Stoneleigh Care Homes Limited

Eldon House Care Services

Inspection report

69 Ricardo Street
Stoke On Trent
Staffordshire
ST3 4EX

Tel: 01782326620

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Ratings

Overall rating for this service	Requires Improvement

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

Summary of findings

Overall summary

We carried out an unannounced inspection of this home on 15 November 2016. Eldon House care Services is a residential home providing personal care for up to 34 older people, who may have dementia. There were 33 people living at the home when we inspected. We last inspected the service on the 11 July 2013 and found it was compliant with the standards we inspected.

At the time of the inspection 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.

Staff obtained consent from people before they provided their care but the principles of the Mental Capacity Act (MCA) were not appropriately applied where people lacked capacity.

People told us they felt safe living at the home .People were supported by a staff team who knew how to keep people safe from the risk of harm and abuse. People were kept safe as potential risks had been assessed and staff were working in ways to reduce these risks. People were supported by sufficient numbers of staff who had been recruited safely. People received their medicines as prescribed from staff who had received appropriate training. People's medicines were stored safely.

People were supported by staff who had the appropriate skills to provide personal care. People had sufficient qualities to eat and drink, they told us they enjoyed the food and were offered choices. People were supported to maintain their health.

People told us staff were kind and caring. People were supported to make decision about how their care and support was delivered and these were respected. Staff promoted people's privacy, dignity and independence.

People's care and support needs were understood and met. People and their relatives were involved in the planning and review of their care. People's requests for help and support were responded to promptly and were respected. People were supported and encouraged to take part in activities which supported their personal interests and hobbies. People knew how to make a complaint and there was a process in place to appropriately investigate and address complaints.

Systems to monitor the quality and consistency of the service were not always effective at identifying the improvements required and needed further development. People and their relatives were complimentary about the home and how it was managed. People, relatives and staff were given opportunities to provide feedback and the information was being used to improve the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
People received their medicines as prescribed by appropriately trained staff.
People told us they felt safe. Staff understood their responsibilities to protect people from the risk of harm or abuse.
There were sufficient numbers of safely recruited staff to meet people's care needs.

Is the service effective?

Requires Improvement

The service was not consistently effective.

People's rights were not always protected as the principles of the MCA were not being appropriately applied. People were supported by staff who had been suitably trained to carry out personal care.
People enjoyed the food and were offered choices. People were supported to maintain good health.

Is the service caring?

Good

The service was caring.

People told us they were cared for by staff that were kind and caring. People were supported to make their own choices about their care. People's privacy and dignity was maintained and their independence promoted.

Is the service responsive?

Good

The service was responsive.

People were supported by staff who knew their needs and preferences well
People and their relatives were involved in the review of their care
People were supported to engage in activities that supported their personal interests or hobbies.
People and their relatives knew how to complain and complaints were investigated.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

Systems for monitoring the quality and consistency of the service were not always effective in identifying improvements required.
People were complimentary about the service and how it was managed.
People were provided with opportunities to give feedback on the service.

Eldon House Care Services

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 15 November 2016 and was unannounced. The inspection team consisted of one inspector and one Specialist Advisor who was a nurse.

As part of the inspection we looked at information we held about the home. Before the inspection, the provider completed a 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. We looked at statutory notifications the provider had sent us. These are notifications the provider must send us about certain events, such as serious injuries or allegations of abuse. We also contacted the local authority for information they held about the home. We used this information as part of a planning for the inspection.

We spoke with five people who lived at the home, two relatives, three care staff, the cook and the deputy manager. We also spoke with a visiting health professional, the registered manager and the provider. We carried out observations of how staff interacted with people. We looked at four records relating to people's care, medicine records and records relating to the management of the home which included the provider's self-audits.

Good

Is the service safe?

Our findings

People we spoke with told us they received their medicines as prescribed. One person told us about the medicines they took. They said, "I get them on time and have not missed any doses". They also went on to say, "The staff put cream on my legs, the cream helps to stop them from being sore". Relatives we spoke with told us they had no concerns in relation to their family members receiving their medicines. We looked at medicines administration records (MARS) which confirmed people were receiving their medicines as prescribed. People received their medicines from staff who had received training in the safe administration of medicines and were subject to spot checks to ensure safe practice. People's medicines were stored safely. For example, in a lockable trolley in a locked room.

People told us they felt safe living at the home. One person said, "I feel safe here, if you ring the buzzer staff will come quickly". Another person said, "I feel safe, there is nothing to worry you". A relative told us, "[person] is safe and well looked after". People knew who to talk to if they had any concerns or worries and felt confident to do so.

