records of three people who used the service, the management of medicines and a range of records relating to the running of the service. This included audits and checks and records of meetings taking place.

# Is the service safe?

## Our findings

At the last comprehensive inspection, we found the service was safe and awarded a rating of Good. At this inspection, we found there were some areas requiring improvement in order to keep the service safe. The environment was clean. People told us staff always used the equipment needed, such as gloves and aprons, when providing aspects of their care. However, we found that there were no hand sanitizers in place on entering the home to reduce the risk of spread of infection. We discussed this with registered manager who told us this was because she personally didn't like the use of hand sanitizers. We also found that hand towels were in place in some bathrooms, rather than paper towels. We explained the risks around infection control and the registered manager rectified this immediately, by removing the towels and replacing them with paper ones. We also saw that swing bins were in place in bathrooms, rather than pedal bins. We were told that this issue had already been raised at a recent contract monitoring visit and these were ordered during the inspection.

Personal emergency evacuation plans (PEEPs) were in place for each person and the provider had a business continuity plan in place to ensure minimal disruption to the delivery of care in case of an emergency. However, although we were told that fire drills were taking place, there were no formal records to evidence this. Discussion took place with the registered manager regarding this and we were assured that future fire drills would be documented. Risk assessments relating to the environment and other hazards were carried out and reviewed by the registered manager regularly. However, we did not see evidence of external fire risk assessments. During the inspection the registered manager arranged for a fire safety check to take place to ensure any risks relating to fire safety were minimised. Regular maintenance checks and repairs were also carried out. These included regular checks on the premises and equipment.

Medicines were managed safely and effectively. Medicine administration records (MAR) we viewed had been completed accurately. This meant people had received their medicines as prescribed and at the right time. Records showed us people's medicines were subject to regular GP review. We saw staff took time to encourage people to have the medicines they needed, in the ways they preferred. However, we saw that staff did not have formal competency checks in place. We recommended that the registered manager ensure these observations take place and are formally recorded.

Risks to people's individual safety were assessed. However, additional information around some people's health conditions was not always documented. For example, there was a lack of written information around how people's mental health needs affected them and what strategies staff could use to support them safely.

There were systems and processes in place to safeguard people from abuse. The provider had an up to date safeguarding policy and staff were aware that they could report directly to the local authority safeguarding team.

People and their relatives felt the service provided safe care. One person told us, "Oh yes I'm safe here. There's always staff around day and night so I'm fine here." A relative told us, "I know he only has to press his

buzzer if he needs anything, I know he's safe." There were enough staff on duty to meet people's needs promptly and keep them safe. One relative told us, "Since [Family member] has been here I've had peace of mind."

We reviewed the staffing rotas and felt that staffing levels were appropriate. We observed that people's needs were met in a timely manner.

Safe recruitment procedures were still being followed. Pre-employment checks included reference checks and disclosure and barring service (DBS) checks. The DBS carry out criminal record and barring checks on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults.

Accidents and incidents were recorded and analysed to look for any patterns or trends to minimise risk of further incident. Staff told us about the system in place to support people, and to review what had happened, if any accidents occurred.

# Is the service effective?

## Our findings

At the last comprehensive inspection, we found the service was effective and awarded a rating of good. At this inspection, we found the service continued to be effective.

Consent was sought before care and support was provided. 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. We saw people's capacity to make decisions was assessed on admission and best interest decisions were made in consultation with appropriate key people and staff. The MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, correctly recorded and any conditions observed. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

One capacity assessment we saw required updating. We discussed this with the registered manager who reassured us that this would be amended. We also saw that the MCA policy in place was very brief and further guidance for staff would be beneficial. The registered manager assured us that there were plans for this to be updated in line with the new training which was just being phased in.

Staff told us they felt well supported by management. They received regular supervisions. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to staff. The provider had recently invested in a new staff training programme and had identified that training was an area for improvement. This was just in the process of being rolled out and we found that some existing staff training was outdated, with one incidence where a staff member that had not received updated moving and handling training. This was raised as an issue and addressed promptly and the training was booked during the inspection.

People's needs were assessed before they came to live at the home. We saw the registered manager had considered any advice from other health professionals and people's relatives, as part of their assessment processes.

People told us staff knew how to help them. One staff member explained, "We ask them how they would like to be supported, give them choices and treat them with privacy and dignity." We saw staff had access to team meetings. Staff highlighted that the deputy manager and the registered manager were available to provide the guidance they needed.

Records showed people received ongoing healthcare support from external professionals. One person told us, "The staff were quick to notice a chest infection and got the doctor and rang me." We saw good practice guidelines in the form of a policy and procedure in place for staff to follow in terms of requests for the attendance of GP.

The dining room experience was very pleasant. The tables were set with table cloths, napkins and condiments with little floral displays. We observed it to be a relaxed and sociable experience. People were provided with a varied and nutritionally balanced diet. The kitchen staff were aware of people's dietary needs and preferences and kept up to date records. We observed one person was given roast potatoes instead of mashed potato as that was always her preference. Everyone we spoke with was happy with the quality of the food they received. One person told us, "It's marvellous, it really is, they get all their meat from a butcher in Accrington." Another person said, "The cooks very good they have a four-week menu with different types of fish on a Friday and roasts on Sundays."

