

Eothen Homes Limited

# Eothen Residential Homes - Sutton

## Inspection report

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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

We undertook an unannounced inspection on 6 September 2016. At our previous inspection on 1 July 2014 the provider was meeting the regulations inspected.

Eothen Residential Homes – Sutton provides a residential service and support with personal care to up to 37 older people, some of whom may be living with dementia. At the time of our inspection 36 people were using the service.

There was a registered 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.

Safe medicines management processes were not consistently maintained. People who required antibiotics did not always receive these as prescribed. There were errors in the recording of medicines administered and accurate stock checks were not always maintained which meant that a clear audit trail about the management of a person's medicines was not always available.

On the day of our inspection we observed there were sufficient staff to meet people's needs. Staffing levels were regularly reviewed based on people's dependency and there were arrangements in place to ensure staff were deployed appropriately to meet people's needs. However, some people felt there were delays in receiving assistance from staff. The registered manager said they would continue to monitor staffing levels and take action where there was evidence of low staffing levels.

Deprivation of Liberty Safeguards (DoLS) authorisations were applied for when the registered manager felt people needed to be deprived of their liberty in order to remain safe. Assessments were made to identify risks to people's safety and plans were in place to manage and mitigate those risks. At the time of the inspection the registered manager had not adhered to all of the requirements of their registration, including submission of notifications about the outcomes of applications made under DoLS. However, these were addressed by the time this report was written.

Staff had developed caring relationships with people. Staff were polite and respectful when interacting with people. Staff had the knowledge and skills to meet people's needs. Care plans detailed the level of support people needed and staff were knowledgeable about the people they supported. Staff assessed the risks to people and management plans were in place to minimise and mitigate the risks. Staff were knowledgeable about recognising signs of potential abuse and how to safeguard people from harm.

Staff supported people with their health needs. Staff liaised with people's GP and the district nurse if they had any concerns or needed additional advice about how to support people with their physical health. Staff monitored people's weight and supported them with their nutritional needs.

People were involved in decisions about their care and how they spent their time. Staff adhered to the Mental Capacity Act 2005. People's preferences were known and respected, including those relating to their culture and religion.

The staff were participating in a number of initiatives to further strengthen the service provided. This included participating in the Vanguard initiative to improve processes to review people's health needs and enable smoother transitions when people required hospital admission. The registered manager was part of the steering group for the Vanguard initiative in the local borough. The staff were also one of three services in South London participating in the Active Residents in Care Homes (ARCH) initiative, which focussed on providing meaningful activities and engagements to people. There was a group activity programme in place and the service used volunteers to provide additional one to one interactions. The staff were using the ARCH programme to further tailor their activity programme to individuals.

There were processes in place to obtain people, their relatives and staff's opinions and views about the service, including a comprehensive complaints procedure. People and their relatives told us any suggestions made were acted upon promptly, however, we received mixed messages from staff who felt at times their suggestions were not listened to.

There were systems in place to review and monitor service delivery. Where improvements were identified the management team were in the process of addressing them.

The provider was in breach of the legal requirement relating to safe care and treatment regarding medicines management. You can see what action we have asked the provider to take at the back of this report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Some aspects of the service were not safe. Safe medicines management processes were not in place and people did not always receive their medicines as prescribed.

Staffing levels were based on people's dependency level, which was reviewed regularly. In the main people received prompt assistance from staff.

Risks to people's safety and welfare had been identified, and management plans were in place to minimise the risks. Staff were aware of their responsibility to safeguard people from harm.

**Requires Improvement** ●

### Is the service effective?

The service was effective. Staff had the knowledge and skills to undertake their roles. They were able to access regular training courses, and received supervision to review their performance.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 and provided support in line with people's decisions. The registered manager applied for DoLS authorisation when appropriate to keep people safe.

Staff supported people to access health care services. Staff monitored people's weight regularly and supported them with their nutritional needs.

**Good** ●

### Is the service caring?

The service was caring. Staff had built positive caring relationships with people. Staff knew people's wishes and preferences and respected these. Staff treated people with dignity and respected their privacy. People were supported to maintain relationships with friends and family.

Staff had discussed with people their preferences regarding end of life care, and advanced care plans were developed.

**Good** ●

### Is the service responsive?

**Good** ●

The service was responsive. Assessments were undertaken to establish people's support needs. Care plans were developed identifying what support people required and staff were knowledgeable about people's individual needs.

There was a range of group activities provided. The service was taking part in the Active Residents in Care Homes (ARCH) initiative to further provide meaningful activities and interactions with people.

A complaints process was in place. Any complaints or concerns raised were responded to promptly.

