

Sharob Care Homes Ltd

# Eldon House Residential Home

## Inspection report

Downgate  
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## Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service well-led?

Good 

# Summary of findings

## Overall summary

### About the service

Eldon House is a residential care home that provides care and accommodation for up to 20 people, some of whom are living with dementia. At the time of the inspection there were 15 people living in the service.

### People's experience of using this service and what we found

The service was in the process of improving the environment. However, action was required to complete this by making improvements to decoration and replacing furniture and flooring. We have made a recommendation about this.

Safeguarding processes were in place to help safeguard people from abuse. Risks associated with people's care had been assessed and guidance was in place for staff to follow. Medicines were safely managed.

There were processes in place to prevent and control infection at the service, through regular COVID-19 testing, additional cleaning and safe visiting precautions.

There were enough staff to meet people's needs and ensure their safety. Appropriate recruitment procedures ensured prospective staff were suitable to work in the home.

People were relaxed and comfortable with staff and had no hesitation in asking for help from them. Staff were caring and spent time chatting with people as they moved around the service. There was time for people to have social interaction and activity with staff. Staff knew how to keep people safe from harm.

People living at Eldon House had care plans which detailed their needs and preferences. Staff knew people's care needs well.

People had access to call bells to alert staff if they required any assistance. We saw people received care and support in a timely manner and calls bells were quickly answered.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access healthcare services, staff recognised changes in people's health, and sought professional advice appropriately.

We were assured that risks in relation to the COVID pandemic had been managed appropriately. Staff had access to appropriate PPE and hand washing facilities, which they used effectively and safely.

The service sought the views of people, families, staff and other professionals and used feedback received to

improve the quality of the service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 30 October 2018).

#### Why we inspected

We received concerns in relation to staffing, continence management, the environment and the quality of care people received. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the Effective section of this report.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

#### Follow up

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

## 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 safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good 

# Eldon House Residential Home

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Eldon House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 had a manager currently going through the registration process with the Care Quality Commission. Registered managers alongside providers 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.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. 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 took this into account when we inspected the service and made the judgements in this report.

During the inspection

People living at Eldon House were living with dementia, which affected some people's ability to verbally communicate. However, we did speak with five people who used the service. We looked around the premises and observed staff interacting with people. We spoke with six members of staff including the manager, senior care workers, care workers and the cook.

We reviewed a range of records. This included two people's care records and medicine records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were safeguarded from abuse as systems and processes in place were effective.
- People were protected by staff who had an awareness and understanding of the signs of possible abuse. Staff understood the principles for keeping people safe. They told us, "It's important we report anything we find that caused concern" and "We get regular updates and reminders around abuse." Staff felt any concerns they reported would be taken seriously.
- Learning and any improvements from accidents, incidents and safeguarding concerns were shared with staff in team meetings.

Assessing risk, safety monitoring and management

- Risks had been appropriately identified, assessed, monitored and reviewed. These assessments contained guidance for staff on how to protect people from known risks while maintaining their independence as much as was possible.
- People's risk assessments included areas such as mobility, falls, choking, pressure care and specific health conditions. Staff were familiar with and followed people's risk management plans and appropriate action had been taken where necessary.
- Individual risk assessments guided staff in providing safe care. Risk assessments for weight management and nutrition had been undertaken.

Staffing and recruitment

- We had received concerns that the staffing levels at the service were not adequate to meet people's needs. The service demonstrated it had satisfactory staffing levels to meet the individual needs of people using the service. There was limited use of agency staff to support staffing levels. Staff told us, "We have a good core staff team and support any gaps between ourselves" and "We have enough staff. Yes, there are gaps at times, but we manage to support each other."
- During our inspection we saw staff were responsive to requests for assistance and call bells were promptly answered. Staff recognised when people needed support and had enough time to engage with people in a meaningful way.
- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices

Using medicines safely

- People received their medicines as prescribed and the service had safe medicine storage systems in place. Staff had been trained in administering medicines and their competency was checked regularly to ensure they followed best practice.

- There was accurate recording of the administration of medicines. The provider had a medicine policy in place which guided staff on how to administer and manage medicines safely.
- Staff received training and were checked to make sure they gave medicines safely.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- We received concerns that the services environment was not being maintained to a satisfactory level. A refurbishment programme was in progress but the manager told us there had been delays due to the impact of COVID-19. Some rooms required decoration and replacement of furniture. Woodwork was damaged due to the use of equipment. A recently employed maintenance employee had a programme for decoration of these rooms and areas.
- Some areas of the service had an underlying malodour. We discussed this with the manager. We were assured replacement flooring was in the plan for the refurbishment of this area of the service.

