Coventry City Council

Eric Williams House

Inspection report

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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 care home that provides accommodation and personal care for up to 43 older people living with dementia. There were 41 people living at the home at the time of our inspection visit. The home is a one storey building, and has 33 permanent beds and 10 short stay places.

At the last inspection in January 2015, the service was rated good. At this inspection we found the service remained good.

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 understood their responsibilities to protect people from the risk of abuse. Risks to people's individual health and wellbeing were identified and care was planned to minimise the identified risks. Staff's suitability for their role was checked before they started working at the home and there was enough staff to support people safely. Medicines were administered and managed safely.

The registered manager and staff understood their responsibilities in relation to the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). People were looked after in a way that did not inappropriately restrict their freedom.

People were cared for by staff who had the skills and training to meet their needs. People's nutritional needs were assessed and staff made sure people had enough to eat and drink. People had routine health checks and were referred to other healthcare services when their health needs changed.

The registered manager and staff had a good understanding of people's individual needs and preferences. Care and support was person centred and the atmosphere in the home was friendly and homely. Staff promoted people's independence and respected their privacy and dignity. People were encouraged to maintain relationships that were important to them.

People and relatives knew the registered manager and other members of the management team well and were confident any concerns or issues they raised would be dealt with promptly. People and their relatives were encouraged to share their opinions about the service. The management team checked the quality of the service people received and implemented improvements.

The registered manager and the management team were passionate about providing person centred dementia care. The home was very well led by the registered manager who provided excellent leadership. They inspired staff by leading by example to provide a quality dementia care 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 remains Good.

Is the service effective?

Good

The service was effective.

People were supported to make decisions about how they lived their lives. Where people required support to make decisions or had restrictions on their freedom, people's rights were protected. Staff received the training and support required to carry out their roles. People nutritional needs and health needs were monitored and met.

Is the service caring?

Good

The service remains Good.

Is the service responsive?

Good

The service remains Good.

Is the service well-led?

Good

The service remains Good.

Eric Williams House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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 was a comprehensive, unannounced inspection that took place on 13 July 2017. The inspection visit was undertaken by two inspectors, a specialist advisor and an expert by experience. The specialist advisor was a registered nurse who was experienced in dementia care. The expert by experience was a person who had personal experience of caring for someone who had similar care needs.

Before the inspection visit, 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 were able to review the information in the PIR during our inspection visit.

We reviewed the information we held about the service. We looked at information received from the local authority commissioners and the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

Most of the people who lived at the home had complex needs, which meant they were not able to tell us how they were cared for and supported. However, we used the short observational framework tool (SOFI) to help us to assess if people's needs were appropriately met and whether they experienced good standards of care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

During the inspection visit, we spoke with one person who lived at the home and six relatives. We spoke with the registered manager, deputy manager, a team leader, nine care staff, the assistant cook, a volunteer and a visiting health care professional.

We observed how people were cared for and supported in communal areas and how people were supported to eat and drink at lunch time.

We reviewed five people's care plans including their daily records and 15 medication records to see how people's care and treatment was planned and delivered. We reviewed records of the checks the registered manager and the management team made to assure themselves people received a safe, effective, quality service.

Good

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection and the rating continues to be Good.

We saw people were comfortable and relaxed in the company of staff, which showed they trusted them. Most people chose to spend time in the communal areas, where there was always a member of staff to keep them safe. People we spoke with said they, or their relative, were safe living at Eric Williams House. They told us "Oh yes, very much (safe)," and, "They are always careful when I visit. No-one can slip in or out of the home."

People told us there was always enough staff available to support people. For example, "Yes, there is always two or three staff in here," and, "They [staff] are usually in the lounge area. Occasionally they are in a bedroom if hoisting." A person who lived in the home told us, "Yes, lots and lots" (staff).

There was enough staff on duty to meet people's needs and staff told us there were always enough staff to support people safely. The usual complement of care staff during the day was ten, two staff on each of the four lounge areas and two additional 'float' staff between two lounges. Most staff worked in dedicated lounges so there was continuity of care for people. One member of staff said, "I would say people are safe here, I would have my parents here." The registered manager told us they had not needed to use agency staff for four years. The home had their own relief staff that could be called on to support staff if there was a staffing issue.

Staff knew how to recognise abuse and what to do to report any safeguarding concerns. Staff also knew how to report concerns about other staff practice (whistleblowing). The registered manager had notified us when they had made referrals to the local safeguarding authority, in line with their legal responsibilities.