### **Is the service well-led?**

Some aspects of the service were not well-led. The registered manager had not adhered to all requirements of their registration at the time of our inspection. However, this was addressed by the time this report was written.

There were processes to obtain people, their relatives and staff's feedback about the service. Staff felt able to voice their opinions. However, some staff felt the suggestions made through these processes were not always acted upon.

There were systems in place to review the quality of service delivery and the management team were in the process of further improving these systems.

**Requires Improvement** ●

# Eothen Residential Homes - Sutton

## **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 6 September 2016 and was unannounced. An inspector and an expert by experience undertook the inspection. 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 the information we held about the service, including the statutory notifications received. Statutory notifications are notifications that the provider is required to send to the CQC by law about key events that occur at the service. We also reviewed the information included in the provider information return (PIR). This 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.

During the inspection we spoke with eight people, five relatives and five staff. We looked at three people's care records and three staff records. We undertook general observations during lunchtime in all three dining rooms and throughout the day. We observed staff handover. We looked at medicines records and records relating to the management of the service. We also spoke with two occupational therapists and a physiotherapist supporting the staff at the service with the implementation of the Active Residents in Care Homes (ARCH) initiative.

## Is the service safe?

### Our findings

People felt safe at the service. One person said, "It is a safe and lovely place with good staff." Another person's relative told us, "My relative is safe because the staff have taken the time to get to know her."

Nevertheless, safe medicines management was not always followed, and people did not always receive their medicines as prescribed. We identified that two people who were on antibiotics had not received them as prescribed, and had missed doses. This meant that they did not receive the full benefit of these medicines to treat their illness. There were also some missed signatures on medicine administration records meaning accurate records of medicines administered were not maintained to show people had received their medicines as prescribed. In addition, we found for some people an accurate stock check could not be taken because the staff had not recorded how many medicines they had in stock at the beginning of each medicines cycle. Therefore it was not possible to check if people had received their medicines according to their doctors' instructions. Some people required barrier creams to be applied to maintain their skin integrity. The staff were not using topical medicine administration records which meant there was a risk that people were not receiving these medicines as intended due to the lack of instruction to staff about how they should be administered.

The provider was in breach of regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

Staff were aware of the possible side effects of the medicines people were taking, and monitored people to identify if any of these side effects were observed so medical advice could be sought. Medicines were stored securely and daily checks were maintained on the fridge and room temperatures to ensure medicines were stored appropriately. There were processes in place to manage controlled medicines and we saw people received these as prescribed. Some people were prescribed medicines to be taken 'when required'. Protocols were available to inform staff as to when and at what dose people should take these medicines and we saw that when people asked for these medicines they were provided, for example, in regards to pain relief.

Staff were aware of their responsibilities to safeguard people from harm. Staff told us they escalated any concerns they had about a person's health or safety to their senior. This included any changes in health and/or behaviour. Body maps were completed to record any marks, bruising or tears on a person's skin. Staff were aware of who bruised easily but ensured all bruising was investigated so they could establish how it was sustained. Staff liaised with the local safeguarding team as required to ensure any concerns about a person's safety were investigated appropriately.

Staff assessed the risks to people's safety and welfare, and management plans were developed to mitigate these risks. This included using room sensors for people who were often up during the night, so staff were alerted and could support the person as necessary. Assessments were also undertaken to identify those at risk of falling and developing pressure ulcers. People were provided with the required equipment to minimise these risks, including pressure relieving equipment and mobility aids. The registered manager

reviewed the risks to people's health regularly and management plans were updated to address any changes.

The registered manager liaised with the falls prevention team if they had concerns that a person was regularly falling. They used the information from the falls prevention team to improve their processes when people had fallen, to review contributory factors and address these to minimise the risk of the person falling. This included reviewing the environment for slip and trip hazards, as well as reviewing any changes in the person's health, for example if they had developed an infection.

Staff were aware of their responsibility to report and record all incidents that occurred. The incident records we viewed detailed the action taken to minimise the risk of the incident recurring. The registered manager also analysed incidents monthly to identify any trends.

Staffing levels were based on people's dependency levels. Their dependency levels were reviewed regularly and staffing levels were increased when required. We were informed that one person often needed additional support in the evenings and at night, and additional staff were made available to accommodate this. Staffing levels were also flexible to support people in the community. However, two people felt there were not enough staff. Their comments included, "Never enough staff and meals take ages," and "There used to be enough [staff] but there are more residents and some need more help so there are not enough and they are rushed off their feet."