The home's food hygiene rating had increased to a 5 star rating and on arrival we were welcomed with an aroma of cooked breakfast. People told us they liked living at Eaves Hall Rest Home and we saw that their rooms were personalised.

# Is the service caring?

## Our findings

At the last comprehensive inspection, we found the service was caring and awarded a rating of Good. At this inspection, we found the service continued to be caring.

People and their relatives were very happy with the care they received and spoke highly about the staff. People told us they liked the staff who cared for them. One person told us, "The people who look after me here are very good, they are excellent." Another person told us, "They're very kind, all of them." Relatives told us, "The staff are very conscientious and friendly."

Staff explained how they promoted choice, privacy and dignity. They told us people were supported to decide what to wear each day and given choices at mealtimes. Staff were seen knocking on people's doors and waiting before entering and all interactions between staff and people using the service were friendly but respectful.

We saw staff took time to talk with people and check they were content. Staff also took practical steps to support people if they judged people were uncomfortable, or wanted reassurance. We observed one person begin to cry. The carer demonstrated compassion and gave gentle hugs and soothing reassuring words until the person had recovered from their upset.

Staff spoke warmly about the people they cared for and knew what was important to them. People's rights to privacy and independence were respected by staff. One person told us staff always listened to the decisions they made about when they wanted to have support with their personal care. Another staff told us, "We explain to people what's happening and treat them the way we would like to be treated."

Staff encouraged people to maintain their independence wherever possible and people were involved in making decisions about their life and care. The provider had a system for regularly reviewing the person's care needs which involved them and their relatives.

The provider was aware of their responsibilities with regards to confidentiality and protecting people's data. We saw that staff treated people's personal information sensitively and this was securely stored.

One person was using an advocate at the time of our inspection and information on local advocacy services was available. An advocate is someone who supports a person so that their views are heard and their rights are upheld.

## Is the service responsive?

### Our findings

At the last comprehensive inspection, we found the service was responsive and awarded a rating of Good. At this inspection, we found the service continued to be responsive. The care plans we looked at were up to date. We saw these were reviewed on a regular basis and contained personal information about people's life history, likes and dislikes. This meant staff had up to date guidance to provide support in a way that met people's specific needs as their circumstances and choices changed.

The provider had a complaints policy in place and this was on display in communal areas. Everyone we spoke with said they felt they would be able to complain to the registered manager or deputy manager if necessary. There had been no complaints received in the previous twelve months. Staff knew how to support people if they wanted to raise any concerns or make any complaints. One person told us, "If I had a complaint I'd go to the assistant manager but I hadn't needed too." Another person told us, "I can't see how they could improve things."

Some people had 'Do Not Attempt Cardio Pulmonary Resuscitation' (DNACPR) forms in place which meant if their heart or breathing stopped as expected due to their medical condition, no attempt should be made to resuscitate them. Where present, these were up to date and kept in the front of people's care files so they were easily accessible to staff in an emergency. This would help to ensure people's end of life wishes were observed. There was no one on end of life at the time of the inspection but staff discussed how they would work in partnership with district nurses and ensure people were supported in a dignified manner. However, we noted the end of life policy was in need of updating and raised this with the registered manager on inspection.

People were supported to maintain relationships with people that mattered to them and friends and family were able to visit at any time. One relative told us that they found family and resident meetings helpful and felt free to raise any concerns.

Records showed us staff had considered people's individual needs, preferences and goals when planning their care. We also saw that the home had a policy on sexuality. The registered manager gave us examples of some information in large print which was presented to people in line with the Accessible Information Standards.

We saw staff encouraged people to join in activities. We observed a music session that some people took part in. People told us staff talked to them about what care they wanted and how they would like their support to be given.

## Is the service well-led?

### Our findings

At the last comprehensive inspection, we found the service was well led and awarded a rating of Good. At this inspection, we found the service continued to be well led. There was a registered manager in post who divided her time between the two homes in the company and there was also a deputy manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were positive about living at Eaves Hall Rest Home and the care they received. We saw people were relaxed and comfortable in the company of staff. One staff member said, "We are close, we all work together," and another told us, "It's a great staff group, very supportive." The staff felt the management was approachable and they were valued. The registered manager told us that the staff received an attendance bonus.

We saw the registered manager sought feedback from people, their relatives and staff about the care. Residents and relative's meetings were taking place, as were staff meetings. Feedback had also been sought via annual surveys and there was evidence that people had been listened to.

The provider told us about a range of quality checks they carried out to monitor the quality of the service. These included monitoring care records, medicine audits and health and safety checks around the service. Records showed that these checks were carried out on a regular basis and where they had highlighted areas for improvement, these were addressed quickly. Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service in the form of a 'notification'. The provider had made timely notifications to the CQC when required in relation to significant events that had occurred in the home.