Staff had received training in keeping people safe. They were able to tell us how to recognise and report abuse and the registered manager was appropriately referring concerns about people's safety to the local authority as required. Staff demonstrated an awareness of the provider's whistleblowing policy and were able to share with us examples of when they might need to use it. For example, where they felt people were at risk of being abused or mistreated. Whistleblowing means raising a concern about a wrongdoing within an organisation. Staff had a good understanding of people's risks and how to manage them. Risks to people had been assessed and were being regularly reviewed and staff were working in a way that reduced these risks. For example, people who were cared for in bed were being repositioned appropriately in order to reduce the risk of pressure sores developing. People who were at risk of falls were provided with appropriate equipment such as walking frames or support from staff to enable them to move around the home safely. One person said, "I couldn't get around if it wasn't for my frame". Accidents and incidents were being recorded and monitored and appropriate action taken to reduce the risk of re-occurrence.

People we spoke with told us they felt there were enough staff to ensure their needs were met and they were kept safe. One person said, "I feel safe there is always staff around, I only have to press a button and someone comes". A relative we spoke with said, "There's a lot of staff around, no one appears to be rushing around, everyone has time for you". Throughout the inspection we saw there was enough staff to respond to people promptly and maintain their safety. The registered manager used a tool to assess the dependency levels of people living at the home in order to ensure sufficient staff were available to support them. We saw staffing levels were reviewed on a monthly basis. There were sufficient systems in place to manage staff absence. Suitable pre-employment checks such as references and checks with the Disclosure and Barring Service (DBS) were carried out on staff before they were able to start work. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with people. One staff member said, "I really wanted to start the job, but I had to wait for the checks to come back". People received support from sufficient numbers of staff who had been recruited safely.

Requires Improvement

Is the service effective?

Our findings

People told us staff always asked for their consent to support before it was provided. One person said, "They don't force you to do anything you don't want to". We found where people had mental capacity to make decisions about their care, they were supported to make choices and provide consent.

The Mental Capacity Act 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. Staff had received training on the MCA and had an understanding of the principles. However, we found the principles of the MCA were not being applied in practice. We confirmed with staff and the registered manager that some people lacked capacity to make certain decisions about their care. However, the provider was not acting in accordance with principles of the MCA where people did not have the capacity to make decisions for themselves. For example, the provider had not completed an assessment of these people's capacity at the time decisions about their care needed to be made and had not considered whether decisions were being made in their best interests. For example, one person was unable to make decisions about their care, including staff repositioning them to help protect their skin from pressure sores. Staff were making decisions about this person's care without having assessed they lacked capacity, in line with the MCA. They had also not determined what was in the best interests of the person. Relatives had signed to consent to the care and treatment of the person, however the registered manager had not checked that they had the legal authority to do so. We found staff and the registered manager did not have an understanding of the requirements and applications of the MCA. This meant that where people lacked capacity to make decisions, there was a risk that people's rights were not appropriately protected through the application of the principles of the MCA.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Need for consent

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 that the provider had made appropriate applications where it was deemed people were being deprived of their liberty. Staff were complying with the conditions applied to ensure people remained safe.

People were supported by staff who had been suitably trained to provide personal care and support. A relative we spoke with said, "Staff are well trained". Staff told us they were given an induction to their role which consisted of training and observing more experienced staff. Staff we spoke with told us they had access to regular ongoing training to ensure their skills and knowledge was kept up to date and was in line with best practice. One staff member said, "The last training I did was moving and handling, we have people here now who have to be hoisted so this was useful". We observed staff implementing the skills they had learned. For example, moving and handling people in a safe way. Staff told us that they were provided with

regular support and one to one sessions with their manager. People were supported by a staff team who had the skills, knowledge and appropriate support to provide care. The registered manager had identified areas where training required updating and we saw this was being arranged.

People were supported to eat and drink sufficient quantities and enjoyed the food. One person said, "The food is wonderful and I get a choice, I can't think of anyone that is better fed". People were provided with a choice of two food options at mealtimes and could request an alternative if they preferred. Mealtimes appeared a pleasant experience for people. Tables were laid with cutlery, condiments and table decorations and people appeared to be enjoying their meals. People were offered flexibility as to when they ate their meals and were given the option to eat in the dining area or in their own rooms. One relative said, "[Person] was asked if they wanted breakfast in their room and was asked what they wanted". People's specific dietary requirements were catered for. For example, low sugar, and soft diets. Staff were following the advice given by professionals, such as dieticians or speech and language teams (SALT) when supporting people with their food or drinks. We saw staff using thickening agent in drinks, or providing soft diets where required to reduce the risk of people choking. People were provided with adaptive equipment, such as plate guards, where required to support them to eat and drink independently. Where people required support from staff to eat and drink, we saw this support was provided appropriately and at a time and pace the person was comfortable with.