Staff were allocated people to support on each shift to organise how staff were deployed to ensure people's personal care needs were met. Some staff told us at times in the morning when people needed support from two staff there were slight delays in meeting their needs, but staff used this delay as an opportunity to engage people in conversations. We were informed that recently the start times for the morning shift had been staggered to mean more staff were available earlier in the day to support people with their personal care and morning routines.

One person also told us that at night there was a delay in getting assistance from staff. We spoke with the registered manager about this. They told us they constantly monitored staffing levels and the call bell system enabled them to monitor response times so they could follow up on any delays. They informed us they had followed up the concerns they had received about staffing and had not identified issues with staffing levels and that they will continue to monitor this area. On the day of our inspection we observed people's requests for assistance and call bells were answered promptly.

Safe recruitment practices were in place to ensure suitable staff were employed who had the knowledge, skills and attitude to support people. We saw that appropriate checks were undertaken to ensure staff were eligible to work in the UK, and had the appropriate knowledge and experience. Criminal records checks were also undertaken to ensure staff were safe and suitable to work at the service. There were three vacancies in the staff team at the time of inspection. One position had been recruited to but the provider was waiting for all the checks to be completed before they started. The provider was using agency staff to cover the vacancies to ensure sufficient staff were on shift. Regular agency staff were used who were familiar with the service and the people.

## Is the service effective?

### Our findings

People were supported by staff that had the appropriate knowledge and skills to carry out their role. Staff felt there was good access to training. This included training the provider considered mandatory as well as completing qualifications in health and social care. We saw from staff training records that they had completed courses on safeguarding adults, moving and handling, fire safety, dignity, communication and food safety. Some staff had also completed training on continence care and supporting people with dementia. The assistant manager had a background in training social care professionals and had completed train the trainer courses on moving and handling, first aid and risk assessments. This meant they were able to provide ad hoc training to staff that required additional refresher training and to support new staff to complete their induction and completion of the Care Certificate. The Care Certificate is a nationally recognised tool to provide new staff with the knowledge and skills to undertake their roles within a care setting.

Staff received regular supervision from their manager. This included a face to face meeting to discuss their performance, to review training requirements and gave staff an opportunity to raise any concerns they had. In addition, a practical supervision was undertaken where the management team observed staff supporting people to ensure they treated people with dignity and respect, maintained their privacy and provided them with the level of support they required. We saw when there were concerns with staff's performance that this was addressed with them.

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 checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff were aware of their responsibility to adhere to the MCA code of practice. Most people had the capacity to make decisions and we saw they were involved in decisions about their care. Where people did not have the capacity to make decisions we saw that nominated people were involved in the decision making process. People's care records included copies of who had lasting power of attorney and whether this was in relation to financial decisions, health and welfare or both.

The registered manager had applied for DoLS authorisations when they felt a person required to be deprived of their liberty to remain safe. They adhered to the conditions of the DoLS and we saw that care plans were in place to inform staff about how to keep a person safe. Some people had been assessed as not

being required to be deprived of their liberty, but at times needed assistance in the community and staff were available to support people as necessary.

Staff supported people with their nutritional needs. Staff regularly monitored people's weight and supported those who were losing weight. We saw from people's records there were concerns that some people had a poor appetite and had started to lose weight. We observed some of these people at lunchtime and saw staff encouraging people to eat as much as they could to support their nutritional needs. If staff were concerned that a person was not eating and were losing weight, formal monitoring was observed through the completion of food intake charts, and staff referred the person to their GP to identify any further support required. Information was included in people's care records in regards to their nutritional needs, including any dietary requirements they had due to allergies or because they were at risk of choking. People who needed it received soft diets and thickeners for their fluids to reduce their risk of choking.

A choice of meals were provided to people. We observed staff offering support during mealtimes and assisting where required. However, we observed in one dining room the meals were at times disorganised, with some people having to wait for the vegetables and potatoes accompanying the meal. We discussed our observations with the registered manager, who told us they would continue to monitor mealtimes to ensure people received a good service.

The service was participating in the Vanguard initiative and the registered manager was part of the steering group leading on this initiative. Part of this initiative was to improve healthcare provision in care homes and prevent hospital admissions where possible. The initiative also supported smoother transition when hospital admissions were required. We saw the staff using the 'red bag' on the day of the inspection. This bag enabled a person's belongings, their medicines and relevant paperwork to be stored together when a person required hospital admission so that hospital staff had all the information they required about the person and their needs and reduced the risk of people's belongings being misplaced whilst at the hospital.

The registered manager was in the process of introducing the health model for residential homes through the Vanguard initiative. This provided staff with additional training about how to recognise that a person was unwell and promoting a healthy lifestyle including exercise and healthy eating.