We looked at two staff recruitment records, these held all the information required for safe recruitment. Staff we spoke with told us they had to wait for their recruitment checks to be completed before they could start working at Eric Williams House.

Identified risks to people's care continued to be managed safely. Care records we looked at clearly identified risks associated with people's care, and appropriate risk assessments had been completed. One person was diabetic. There was a comprehensive diabetic care plan, which informed staff what they needed to look for if the person's blood sugar was too high or too low, and what action they should take. Another person had a falls prevention care plan, which identified how staff should remind the person to use their walking aid.

Staff knew about the risks to people's care and were mindful of keeping people safe. For example, one member of staff saw a person had slumped down on the sofa, and found a bigger cushion to put behind them to provide more back and neck support. The staff member gently prompted the person, "[Name], shall we sit you up a bit and make you more comfortable, you'll get a crick in your neck if you don't sit up. Staff recognised the risk of people dehydrating due to hot weather. We overheard one member of staff say, "Its

hot today you need to drink, we need to get fluids in you as it is warm."

None of the relatives we spoke with had any concerns about their family members' care. They told us, "I visit five times a week, "I have no concerns, I'm pretty happy with the care" and, "None at all (concerns), absolutely excellent, they are marvellous."

Staff confirmed they had received medication training and had their practice observed to make sure they were competent to give medicines safely. A member of staff said, "I have been observed recently by a team leader." This made sure people continued to receive their medicines in a safe way.

Medicines were managed and administered safely. Medicines were delivered from the pharmacy with an accompanying medicines administration record (MAR). MAR's included a photograph of the person to minimise the risk of giving medicines to the wrong person. The MAR's showed people received their medicines when they needed them and in accordance with their prescriptions. Records showed that staff regularly checked medicines were administered in accordance with people's prescriptions and care plans. One person received their medicines hidden in food, 'covertly.' We found how these medicines were managed and recorded could be improved. Action was taken by the managers while we were there to address this.

The provider had systems in place to make sure the premises remained safe for people, visitors and staff. Routine checks were made on the premises, including fire safety checks. The home was clean and equipment in good state of repair on the day we visited. Relatives told us the home was always clean and tidy. Comments included, "It never smells here, even the carpets," and, "This home is immaculate."

Good

Is the service effective?

Our findings

At the last inspection we found staff knowledge of the Mental Capacity Act (MCA) 2015 and Deprivation of Liberties Safeguards (DoLS) needed improvement. At this inspection we found the provider had taken action to improve staff knowledge and the rating is now good.

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 people lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

At this inspection all staff spoken with understood the principles of the MCA. They knew to assume people had capacity unless otherwise proven. They knew the importance of getting people's consent to care and making sure people were involved in making decisions as much as possible. Staff encouraged and enabled people to make their own decisions about their day-to-day care. Throughout the inspection visit, we heard staff checking and asking questions such as, "Would you like…, and, "Are you okay if I…" One member of staff told us, "It is their choice, who are we to say you need to do this or that…we are not here to take their choice away." Most relatives told us their family member needed support to make decisions. They told us, "[Person] can't make these decisions. They (staff) make a judgement on that, (receiving care)." And, "No, [person] can't make decisions; the home had a meeting with all of us about this three months ago."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

All the people at Eric Williams House were living with dementia. People were under constant supervision and were assessed as unsafe to leave the home on their own. Where people had restrictions on their freedom the authorisation to do this had been applied for to ensure people's rights were protected.

Relatives we spoke with said staff had the skills and experience to look after their family member. "Yes definitely, training is on-going here. Staff here are second to none." And, "Yes, they bear in mind her dementia."

Staff were confident they had the training they needed to be effective in their role. Staff said they had undertaken training to meet people's health and safety needs, such as moving and handling, infection control, and safeguarding. Staff were also supported by the provider to complete a qualification in social care. All staff had completed dementia training, but some said it would be helpful to have an update in more specialised dementia care as the last training about this was some time ago. The registered manager had identified this as a training need for staff and was arranging this. Some people living at the home had more complex physical needs. To ensure people received appropriate support, staff had received training for catheter care, and 'react to red' training to reduce pressure sores developing. At the time of our visit, the

registered manager told us nobody in the home had a pressure sore.

Staff told us they had regular opportunities to discuss and reflect on their practice to improve the quality of the care people received. Staff met at shift handover meetings and each lounge area had regular staff meetings. Staff also had meetings with their line manager and a yearly appraisal. They said they could discuss any concerns at any time with management, and received good support from team leaders.