We recommend the service ensures the physical environment is decorated and furnished to a consistent and satisfactory standard.

- The home had adapted toilets and bathrooms with fitted equipment such as grab rails for people to use in support of their independence.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed before they moved into the service, to help ensure their needs were understood and could be met.
- Care plans were regularly reviewed and updated to ensure care provision was current and in line with the person's needs and preferences.
- Management and staff worked with external healthcare professionals to deliver care in line with best practice.

Staff support: induction, training, skills and experience

- Staff confirmed they had an induction when they started work which included a period of shadowing experienced members of staff and learning about people's needs and how to support them. A staff member told us, "Induction was really good. I hadn't worked in care before and the manager and team were really supportive."
- Staff received regular training, suitable for their roles. There was a system in place to monitor training to help ensure this was regularly refreshed and updated so staff were kept up to date with best practice.
- Staff were supported in their role through regular supervision and individual support. One person told us, "Its where we can discuss how things are going. We can also contribute our own ideas and thoughts."

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

- People were supported to eat and drink well. Care plans documented people's likes and dislikes and any support they required around food and drink.
- We observed lunchtime service. People were given choices of what to eat and drink. The food provided was well presented and kept warm. Staff assisted people who required assistance to cut up their food. Where people required support to eat this was done in a dignified way and staff ensured people had the time to eat their meal. Staff sat with people who required support to eat and encouraged them to eat sufficient amounts.
- Some people chose to eat in their own rooms. Staff ensured those people received their meals, snacks and drinks throughout the day.

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

- There had been concerns raised regarding the services continence management. We found the service managed continence with support of prescribed products. There had been some issues linked to behaviours. However the service had liaised with other professionals to support this.
- Staff supported people to access healthcare and social care services.
- Records showed that a range of professionals were involved in the care and treatment of people. This included GPs, occupational therapists (OT), chiropodist and district nurses. Staff followed the recommendations made by professionals. For example, staff supporting people at risk of skin damage.
- Staff worked jointly with other services and professionals to ensure people received effective and timely care. People took details of important information which was used to inform other health professionals should the person require hospital admission.
- Staff reviewed people's discharge letters from the hospital when people returned to the service, so they were aware of any changes to their needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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 checked whether the service was working within the principles of the MCA.

- Capacity assessments were completed to assess if people were able to make specific decisions independently.
- For people who lacked mental capacity, appropriate applications had been made to obtain DoLS authorisations, when restrictions or the monitoring of people's movements were in place.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Management and staff were committed to their roles and had built positive and caring relationships with people. Staff understood people's individual care and communication needs and this helped to ensure people received care and support that promoted their well-being. Staff told us, "It's a great place to work" and "We are a tight knit team, and all support each other."
- There were systems, policies and procedures in place which promoted and enabled person-centred care to be delivered to people. For example, staff knew each person's individual choice about how they liked to spend their day. We observed positive interactions between people.
- There were quality assurance systems in place. These included, safeguarding, medicine records and accidents and incidents. These systems supported the service to review its operations and make adjustments where necessary.
- The manager promoted continuous learning, they held meetings with staff to discuss work practices, training and development needs.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management structure at the service provided clear lines of responsibility and accountability across the staff team. The manager was supported by the provider. There was good oversight of the governance systems for the service in place.
- The provider had notified CQC of any incidents in line with the regulations.
- Staff were encouraged to raise any concerns in confidence through a whistleblowing policy. Staff said they were confident any concerns would be listened to and acted on promptly.
- Staff also told us the manager was available to provide them direction and support. Comments included, "The manager is always available" and "[managers name] is very supportive."

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

- Staff morale was good, and they told us that they were involved in the development of the service, through discussions at staff meetings and individual meetings with the manager.
- People and their relatives had opportunities to provide feedback through surveys and raise any comments via an open-door policy at any time.

- Staff and the manager demonstrated a commitment to providing consideration to people's protected characteristics.

#### Continuous learning and improving care

- The manager and provider were keen to ensure a culture of continuous learning and improvement and kept up to date with developments in practice through working with local health and social care professionals.
- The manager and the provider completed regular checks on the quality of the service. Action was taken when a need to improve was identified.
- Regular management meetings were held to support improvements to the service.

#### Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- The service was managed in a transparent way by a manager who had a positive approach to partnership working.