Staff were aware of people's health needs and supported them as required. For example, information was provided to staff about who was susceptible to recurrent infections and staff were knowledgeable in recognising signs of infection so that appropriate medical support could be obtained promptly. The GP regularly visited the service and reviewed people's health needs. In addition staff liaised with the district nursing team and other community healthcare professionals to ensure people received the care and treatment they required. People we spoke with confirmed they were able to access healthcare professionals. One person told us, "I had a sore leg and a nurse came to see me a lot until it was better and then I saw the doctor a lot because I was ill with something else."

## Is the service caring?

### Our findings

We observed positive caring interactions between staff and people using the service. Staff spoke to people in a polite and friendly manner, and we observed staff engaging in conversations with people. One person said, "[The staff] are very friendly – they take time to get to know you."

People were involved in decisions about how they spent their time. People at the service were able to verbally express their opinions and make decisions about what they wanted to do. People's preferences had been obtained in regards to their daily routines. The registered manager had plans to further involve people in service delivery, particularly in regards to meal choices. They had arranged for a group of people to meet with the catering team to discuss meal preferences and help design the Autumn menu. This would ensure that people's preferred meals were included on the menu.

Staff were aware of how people communicated and adjusted their communication methods to meet individual needs. Staff respected people's privacy, and their preference to spend time on their own. Staff knocked before entering people's bedrooms and support with personal care was provided in the privacy of their bedroom or bathroom. People were well dressed and able to attend a hairdressing service at the home, which people enjoyed.

Staff supported people to maintain relationships with friends and families, and we observed many relatives visiting on the day of our inspection. The registered manager also informed us they supported people to attend family events, including providing staff to accompany people to family weddings and birthday celebrations.

Eothen Residential Homes is a Christian organisation and the majority of people using the service were of Christian faith. Many people were active members of their church and either attended their own church service or participated in the services held twice weekly at the home. People were also able to invite members of their congregation to the home for Bible readings. The registered manager confirmed that at the time of our inspection people using the service did not practice any other faith, but if people of other faith were admitted they would be supported to practice their faith accordingly.

People were supported to make decisions about their end of life care. We saw that advance care plans were developed informing staff what people's preferences were in regards to what they received treatment for and where they wanted to receive end of life care. The staff had worked with the local hospice to improve end of life care, including providing training to staff about how to have conversations with people about death and dying.

## Is the service responsive?

### Our findings

People received care and support that met their needs. The registered manager assessed everyone prior to them moving to the service to establish what their needs were and whether the staff at the service would be able to meet those needs. People were also able to visit the service and participate in the day programme to establish whether it was somewhere they wanted to live. Information from the assessment process, in discussion with the person and their relatives, was used to develop support plans.

Support plans instructed staff about what level of support people required and how this was to be delivered. Staff were knowledgeable about the level of support people needed and provided them with this. Staff informed us they encouraged people to be as independent as possible and understood the level of support people required may vary depending on their health and whether they were feeling unwell that day. One person's relative said, "They really encourage independence with personal care and walking but are sensitive to 'bad days' and recognise when someone needs more help." We heard from some staff that some of the chairs in the lounges were low meaning people were finding it difficult to get up from the chairs independently. We spoke with the registered manager about this who said people had been involved in choosing the chairs, but they would consider purchasing some chair risers and liaising with the occupational therapist involved in the active residents in care homes project for advice.

Staff received input from the behaviour support team to obtain techniques about how to support people whose behaviour challenged staff and others. Detailed records were kept about the person's behaviour and any episodes of aggressive behaviour, or changes in mood. Staff told us this helped them to identify triggers to the behaviour so they could support the person appropriately to avoid those situations. From the person's care records we saw episodes of anxious behaviour had decreased due to the additional support provided.

The staff were participating in the Active Residents in Care Homes (ARCH) initiative led jointly by healthcare staff from a local NHS trust and researchers from a local university. This was an intensive project where occupational therapists and physiotherapists supported staff to improve people's wellbeing through meaningful activities. The service was one of three services participating in this programme in South London. As part of this initiative a ten module training programme was delivered to staff to give them greater understanding about how to provide meaningful activity and interactions, and enabling people to be as independent as possible. This project was also looking at streamlining the provider's processes to provide staff with more time to interact with people, and looking at environmental barriers. The healthcare professionals running the initiative told us the staff were engaging with the initiative and starting to make changes to improve interactions.