People and relatives told us about the meals and food provided. Comments included, "The food is very good. I get a choice," and, "They do get a choice of two lunches. The food is excellent. They always make sure people eat."

We spoke with the assistant cook. They were aware of people's different dietary needs and said they provided gluten free, diabetic and vegetarian diets. Staff knew about people's dietary needs and if they required a specialised diet such as a pureed diet. Some people required their meals fortified to provide additional calories if they were prone to losing weight. A staff member told us about a person who received a fortified diet. They told us the person ate well, but could be very active at times so sometimes lost weight and explained, "[Person] likes honey in their drinks not sugar, we add calories in other ways such as extra cream and butter and snacks."

Staff monitored people's appetites and how much they ate and drank. They obtained advice from people's GPs and dieticians if they were at risk of poor nutrition or dehydration. Staff followed the healthcare specialists' advice and made sure people were offered food and drinks of an appropriate consistency, soft or pureed meals and thickened drinks, according to their needs.

We observed people's lunchtime experience in each lounge area. People who required assistance to eat their meal were served their food before other people. The registered manager told us this was so staff could concentrate their time on supporting each person. Staff sat beside people and took their time when assisting people to eat to make sure the person ate as much as they wanted. We noticed in each lounge, people who did not require assistance to eat their meals were sitting at the dining tables by 12.20pm even though their meal was not served until after 1pm. The registered manager told us this should not be happening and would remind staff about this.

In three of the lounges people were offered a choice of drinks, and everyone was served a main meal of their choice. In the other lounge we did not see people offered a choice of meal or drink. In this lounge one person declined to eat lunch and asked for their preferred food instead; staff prepared the requested food and brought it to them. Throughout the meal people were encouraged to have sufficient to eat and drink, with staff prompting people to continue eating. We heard a staff member say to one person who was reluctant to eat their meal, "Oh try a little bit. If you don't like it I will get you something else."

People were served meals on 'dementia friendly' crockery, bright colours to entice people to eat; and mugs with double handles to make them easier for people to hold.

Staff were observant to changes in people's moods and behaviours and understood when changes might be a sign of ill health. Healthcare professionals visited people when necessary, district nurses visited people regularly and the local GP held a weekly surgery at the home. Relatives told us their family member had regular health checks. Comments included, "[Person] has just had new glasses. The doctor comes once a week. A speech therapist is coming in October." And, "The optician came last week. The chiropodist, doctor, and hairdresser come regularly."

Care plans included people's health care management, for example plans included optician care plans, occupational therapist, and speech and language (SALT) assessments. On the day of our visit the GP was undertaking a scheduled visit to the home. They told us their regular visits had reduced the number of ad hoc visits they were asked to make, and that, "Communication is good we have a very good working relationship.…. Staff are really caring …they are observant and know people well."

Good

Is the service caring?

Our findings

At this inspection, we found people were as cared for and as happy living at the home as they had been during our previous inspection. The rating continues to be Good.

People and relatives told us staff were kind and caring. People said, "The staff are lovely; they think a lot of her. I speak on behalf of my brother and sister, we are all happy with the care she receives here." And, "They are very nice, they have a caring attitude."

Staff were kind and compassionate in the way they interacted with people and frequently reassured people physically, by touching their arms and hands, which made people feel valued. People appeared comfortable in staff presence, we observed many occasions when they were smiling and laughing together. We saw people were happy spending time in the communal areas for most of the day, watching others and talking with staff. A relative told us, "I think she feels respected and not patronised."

Staff were attentive of people's needs. For example one member of staff saw a person's eye needed a wipe, and went to get something to clean it. Another person asked if they could have a 'hanky'. The member of staff asked if they wanted a hanky or a tissue. They got what they wanted and the person responded with, "That's better, that's nice, thank you." One person's care plan advised the person did not like to feel cold. Later in the day we saw they were covered with a cosy blanket.

All staff were seen to interact with people in an effective way and understood people's communication. Staff looked directly at people when they spoke and checked the person understood them throughout their conversations. Relatives told us staff communicated well with people. A relative told us, "It's the way they communicate to make her laugh." Another said, "No issues with communication. They do this very well."

