

# Raydonborne Limited

# Eldonian House

## Inspection report

Eldonian Way  
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Merseyside  
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Tel: 01512982989

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This inspection took place on 9 February 2016 and was unannounced.

This inspection was also to follow up on the concerns which were identified in a previous inspection on 18 and 19 August 2015. The home was rated as 'requires improvement' overall and was rated 'inadequate' for the well-led domain. Following the inspection we issued a notice to stop any further admissions to the home. The statutory notice we issued remains in place at this inspection.

Eldonian House is a purpose built care home for 30 older people. 22 people were living at the home at the time of our inspection. It is part of the Eldonian Village community in the Vauxhall area of North Liverpool, close to the city centre. Accommodation includes all single bedrooms with en-suite facilities, two main lounges and a dining room. The home was built by the Eldonian Community but is now operated by Raydonborne Ltd who operates the home on a leasehold basis.

There was not a registered manager; they had left two weeks prior to our inspection. However, the deputy manager had applied to the Commission to become registered.

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.

During our last inspection in August 2015, the home was in breach of one regulation regarding the safe management of people's risks. Some people did not have risks appropriately assessed. We also found that people had not been referred to dietitians when there were concerns around their food/fluid intake, and we did not find a nutrition risk assessment/care plan to manage these concerns or improve people's health. During this inspection, we could see that improvement had been made and risk assessments were in place and had been reviewed in relation to nutrition and pressure care. People had care plans in place which contained personalised information. The home was no longer in breach of this regulation.

We saw that staff were not always supervised or appraised. Staff told us they had not had a regular supervision and records confirmed this.

We saw the home did not have a thorough complaints procedure in place; the procedure was not displayed in a place readily accessible for people and complaints were not managed well. The complaints policy had not been reviewed since 2012.

We saw that the home was not always operating in accordance with the Mental Capacity Act 2005 (MCA). Applications to deprive people of their liberty were not always submitted and one application had expired without the home realising.

During our last inspection in August 2015 we found the home in breach of regulations relating to the quality assurance of the home. This was because medication audits and audits on peoples care plans and risk assessments were not always effective and did not pick up any errors or omissions. We found during this inspection that most of this had been addressed and quality assurance procedures were regularly being checked and audited. However, even though these systems were much improved they had not highlighted that people's liberties were being unlawfully restricted or their DoLS had expired. We could see that the deputy manager, having only been in post two weeks, had not audited the DoLS applications yet. They had highlighted that staff supervisions were overdue, and the deputy manager had devised an action to address these. The home was no longer in breach of this regulation.

People told us they felt safe living at the home. Relatives of people living at the home told us they felt their loved ones were safe.

Staff were recruited safely and the relevant checks had been carried out on staff before they started work.

Staff we spoke with understood what constituted as abuse and knew what actions to take if they felt someone at the home was being abused. There was a safeguarding adults policy in place for the staff to refer to.

People living at the home were protected with the risks associated with the safe administration of medications.

The home was clean and tidy, there was an issue with regards to the central heating at the time of inspection, however we received information that this has now been addressed.

We observed warm and caring interactions between staff and people who lived at the home. Staff we spoke with clearly demonstrated knowledge of the people they supported, and could explain how they maintained peoples dignity and respect.

We saw that people were supported to access other medical professionals, such as the GP, if they felt unwell.

The food was plentiful and flavoursome, and we saw if someone did not want what was offered they were given something else to eat.

Staff told us the deputy manager of the home was approachable and was working hard to ensure staff felt supported.

The concerns we identified are being followed up and we will report on any action when it is complete.

## 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

There were checks in place to ensure the maintenance of the home; however the procedures relating to PEEPS (personal emergency evacuation plans) lacked sufficient detail in order to keep people safe.

There was an issue with the central heating on the day of our inspection which had been ongoing; however we found this had recently been addressed.

People told us they felt safe living at the home. Relatives of people living at the home told us they felt that their family was safe.

There was a safeguarding policy in place and staff understood what course of action to take if they suspected people were being abused.

People were protected against the risks associated with the unsafe practice of medications.

Recruitment checks were undertaken on staff before they started work to ensure they were safe to work with vulnerable people.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective

The principles of The Mental Capacity Act (2005) and DoLS were not always being adhered to by the service.

Staff were provided with training to enable them to complete their roles, however staff were not supervised regularly.

Food was of good quality and people confirmed they had enough to eat.

People were referred to other health professionals when needed.

**Requires Improvement** ●

### Is the service caring?

Good ●

The service was caring.

We observed warm and caring interaction between staff and people who lived at the home.

People told us the staff looked after them well and respected their privacy.

Care plans we looked at showed that people and their family members had been involved in the completion and review of these plans.

### Is the service responsive?

Requires Improvement ●

The service was not always responsive.