People were supported to maintain their health. We saw that people had access to a range of health professionals such as, GP's, opticians, dentists, district nurses and chiropodists. One person said, "I see the doctor or dentist if I need to". We saw the chiropodist visiting people on the day of the inspection. People's records contained information about their health care appointments. They included the actions that should be taken to support people to maintain their health and we saw staff followed these actions. For example, staff monitored people's food and fluid intake where there were concerns about nutrition or hydration. People were supported by staff who were able recognise and report a deterioration in a person's health or well-being. We saw appropriate action was taken where there were concerns about people's health.

Good

Is the service caring?

Our findings

People and relatives we spoke with were complimentary about the staff. They told us staff were kind and caring and treated them with dignity and respect. One person said, "It's very nice, staff are lovely and kind to us". Another person told us, "The staff couldn't be better they are kind and friendly". A relative we spoke with said, "Staff are pleasant, they are polite and friendly and I know [person] is being looked after". People told us that staff took the time to sit and chat with them whenever they could. Staff we spoke with had an understanding of people's care and support needs and we observed positive interactions between people and staff throughout the day.

People told us staff respected their privacy and dignity and supported them to maintain their independence. One person said, "Staff respect my privacy, when they come in my room they knock on the door". Another person told us, "Staff respect your privacy and they like to see you doing things for yourself". During the inspection we saw examples of staff paying regard to people's privacy and dignity. For example, knocking on bedroom doors before entering. We also saw people's requests for support to go to the toilet were responded to quickly and discreetly. Throughout the inspection we observed staff encouraging people to do things for themselves where possible, such as mobilising, eating and drinking. We saw staff provided support and encouragement where required. Staff shared with us examples of how they supported people to maintain their independence. One staff member said, "We allow them to do what they can for themselves".

People told us they were offered choices about how their care and support was provided and they told us staff respected their wishes. One person told us, "You can get up when you want. I get up early, some don't .If you want to stay in bed you just ask, you please yourself". A relative said, "[Person] enjoys a glass of sherry occasionally and she gets one". Staff shared with us examples of how they provided people with choice and control over their care and support. For example offering people choices of what they would like to wear, how they would like to spend their leisure time, when they would like to get up in the morning and go to bed at night. We observed examples of this during the inspection. People were supported to make choices. For example we saw a person requesting to leave the activity that was taking place that morning. We saw staff promptly respond to this request and asked the person where they would like to go instead. One staff member said, "People have a choice about everything".

People were supported to maintain relationships that were important to them. People and relatives we spoke with told us the home had an open visiting policy which meant relatives could visit at any time. One person said, "Visitors are very welcome". A relative we spoke with told us, "I come everyday, I can visit when I want". During the inspection we observed relatives visiting at various times of the day.

Good

Is the service responsive?

Our findings

People we spoke with told us they felt their personal care and support needs were understood and met. Staff were able to tell us about people's care and support needs and how they liked their care delivered. People and their relatives told us the service was responsive to their needs or requests. For example, One relative told us, "We asked if [person] could be moved to another floor to a bedroom with an ensuite, as soon as one came available we got one, the registered manager was true to her word". They went on to say, "Anything we want for [person] or any concerns we speak to the registered manager and it gets done".

People and their relatives told us they were involved in the planning and review of their care. People and relatives we spoke with told us they were asked about their care and support needs and were able to have their say in how care and support was provided. Records we looked at confirmed this. People's care records contained details about their likes, dislikes, personal history and preferences. Care records were reviewed regularly to reflect people's changing needs and risks. There were systems in place to ensure that people's changing care and support needs were communicated. One person said, "Staff know if there are any changes".

People were supported and encouraged to take part in activities which supported their personal interests and hobbies. People told us there was a range of activities and entertainment that they could engage in at the home. For example, Bingo, mobility sessions, pianist and singers. Staff told us about day trips they took people on such as trips to the park, museums, pub lunches, and a trip to the West Midlands Safari park during the summer. Staff told us people were consulted with to ascertain where they would like to go and relatives also attended. During this inspection we observed a singer delivering a sing along session. We saw people enjoying singing along to the songs and dancing. People also told us they were supported to follow personal interests and hobbies. One person said, "I like to watch Strictly Come Dancing on a Saturday night, I watch that". They also told us how they enjoyed reading. The person said, "I have plenty of books". Another person told us how they had used to enjoy gardening. They told us that staff had tried to encourage them to participate in planting, however the person did not feel able to. The person did, however, tell us that they enjoyed watching gardening programs on the television and that they had the opportunity to do this. Staff told us of a number of people who enjoyed knitting and how they had made blankets which were given to the premature baby unit at the local hospital. Staff told us they asked people about their hobbies and interests and supported them to continue to follow them where possible.