The care plans provided staff with information about people's backgrounds, their likes and dislikes and some of their personal history. The 'At a glance' day and night plans gave staff a quick reference of what people liked and didn't like. They also included, 'Tips for talking to me due to my dementia.' One person's plan suggested staff 'talk to me at eye level, and talk to me in the direction of my left ear.' This was because they had a hearing impairment but would not always use their hearing aid. In another care plan staff were advised to, "Make eye contact with me, give me time to process any information that is given to me. I will answer but it may take a couple of minutes and my words can get muddled up." We saw staff put this into practice during our visit.

People were supported to maintain their privacy and dignity. Relatives told us, "Very dignified, nothing for her to be embarrassed about," and, "When they put cream on or change her clothes, they ask me to wait outside." We saw staff knocked on doors before entering people's bedrooms, and closed doors when providing personal care. One care plan informed staff the person liked to be checked during the night, but they woke up easily, so asked that staff made sure they did the checks quietly so not to disturb them.

Staff promoted people's dignity in the way they spoke with people and by being considerate to their needs.

For example we heard staff say to people, "Can I just move that cushion for you, make you more comfortable," and, "Your dress looks beautiful, the colours look right on you."

We asked relatives if staff understood people's likes and preferences. They told us they did. One relative responded, "I think they do. I noticed she had a strop on about not wearing her glasses. They respected that and left her alone." Another said, "She likes accents. One of the staff talks to her in a cockney accent." There were several occasions during our visit that showed staff knew people well. For example we heard a staff member say to a person, "Would you like me to pop the TV on for you," and continued by saying, "It's your favourite, 'Escape to the country'."

People looked clean and well presented on the day of our visit. Relatives told us this was usual practice, with comments such as, "She's always immaculate," and "They do look clean. There's a gentleman with a runny nose, staff are always there to wipe him. My [family member] is always clean." Another said, "They [staff] always try and ensure she has matching nail varnish and beads to match her clothing."

Relatives said they could visit at any time and were always made welcome.

Good

Is the service responsive?

Our findings

At this inspection, we found staff were as responsive to people's needs and concerns as they were during the previous inspection. The rating continues to be Good.

Relatives said staff were responsive to people's needs and requests. One relative told us, "There is no rigid system. She can get up and go to bed when she wants. If she wants a bath to help her bad back, they do it." During our visit we saw staff responded promptly and appropriately when one person's behaviour was upsetting others. They knew how to distract the person to calm them and diffused the situation quickly.

The layout of the building supported staff to be responsive to people as the bedrooms were adjacent to the lounge. This made it easier for staff to respond quickly to people when they required personal care. People were seen to be freely walking along the corridors and out in the garden. There was enough staff to accompany people who required support to walk when they wished to.

Staff encouraged people to maintain their interest in life and to socialise with others if they wished. Relatives told us there were things for their family member to get involved in, although some thought they would like more things for people to do. Comments included, "There's lots of social activities," and, "He does 'Mind and Body' on Monday and Wednesday morning. He does painting sometimes, but that's it." A person who lived at the home told us, "There's not a lot. We do some activities here. I would like to do more. I go in to the garden usually, it's nice there. I don't recall going out anywhere."

Some people were seen to enjoy the garden. People could walk around with purpose or sit at various benches or seats. The garden was lovely; it was safe, dementia friendly, full of colour with different smells and sounds to promote sensory stimulation. A relative told us about their family member, "She gets distressed going out now. We don't take her out except in the garden which she loves."

There were photographs of social occasions people had celebrated, for example, people's birthdays, the Queen's 90th birthday and a recent VE day celebration. There was also information and photographs of external entertainment such as 'Pet therapy', and 'Healthy Mind and Body' dementia activity. The registered manager told us they regularly did activities specifically for people living with dementia, 'Singing for the brain' and 'Bingo for the brain', which is a mixture of bingo and singing.

From our observations during the day, we found staff did not routinely use the information they knew about peoples past lives to engage with people. For example, to develop reminiscent activities that was specific to the individual. We spoke with the registered manager about this who told us this would be something they would develop.

To promote a family environment staff did not wear uniforms. The registered manager told us some people who lived at the home did not respond well to 'authority figures' and uniforms and badges created a 'them and us' environment. To support this we removed our ID badges when requested to maintain a homely environment and to avoid people becoming anxious about our presence.

People had pre-admission assessments in place before arriving at Eric Williams House. For people on short stay, staff said they often used the social worker assessment because there was not always time to complete another assessment of need before people moved in. Care plans continued to be developed from the assessment information. Plans were personalised and written from the perspective of the person. For example, "When people ignore me I can get quite upset," and, "I like to hear music and singing." Plans were very detailed and provided staff with comprehensive information about the person's social, emotional and physical needs and wants. People had regular reviews of their care to make sure staff had up to date information about the care and support they required. A relative told us, "I have regular reviews; they keep me informed about everything."