The complaints procedure was not well displayed and there was no structure to how complaints were recorded and dealt with in the home.

There was person centred information recorded in people's care plans and staff demonstrated a good knowledge of people's likes, dislikes, and backgrounds.

We saw a good example of equality and diversity within the home.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led

There had been a change to the management structure of the service which meant that there was not a registered manager in post, however the deputy manager was in the process of registering with the Commission.

There were quality assurance systems in place to check the compliance with medications as well as other documentation used by the home. However, they had not always identified the concerns we found on this inspection.

Staff were motivated and enjoyed their jobs. Staff told us that morale had recently improved in the home and they liked the deputy manager.

There were systems in place to gather the views of people who lived at the home and their families. This had recently been implemented.

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# Eldonian House

## 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 inspection took place on 9 February 2016 and was unannounced.

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

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at the notifications and other intelligence the Care Quality Commission had received about the home.

During the inspection we spent time with four people who were living at the home and spoke to five family members. We also spoke with the deputy manager and three care staff.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We looked at the care records for three people living at the home, three staff personnel files and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms and the lounge areas.

# Is the service safe?

## Our findings

When we carried out a comprehensive inspection on 18 & 19 August 2015 we identified breaches of regulation in relation to keeping people safe. The 'safe' domain was judged as requires improvement. The breaches were in relation to: the management of individual risk.

During this inspection we identified that risks to people's safety were assessed as part of their care plan. Areas that were assessed included people's nutrition, pressure area care, behaviour and personal care. The staff were knowledgeable regarding people's individual risk and what actions to take to ensure people were safe. The provider was no longer in breach of this regulation.

We observed information displayed regarding the fire evacuation plan. We saw in people's care plan a 'Personal Emergency Evacuation Plan' (PEEP) had been completed which contained basic information such as the person's name and room number. This was not personalised to meet the needs of each person, such as what level of help they would need to evacuate. We highlighted this to the deputy manager during our inspection and were informed they were in the process of updating everyone's PEEPs so they were more in depth. We saw evidence this was taking place.

We asked people who lived at the home if they felt safe and what made them feel safe. One person said, "The people around me are like old friends." Another person said, "I feel like no one will dare hurt me." Other comments included, "I'm ok, I'm not complaining" and "It's quite good here."

Staff we spoke with were able to explain in detail the procedure that they would follow if they felt someone was being abused. One staff member said, "I would go to [deputy manager]." There was a safeguarding policy in place and this was available for us to view. Training records showed that staff had been trained in safeguarding. There was also a whistleblowing policy in place. Staff we spoke with understood the whistleblowing procedure and told us they would have no problem using this policy.

We looked at the personnel records for three members of staff. We could see that all required recruitment checks had been carried out to confirm that the staff were suitable to work with vulnerable adults. Two references had been obtained for each member of staff. Interview notes were retained on the personnel records. Disclosure and Barring Service (DBS) checks had been carried out and identification was obtained from staff.) The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable groups.

We observed during the course of our inspection that there were enough staff on duty in the home. Staff were not rushed or under pressure in the home when they were supporting people. People also told us there were enough staff. We did see people left unsupervised in the lounge areas for a five minutes during the day of our inspection, which we highlighted to the deputy manager at the time. If someone had tried to get up and fallen in the lounge area, there would have been no staff around to support them.



We looked at certificates which showed the necessary checks on the building had been undertaken to ensure it was fit for purpose. We found the building was warmer in some parts than others and there were blow heaters in various parts of the building, which we saw were risk assessed. We were told when we asked about this that there had been some issues with the heating, however the boiler was being replaced that week. No one living at the home told us they were too hot or too cold.

We looked at people's medication. Medication was stored securely in a designated room and was kept locked in a trolley. Each person had a medication plan in place with their photograph on the front and any allergies staff needed to be aware of. There was a process in place for the monitoring and ordering of medication and we saw this was checked weekly as part of the quality assurance procedure. We checked two MAR sheets at random and counted the medication for those people. All of the totals corresponded to what was recorded on the sheet. Some people were prescribed medicines such as painkillers, laxatives and creams that were to be used only 'when required'. There was guidance in place to inform staff when these medicines should be used. This shows the provider has recognised it is important that staff have detailed information, including personalised details of people's individual signs and symptoms to ensure that people are given their medicines correctly and consistently, especially if the individual has communication difficulties or is unable to recognise their own needs.

We saw that incident and accidents had been recorded, and a new electronic system had been implemented to allow the deputy manager to analyse the findings and look for any patterns or emerging trends.

