

Coventry City Council

# Eric Williams House

## Inspection report

Brookside Avenue  
Whoberley  
Coventry  
West Midlands  
CV5 8AP

Tel: 02476785590  
Website: [www.coventry.gov.uk](http://www.coventry.gov.uk)

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

Eric Williams House is a residential care home providing personal care to 40 people aged 65 and over at the time of the inspection. They also offer a six-week reablement service, where people are supported to regain independence and return home. The service can support up to 43 people in total.

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

People felt safe living at Eric Williams House. Staff knew how to protect and speak up on behalf of people to further safeguard people. People's identified risks had steps in place which minimised the risk of further harm or injury. There were enough staff to care for people. Staff used gloves and aprons to help reduce the risk of infection. Incidents and accidents had been recorded and reviewed so people were supported if things had happened.

People's care needs had been assessed, and staff had training and support to provide care based on best practice guidance. People enjoyed their meals and staff knew how to best ensure people had enough to eat and drink. People had access to other health and social care professionals to promote their well-being. The home had been decorated to reflect the needs of people living with dementia. 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 enjoyed the company of staff and were happy living at Eric Williams House. People were freely able to tell staff about the care they wanted and made decisions about this. People were supported by staff who promoted people's independence, choice and privacy. Staff enjoyed their role and were free from judgement or bias.

People's care had been planned to meet their short and long terms needs and goals. People's preferences were respected and involved people who mattered to them. People's communication needs were met and people were supported to have access to things they liked to do. Complaints were welcomed and responded to, with any learning shared across the provider's locations. People were supported at the end of their lives and staff knew people's choices and requests.

People's views and opinions were collated and used to make any requested changes. There were systems and processes in place to monitor people's care and treatment. People knew the registered manager who demonstrated a clear vision and followed an improvement service plan. Staff also supported planned improvements.

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 requires improvement (published 9 August 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Eric Williams House

## 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.

#### Inspection team

There was one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Eric Williams Home 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.

#### 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. 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. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and six relatives about their experience of the care provided. We spoke with one visiting professional and two volunteers. We spoke with six members of staff including the registered manager, assistant manager, and care staff.

We reviewed a range of records. These included four people's care records and multiple medication 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 were reviewed.

# 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

- People told us they felt safe and staff were friendly and kind. One person told us, "I feel safe here, all the time, every day."
- Staff knew how to protect and respond to maintain people's safety which protected them from the risk of potential abuse. Any concerns were recorded and reported, and the relevant professionals notified. One relative told us, "It's like a home from home, I can sleep at night knowing that he is safe, safe in the knowledge that if anything were to happen, they [staff] would call me immediately."
- The management team had clear expectations of how people were to be treated and staff were reminded of the importance of reporting any concerns at team meetings and during supervisions.

Assessing risk, safety monitoring and management

- People's risks, such as falling, had been assessed and actions to minimise these had been recorded for staff to follow. One relative told us, "[Person] can get about on this non slip floor, better I think, than a carpet."
- Staff told us about the safe way they cared for people and understood where people needed extra support, such as when they were eating or drinking.
- Where people's needs had changed these had been noted, recorded and staff informed to continue to manage these risks.

Staffing and recruitment

- People's level of assistance has been assessed by the management team to ensure there were enough staff to support people.
- People told us staff were available and they did not have to wait for assistance. One person told us, "There's always someone [staff] around to help if you need it."
- The management team had recruited staff who had been appropriately checked to make sure they were suitable to work with people who used the service.

Using medicines safely

- We found people's prescribed creams did not have an open or use by date in line with best practice guidance. In one instance the prescription label was not readable. The registered manager took immediate action to audit people's creams and improve this practice.
- People told us staff supported them to have their medicines to remain well.
- The provider was following safe protocols for the receipt and disposal of medicines. Staff had been trained and had their competencies checked on how to administer medicines.

### Preventing and controlling infection

- The home was clean and free from odour and one person told us, "It is nice and clean, no smells, even the toilets." Staff used protective equipment such as gloves and aprons when required.
- Where there were concerns about the spread of infections, the management team had taken action and understood how to minimise the impact to people living at the home.

### Learning lessons when things go wrong

- People's accident and incidents had been recorded and systems were in place to take any learning from these, such as people experiencing falls.
- The management team had reviewed each incident and recorded any preventative measures which could be taken to support people further.



# 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 remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The provider offered two services, a six-week short term step-down service and long-term placements. Short term is used to rehabilitate people leaving hospital before returning home.
- People's care needs had been assessed and their needs were met by staff at the home.
- Health and social care professionals had been involved so the management team could be assured they were providing care in line with best practice guidance.

Staff support: induction, training, skills and experience

- The management team ensured staff received training, which staff told us gave them the skills and knowledge they needed to care for people at the home.
- New staff had completed an induction and worked with experienced staff to gain knowledge of the role and people living at Eric Williams House.
- Staff members told us the management team were knowledgeable, supportive and offered regular opportunities to discuss their role and responsibilities.

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

- People were supported to have enough to eat and drink to remain well, and alternative diets were provided. One relative told us, "[Person] has his food adapted to his needs so he has a soft diet now."
- The management team had identified meal times as an area for improvement and were currently implementing a number of changes, such as more food choices.