The registered manager told us they observed staff practice to make sure they put their training into practice and provided care that was responsive, compassionate and caring. They said, "We are so passionate about the people we look after here. We try to make sure people live their lives as they wish. We remind staff about people's reality 'where they are.' We have to be person centred so people receive good care."

There had been no complaints received in the past 12 months. People knew how to raise concerns and who they would speak with if they had a complaint. One relative told us, "They are very approachable; I would just go to the office." Most relatives we spoke with did not know there was complaints information in the reception area, even though we saw this was prominently displayed.

Good

Is the service well-led?

Our findings

At this inspection, we found the service continued to be as well-led as at the previous inspection. The rating continues to be Good.

People and relatives were encouraged to share their views of the service through a survey and a suggestion box in the entrance hall. The registered manager told us they used the results of the surveys to make sure people were happy with the service they received. The home had received several compliments about the service, in which relatives had expressed their gratitude for the 'kindness and compassion' shown to their relative. One compliment included, "Very happy with all aspects of care. [Family member] has felt at home since day one, and has had excellent care at all times, in an atmosphere that is friendly and enjoyable."

The registered manager held 'Friends and Family meetings'. A relative told us, "They have a notice in the corridor about monthly meetings for relatives and residents." The registered manager sent people a newsletter the 'Brookside Bugle' to keep them updated about changes or events happening in the home. For example, dates of planned entertainment and in a recent newsletter to let people know staff had won a City Council care award for 2017.

People and relatives we spoke with during our visit were satisfied with how the service was managed. Comments from relatives included, "It's relaxed, calm and friendly here." A person who lived at the home said, "It's nice here. The lady is very helpful. I'm not sure if she is the manager." Relatives knew who the managers were and would speak to them if they had any concerns. For example, "[Name] is the manager. I have spoken to her. She responded very well, she is always around," and, "We speak to [name] the deputy manager." The registered manager knew people well and was able to tell us about everyone's needs and abilities.

There was an experienced management team at Eric Williams House. The registered manager and deputy manager had been in post for many years. A visiting health professional told us they thought the home was well managed and said, "The deputy manager leads staff with gentle nudges; she has a nice manner with staff, not confrontational."

The service was well-led, because the registered manager and the management team were approachable, knowledgeable and understood the benefits of delivering a person centred dementia service. The registered manager was passionate about providing good dementia care. They told us they did not follow one particular dementia care strategy as, "One method may work for one person but not others so we try to understand the person so that we can provide the most person-centred care." They kept up to date with dementia care initiatives, and provided talks locally about dementia awareness.

The majority of staff had worked at Eric Williams House for many years. They enjoyed working in the home and thought they worked well as a team. One member of staff said, "This is a happy home." A team leader told us they received good support from the managers, "It's a stressful job and we have really good support, we all support each other."

Staff told us they felt supported by the registered manager and team leaders and were well informed about changes in people's needs. Staff met twice a day at the handover meetings between shifts and had regular opportunities to talk about their practice and personal development at team and one-to-one meetings. Staff said they could go to management if they had any issue and this would be sorted out. Some staff did raise a concern about confidentiality in the home, which we referred to the registered manager to investigate.

The registered manager understood their responsibilities and the requirements of their registration. For example, they had completed a PIR as requested, understood what statutory notifications were required to be sent to us and the ratings from the last inspection were displayed in the home.

The management team conducted regular audits of the quality of the service. They checked that medicines were administered safely and they monitored and analysed accidents, incidents, falls and concerns. They also maintained a regular schedule of health and safety checks of the premises and equipment.

The home although 40 years old, had been adapted to be dementia friendly. The lounge areas were painted in bright colours with bright coloured furniture and 'natural day light' lighting. The registered manager told us the bright furniture had increased some people's independence as they could see the furniture clearly and no longer required assistance to get in and out of chairs and the natural lighting had reduced the number of trips and falls people experienced. Each corridor had a theme so people could identify where they lived, for example, music, travel, garden and office. There was a safe, peaceful sensory garden for people to enjoy. The corridors linking lounges were quite long and we saw people walking these regularly. However, we did notice there were no chairs in the corridors for people to rest along their journey if they wished. We raised this during our feedback with the registered manager, for them to consider.