## Is the service effective?

### Our findings

We looked to see if the service was working within the legal framework of the Mental Capacity Act (2005) [MCA]. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw examples where people had been supported and included to make key decisions regarding their care. Where people had lacked capacity to make decisions we saw that decisions had been made in their 'best interest'. However, we also saw examples which highlighted the provider was not always working within this legal framework. Family members we spoke with did not know if their relatives capacity had been assessed, or if it needed to be, and could not recall being involved in any decision making process. One relative told us, "[Family member] is not allowed out on their own."

We found the service supported people who were on a Deprivation of Liberty Authorisation (DoLS). We reviewed the authorisations in place for some people and found the process had been followed and was being monitored in liaison with the local authority. However, we saw the DoLS authorisation for one person had expired, and there was no evidence to suggest this person's capacity had been reassessed to determine whether the DoLS was still needed. Another person's care plan identified that they required a DoLS application to be made, as a capacity assessment had determined this person lacked capacity to make a certain decision which meant their liberty was being restricted. We saw a DoLS had not been applied for this person, therefore the home were not working within the legal requirement of the MCA.

This is a breach of Regulation 11 (3) of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

People we spoke with told us they felt the staff had the correct skills to support them. One person said, "They're very good" Other comments included, "They are very very good, very friendly and caring." We looked at the training matrix for the home and could see that staff had attended all mandatory training, and the manager was monitoring when staff training expired and when refresher training needed to be booked. Staff told us they had an induction when they first started working at the home which involved them shadowing more experienced members of staff. Training certificates were available for us to view and these confirmed the staff had attended training.

We asked the staff if they had regular supervision and appraisal. All of the staff we spoke with told us they had not been supervised regularly. One person who had been at the home for over a year had never had an appraisal. We looked for supervision schedule for the staff who worked at the home and saw that there was

not one in place, so we asked the deputy manager when staff had last been supervised we were told all supervisions had last taken place in July 2015.

This is a breach of Regulation 18 (2) (a) of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

There were positive comments with regards to the food. One person said, "It's lovely, I can't complain." We saw that menus were not displayed in the dining room, One person told us there was not much choice with regards to food, however we did observe a person being offered an alternative lunch, and everyone seemed to enjoy the food. The lunch was well presented and tasted flavoursome and people told us they enjoyed the food. People had regular access to drinks throughout the day, and we observed the staff asking people throughout the day if they would like anything to drink.

We asked people and their relatives if they were regularly supported to see other healthcare professionals, such as the GP, opticians and dentists. People told us they were and relatives told us the home communicated this with them. One relative said "Yes, they are straight on the phone to us." We saw evidence in people's files which demonstrated that referrals were made when needed. For example, we saw in one person's file they had lost weight recently. The home had moved this person to weekly weights and referred them to the dietician.

## Is the service caring?

### Our findings

Everyone we spoke with told us the staff were caring. One person told us, "The staff are kind." Other comments included, "They are very good here" and "I have no complaints."

We observed staff interacting with people at various stages of our inspection. All of the interactions we observed were kind and caring and staff spoke to people with respect.

Staff were able to demonstrate during our conversation with them a good knowledge of all of the people who lived at the home. All of the staff we spoke to told us they enjoyed their jobs.

We saw the staff treated people with dignity and respect. This included knocking on people's bedroom doors and waiting to be invited in, and using people's preferred name when they were addressing them. Staff engagement with people was very positive and staff spoke enthusiastically to us about the importance of promoting people's independence and encouraging them to do as much for themselves as they chose to or were able to do. Staff gave us good examples of how they ensured they protected people's privacy and dignity during personal care by always covering them up with a towel and closing doors and windows.

Some people we spoke with were not sure whether they had been involved in their care plans, however, the documentation we observed did have signatures of either the people themselves or their relatives. People's wishes around end of life care had been discussed with them and recorded in their plan of care.

We saw that people's records and care plans were stored securely in a lockable room which was occupied throughout the duration of our inspection. We did not see any confidential information displayed in any of the communal areas and staff spoke to people discreetly about personal things, such as taking medication or going to the toilet.

We saw that advocacy information was displayed for people who had no friends and family to help them make decisions, however at the time of inspection no one was accessing advocacy services.

## Is the service responsive?

### Our findings

We looked at how complaints were managed in the home. There was not a complaints procedure in place at the service. We looked at one complaint which was recorded in a book regarding a person at the home having no hot water; however, there was no additional information, such as who responded to the complaint and when or if the complaint was resolved. We were able to speak to the person who made the complaint and they told us the complaint was resolved, however there was no process to show us how this was investigated and the process which led to it being resolved. The complaints procedure was not displayed appropriately. It was high up on the wall and difficult to read, and where it was displayed was not accessed regularly. We were shown a complaints policy which was last reviewed in 2012. Most of the relatives we spoke with were unsure of the complaints procedure and one relative told us, "I would just go to the office." This suggests that people and their relatives were not encouraged to share their experiences of the service, and when they did, it was not addressed appropriately.