People were encouraged to celebrate special occasions and birthdays. The cook told us how they prepared special birthday meals such as buffets and birthday cake and how decorations would be displayed around the home. One person told us about another person's recent birthday and of how staff had supported them to celebrate it. People's right to follow their chosen religion was respected. Staff told us about some people who like to attend a place of worship with their relatives and how they were responsive to this need. For example, by ensuring mealtimes were flexible so people could attend.

People and relatives we spoke with told us they had no complaints about the service but knew how to raise a concern or complaint if required. One Person said, "If I had any concerns or complaints I would speak to

the registered manager or the deputy, they would thrash it out and sort it". The provider had a process in place to appropriately investigate and address complaints and we saw complaints had been documented, investigated and appropriate action taken.

Requires Improvement

Is the service well-led?

Our findings

The registered manager was completing a range of checks and audits to monitor the quality and consistency of the service. However, these systems were not always effective at identifying improvements and appropriate action was not always taken to ensure improvements were made and sustained. For example, systems to check the safety of medicines had not identified that medicines storage room temperatures were not being checked. This meant there was a risk that the effectiveness of medicines being stored in this room could have been compromised. We also saw an internal medicines audit had been completed in March 2016, and an external pharmacy audit had been completed in June. Both audits had identified that topical creams were not always being signed for on people's Medicines Administration Records (MARs). The registered manager told us that further training had been provided to staff following the identified concerns. However during this inspection we saw some people's MARs charts had not been signed to confirm creams had been applied. Staff told us they were subject to regular spot checks of the administration of medicines to ensure they were giving people their medicines in a safe way. However, we found these checks had not identified the concerns we found in relation to the safe administration of medicines. We observed the administration of medicines and found medicines were not always given to people in a safe way. We saw staff were leaving pots of medicines on tables for people to take when they were ready. Staff were signing to confirm people had taken their medicines before they had been taken. One relative we spoke with said, "When I come in [person] is normally having breakfast and their tablets are there". Audits and checks had not identified issues relating to the safe management of medicines and were ineffective in ensuring improvements were made. Audits and checks had also not identified the concerns we found in relation to the appropriate application of the principles of the MCA, where people lacked the capacity to make specific decisions for themselves. We spoke to the registered manager and the provider about our concerns and they told us they would look into them and take the necessary appropriate action.

People and their relatives were complimentary about the home, they knew who the registered manager was and felt the home was well managed. One person said, "I like this place, I don't think I would find a better one, the last one I went to was ok but his one is good". A relative said, "It's an excellent place, people are very well cared for".

Staff felt supported in their roles and felt the registered manager was approachable. One staff member said, "The registered manager is very nice, very supportive and will help you if you need help". A visiting professional told us the registered manager was approachable and a visible presence in the home. They said, "The registered manager is approachable, she is easy to locate and gets out on the floor".

People and their relatives were asked for feedback on the service and the information gathered was being used to make improvements. We saw the provider had a suggestions box in the reception area which was being used. People were asked about their views on the home through care plan reviews and through the use of a questionnaire. Satisfaction surveys were analysed and the findings were fed back. We saw the provider had a satisfaction feedback report in the reception area which detailed the findings of the last survey and the actions that had been taken to improve. Staff felt they were able to make suggestions for improvement. One staff member said, "You can put suggestions forward, if I had an idea I know the

registered manager would listen and try it out if they felt it was a good idea".

Staff felt communication within the home was good. Staff told us about regular team meetings that were held where they were able to discuss people's needs, staff concerns, practice issues and information from audit findings. One staff member said, "The registered manager will tell us about audits and what is being done to improve or what we need to do to improve".

The registered manager felt well supported by the provider. They said, "I am well supported by the provider, anything I ask for I get". They told us they had regular conversations with the provider to discuss the management of the home and any changes or improvements that needed to be made. This meant the registered manager was able to access the resources they required to make improvements.

Organisations registered with the Care Quality Commission have a legal responsibility to notify us about certain events. For example serious injuries or allegations of abuse. We reviewed the information we held about the home and saw that they had notified us about events that they were required to do so by law.

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 11 HSCA RA Regulations 2014 Need for consent People's rights were not always protected as the provider was not appropriately applying the principles of the Mental capacity Act.