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

- The management team had developed relationships with a range of local health and social care professionals so people were able to access the care needed, to either remain living at Eric Williams House or return to their own homes following their six week rehabilitation. One relative told us, "We've been told [person] will be going home soon, they weren't able to walk when they first came. They [staff] really motivated her, their up and about with the frame, no trouble."
- People had seen health and social care professionals who supported their needs, such as a occupational therapist (OT). One relative told us, "When [person] came in he had a walking frame with legs rather than two wheels, they had the OT assess them. Straight away they had a new walker which is much better for their mobility."
- People had access to a GP and a range of health care professionals who visited the home. A visiting health care professional told us staff were good at communication and responding to their advice and guidance.

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

- The home was well maintained, and people liked the décor.
  - People were supported to find their way round the home with staff or with signs and the use of pictures.
- The management team were considering how development of further areas of the home would enhance people's experience when living with dementia.

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

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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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 had the appropriate legal authority and were being met.

- Staff understood how the MCA supported people they cared for. Staff told us how they sought people's agreement to care on an ongoing basis. They supported people who initially declined care, so their rights and choices were respected. One staff member told us, "People get a choice about their needs and if they are not able to say look at best interest and working with the individual."
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way and authorisations were correctly obtained.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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 supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People enjoyed their time in the home and told us they were able to relax, laugh and chat with staff. One person told us, "It's homely here, with the fireplace and all. Makes me feel comfortable."
- Staff cared for people who they knew well and focused on them as individuals. This included a knowledge of people's histories and diverse backgrounds. One staff member told us, "We offer the residents empathy and a safe environment, and I like to use humour."
- People had meaningful and caring relationships with staff, one person told us, "They look after me well, the food's good and the beds are clean, what more could I want?"

Supporting people to express their views and be involved in making decisions about their care

- People directed their care and their views were listened to by staff, one person told us, "I can do what I want when I want."
- Staff continued to encourage people to be involved in their care, as much as possible and one staff member told us, "Choice is always given, definitely, and up to them, show people outfits, more visual to help make a choice."
- Staff knew how best to include people in their care and where family member involvement was important to the person. One relative told us, "They [staff] always phone if he has a problem, we feel almost like part of the 'home' family. The carers know us all."

Respecting and promoting people's privacy, dignity and independence

- People's independence was promoted, and staff encouraged people to regain skills of independent living. One relative told us, "[Person] can be as independent as [person] wishes."
- Staff told us how they were mindful of people's feelings while providing personal care.
- Staff were considerate and treated people with respect and always knocked and waited before entering a person's room. People were happy because their privacy and dignity was maintained. One relative told us, "They treat [person] with respect, like one of their own family, if their having a bad day they make time to come and sit with them and talk to them."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care had been discussed, recorded and plans were in place to ensure people received the care needed. One relative told us, "[Person] has to be able to walk to be able to go home, they wasn't able to walk when they first came...[person's] up and about with their frame, no trouble."
- People's preferences had been sought and these had been included when planning their care. Staff used this information to get to know people and understand how best to provide their care and support.
- Staff worked with people, their relatives and other health and social care professionals so people were able to benefit from the best outcomes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs had been reviewed and recorded in the care plans. Staff knew how best to communicate with people and told us they used speech, eye contact or body language.
- Where needed people had aids in place such as spectacles or hearing aids to enhance their sensory experiences.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People told us they enjoyed the activities offered, including opportunities to spend time chatting with staff. Private areas were available, such as when their relatives and friends visited.
- People's spiritual needs had been considered and faith leaders were welcomed into the home.

Improving care quality in response to complaints or concerns

- Complaints were welcomed as a way to review and improve people's experiences. Complaints were investigated and information was used to enhance the service provided and make improvements.
- People told us they knew how to complain, one person told us, "I can talk to any of them [staff], if they can't handle it they'd fetch the relevant person who could...they'd soon sort things out, but management are very approachable."

# 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

- People were involved in running their home and told us the management team listened to them and were approachable.
- People and their relatives were happy with the caring support was provided. One relative told us, "The home is welcoming and friendly, I mean the staff when I say that."
- Staff we spoke with said the management were open and supportive. One member of staff said, "Good management, I like [staff name] who is approachable and easy to talk to."

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 registered manager told us an apology was offered where appropriate. They were open and honest and understood the importance of feedback and their responsibility to meet the duty of candour.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a range of quality audits which had been completed on a regular basis. These had identified and addressed actions to bring about improvements.
- The service had a clear leadership structure in place and staff understood their responsibilities.
- The management team knew when to report events to the Care Quality Commission [CQC] in line with Regulatory requirements.
- Staff told us any they would raise and new risks or concerns and knew these would be investigated and action taken if needed.

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

- The provider used a variety of ways to seek people's views and feedback to ensure their voices were heard. People contributed their views through one to one conversations, meetings and questionnaires.

Continuous learning and improving care

- The registered manager promoted a learning environment and encouraged their team to be passionate about improving people's experience of care and their well-being. The registered manager had a clear plan to work to, which included ongoing improvements to the environment.

- Accidents and incidents were reviewed, and learning was used to improve the quality of care provided.

#### Working in partnership with others

- Community links had been established, which included a range of health and social care professionals to further support people's care.