The staff had undertaken a piece of work with people and their relatives to identify people's social interests and gather their life history. They had used this information to provide individual profiles on people's bedroom doors so staff knew a little more about the person and what they had experienced in their lives. This information had not yet been used to tailor the activities offered to individuals. We spoke with the registered manager about this and they assured us they had plans to use the ARCH initiative to make

developments in this area. Nevertheless, we observed that a range of group activities were offered throughout the day, which many people enjoyed. This included organising for performers to come into the service. The service also received support from volunteers who provided additional activities at the service. One person's relative said, "My mother likes to read a lot and staff bring in books to share. She then leaves them out in the book area for others. The Times is delivered and Mum does the crossword every day. A volunteer also comes in to play scrabble with her." Another person said, "I would like there to be more active activities to promote mobility." The registered manager confirmed participation in the ARCH initiative would help improve this.

People were supported to continue to participate in activities they enjoyed in the community. Some people enjoyed going shopping in the local area, with or without the support of staff depending on their needs. People also continued to participate in community exercise classes, visiting friends and families, and attending church. The service had a well maintained courtyard, and people who did not feel comfortable using the community felt this was a valued addition to the service. Comments we received from people included, "I love the freedom of being able to come out here but know that someone is keeping an eye on me," and "I use the courtyard for my exercise as I'm not confident to go out on my own."

The complaints process was displayed on the noticeboard in the hallway. People and their relatives felt comfortable speaking with the registered manager or a member of the management team if they had any concerns, and were confident their concerns would be taken seriously. We saw that complaints received were acknowledged and investigated promptly. Changes were made to address the complaint and, where possible, ensure it was resolved to the satisfaction of the complainant.

## Is the service well-led?

### Our findings

The registered manager was aware of the requirements of their registration with the Care Quality Commission in regards to the submission of statutory notifications. Statutory notifications are notifications that the provider has to send to the CQC by law about key events that occur at the service. We had received notifications about serious injuries, possible abuse and deaths as required. However, we had not received notifications regarding deprivation of liberty safeguards (DoLS) although two people had DoLS in place at the time of our inspection. We spoke with the registered manager about this and they assured us it was an oversight and they would ensure the required notifications were submitted. At the time of writing this report the required notifications had been submitted.

People and their relatives were invited to feed back about the service. There were regular meetings which people and their relatives were able to attend and express their opinions about the service. Relatives who had raised concerns through these meetings told us the registered manager acted quickly on the feedback received and addressed the concerns raised. After the inspection we were provided with further documented evidence relating to these meetings, including minutes and action plans to address any concerns or areas requiring improvement. We saw these meetings were also used to disseminate information to people and their relatives about changes being made to the service, including those made through the ARCH programme.

In addition, people and their relatives were asked for feedback about the service through the completion of satisfaction questionnaires. Feedback from these questionnaires showed people and their relatives were complimentary about the standard of care delivered and the management of the service. Comments included, "This home is run so well I cannot think of a suggestion to improve things. Every visit I make reminds me how lucky I feel that Mum is living at Eothen." And "[The registered manager] surely does a brilliant job."

We received mixed feedback from staff about the support they received from their manager. The majority of staff felt well supported by their manager and able to approach them for advice. This was not reflected by all staff, and whilst they felt able to express their opinions, some said that at times these were not listened to or acted upon. However, we saw that there were regular staff meetings which staff were invited to attend and could contribute to what was discussed. We also saw that staff were asked to complete questionnaires to feed back about what it was like to work at the service.

The management team had been strengthened with the addition of an assistant manager. The addition of this position meant there was a member of the management team available on more shifts, including at weekends. An on call system was in place to ensure staff could access a member of the management team at all times.

The registered manager was committed to improving service delivery to ensure high quality care was delivered. This was evidenced through participation in the Vanguard and ARCH initiatives. The registered manager was supporting the assistant manager to develop the quality assurance processes. Currently, the

provider's operations manager visited monthly to audit key areas of service delivery. The assistant manager was in the process of implementing their own internal audits to further strengthen the quality checking processes and the frequency that these were carried out. This included audits on infection control, medicines management and care records. These audits had identified a number of improvements required and we saw that these were in the process of being completed. It was also clear that the quality assurance processes in relation to medicines management were not always effective as these had not identified the concerns we found so these could be addressed promptly.

Processes were in place to review the quality and safety of the environment and equipment. This included regular servicing of lifting equipment, kitchen equipment and gas and electrical supplies.

The provider's operations manager visited the home monthly to support the manager and review service delivery. In addition, the chief executive officer visited six monthly. The provider had arrangements in place for the registered managers from all of their services to meet and share ideas, giving them opportunities to learn from each other and share best practice.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The registered person did not ensure the proper and safe management of medicines because they had not ensured people received their medicines as prescribed or that accurate records of medicines administered were maintained. (Regulation 12 (1) (2) (g)).