This is a breach of Regulation 16 (2) of the Health and Social Care Act 2008 Regulated Activities Regulations 2014.

We found that care plans and records were personalised which took into account and reflected people's needs as identified from admission, and during their stay. For example, one person had certain eating habits which meant that they ate little and often, and did not enjoy a big meal. We saw this information was recorded in the person's care plan and the staff knew about the person's background and respected their choice. There was other information recorded, for example what people like to do and what they liked to be called.

We asked relatives if they felt the service was personalised. One relative said, "[Person who lives at the home] does what she likes." Another relative said, "[Family member] follows his own routine."

We saw that 'residents meetings' were being arranged. There were no minutes available for us to view at the time of the report, as they had not been typed up. We could see the last one had taken place in July. We asked the deputy manager about this who told us that another one had been arranged for this month.

The home had an activities coordinator in post. The activity coordinator was very proactive. There were displays of people who lived at the homes work throughout the dining room. People were participating in various activities in small groups. Some were watching a film, some were looking at photographs, some were colouring in, and some were reading the newspaper. There was 60's music playing softly in the background which did not appear to be disturbing the people who were watching a film. We observed people and they did not appear bored.

## Is the service well-led?

### Our findings

When we carried out a comprehensive inspection on 18 & 19 August 2015 we identified breaches of regulation in relation to the management and governance of the home. The 'well-led' domain was rated as 'inadequate'. The breaches were in relation to ineffective internal auditing systems which were not in place, and there were no systems in place for gathering the views of the people who lived at the home or their relatives.

As part of this inspection we looked at some of the current quality assurance systems and processes in place to help assure the service and drive forward improvements. A quality assurance policy was in place and this provided a framework for staff to follow when assessing the quality of the service. The deputy manager showed us some audits (checks) which were completed by them. This included areas of practice, such as health and safety, care plans, medicines, premises inspection, staff supervision, training and incident reporting. Where improvements had been needed in some areas, actions had been drawn up and were being working through. For example, reviewing some of the content of people's care plans to ensure they contained up to date information. We could see that some of these actions had been completed. However, even though these systems were much improved they had not highlighted that people's liberties were being unlawfully restricted or their DoLS had expired. We could see that the deputy manager, having only been in post two weeks, had not audited the DoLS applications yet. They had highlighted that staff supervisions were overdue, and the deputy manager had devised an action to address these. During our last inspection in August 2015, there was no internal audit system to highlight shortfalls in care planning but we saw during this inspection improvement had been made.

We saw that a survey had been sent to relatives just before Christmas to ask for their feedback of the service. There was a positive response, and most of the feedback we viewed was extremely positive. The deputy manager told us they were just waiting on four final responses and then they were going to analyse the findings and produce a report. Our last inspection in August 2015 had identified that this form of collecting feedback had never taken place, and relatives were never asked for their feedback, so the provider had improved with regards to this part of the regulation.

There was not a registered in post at the time of our inspection, they had left the home two weeks prior to our inspection. . The deputy manager was applying to become registered with the Commission.

There were mixed responses when we asked people if they knew who the manager was. One person said, "Not a clue." Someone else named the deputy manager.

We asked the staff about the culture of the service and if they felt supported by the deputy manager. Everyone we spoke with said that things had improved recently in the home and they felt supported by the deputy manager. Some of the staff were unsure of the services management structure Staff told us they were happy to approach the deputy manager and found them to be approachable.

We had concerns during our inspection, which we raised with both the deputy manager and the provider

regarding the management structure of the home, which we were told was being attended too. We have asked both the provider and the deputy manager to keep us updated regarding this. We did however, observe the deputy manager had worked hard to fulfil their new duties and they were clearly motivating the staff, and were able to show us a clear plan of how they were going to improve any shortfalls.

The organisation had a range of policies and procedures and these were available for staff to refer to. The policies were subject to review to ensure they were in accordance with current legislation and 'best practice'.

Staff understood what whistle blowing was and that this needed to be reported. There were clear processes in place for reporting incidents and accidents. Incidents were reviewed by the deputy manager to identify any patterns that needed to be addressed and how these were being followed up. Staff told us that they met after an accident or incident, to look at the reasons that they happened and ways to avoid similar occurrences happening in the future.

The deputy manager was aware of their responsibility to notify the Care Quality Commission (CQC) of any notifiable incidents in the home. We had received notifications as required.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  one DoLs application had expired and one other person did not have a DoLs in place who required one.

### The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 16 HSCA RA Regulations 2014 Receiving and acting on complaints  There was no procedure in place to manage or respond to complaints.

### The enforcement action we took:

Warning Notice

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  Staff had not received regular supervision and there was no document to track when supervisions were due.

### The enforcement action we took:

Warning Notice