

Delpin Limited

Eldonian House Care Centre

Inspection report

Eldonian Way
Liverpool
Merseyside
L3 6JL

Tel: 01512982989

Date of inspection visit:
25 April 2017
26 April 2017

Date of publication:
02 June 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection took place on 25 & 26 April 2017 and was unannounced.

Eldonian House Care Centre is a purpose built care home for 30 older people. It is part of the Eldonian Village community in the Vauxhall area of Liverpool, close to the city centre. Accommodation includes all single bedrooms with en-suite facilities, two main lounges and a dining room. There were 29 people living in the home on the day of our 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.

Systems and processes were not all in place to assess, monitor and improve the safety and quality of the service.

Medicines were not always managed safely in the home. Not everyone had a photograph to ensure staff gave medication to the right person. Support plans for giving people 'as required' medication were not always completed.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

Improvements were required to make the home a more dementia friendly environment. Signage and pictures around the home to assist people with independence and orientation were poor.

There were enough staff on duty to provide care and support to people living in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

Staff worked in partnership with health and social care professionals to make sure people received the care and support they needed.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs. They were supported by the registered manager.

Staff sought the consent of people before providing care and support. The home followed the principles of

the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

People liked the food and were able to choose what they wanted to eat.

We found that staff had a good understanding of people's care and individual needs.

People at the home were listened to and their views were taken into account when deciding how to spend their day. Activities were not organised on a regular basis available for people living at the home to participate in.

Care plans provided information to inform staff about people's support needs, routines and preferences. They had been reviewed and most reflected people's care needs accurately.

We observed positive interaction between the staff and people they supported.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

People living in the home and relatives were able to share their views and were able to provide feedback about the service. Feedback we received from people, relatives and staff was mostly complimentary regarding the management of the home.

You can see what action we told the provider to take at the back of the full version 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?

The service was not always safe.

Medicines were not managed safely in the home. Not everyone had a photograph to ensure staff gave people the correct medication. Support plans for giving people 'as required' medication were not completed.

Risk assessments had been undertaken to support people safely and in accordance with their individual needs.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported.

Safety checks of the environment and equipment were completed regularly.

There were enough staff on duty to provide care and support to people living in the home.

The provider had robust recruitment procedures in place to ensure staff were suitable to work with vulnerable adults.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Improvements were needed to make the home a dementia friendly environment.

Staff worked with health and social care professionals to make sure people received the care and support they needed.

Staff were trained to ensure that they had the appropriate skills and knowledge to meet people's needs.

Staff sought the consent of people before providing care and support. The home followed the principles of the Mental Capacity Act (2005) for people who lacked mental capacity to make their own decisions.

Requires Improvement ●

People were able to choose what they wanted to eat.

Staff had a good understanding of people's care needs.

Is the service caring?

Good ●

The service was caring.

People's individual needs and preferences were respected by staff.

People were listened to and their views taken into account when deciding how to spend their day.

People told us staff were kind, polite and maintained their privacy and dignity. We observed positive interaction between the staff and people they supported.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Activities were not regularly available for people living in the home to participate in.

Care plans provided information to inform staff about people's support needs, routines and preferences. However records had not been reviewed since January 2017.

A process for managing complaints was in place. People we spoke with knew how to raise a concern or make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Systems were not in place to enable the registered manager and provider to monitor the quality and safety of the service provided were in place.

The service had a registered manager.

People living in the home and relatives were able to share their views and were able to provide feedback about the service.

Eldonian House Care Centre

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.

The inspection took place on 25 & 26 April 2017 and was unannounced. The inspection team consisted of an adult social care inspector, an adult social care manager 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.

Before our inspection we reviewed the information we held about the home. We looked at the notifications and other intelligence the Care Quality Commission had received about the home.

We contacted the commissioning and contracts team and the infection control team at the local authority to see if they had any updates about the home.

During the inspection we spoke with six people who were living at the home and three relatives. We spoke with a total of seven staff, including the provider, the registered manager, the new home manager, cook and care staff.

We looked at the care records for six people living at the home, three staff personnel files, staff training records, and records relevant to the quality monitoring of the service. We looked round the home, including people's bedrooms, the kitchen, bathrooms, dining area and lounges. We observed people in the home and staff during the lunchtime period.

Is the service safe?

Our findings

We checked that medicines were administered safely to people. Staff who administered medicines had received medicine training. The new manager was yet to undertake competency assessments to ensure they had the skills and knowledge to administer medicines safely to people. We observed a staff member administering medicines and found their practice was safe. We saw staff encouraged people to take the medicines with a drink and waited with them to ensure they had swallowed the tablets. We saw people received their medicine when they needed it.

We found medicines to be stored safely and securely when not in use. Some medicines need to be stored under certain conditions, such as in a medicine fridge, which ensures their quality is maintained. If not stored at the correct temperature they may not work correctly. The temperature of the fridge was recorded daily. This helped to ensure the medicines stored in this fridge were safe to use. The temperature of the medicine's room had not been recorded since March 2017, when the room had been decorated. We informed the registered manager of this.

Controlled drugs were stored appropriately. Records we saw that showed they were checked and administered by two staff members. Controlled drugs are prescription medicines that have controls in place under the Misuse of Drugs legislation.

We checked the medicine administration records (MARs) for each person in the home and found staff had signed to say they had administered the medicines. We found records were clear and we were easily able to track whether people had had their medicines. We checked a number of medicines and found the stock balances to be correct.

We saw other relevant information was kept with the MARs. However we found 10 people's MARs did not record relevant information such as allergies. In each case the printed MAR stated 'none recorded'. We found the same 10 people did not have a photograph on the medicines record for staff to ensure they were giving the medication to the correct person. Some people required a support plan for taking medication as required, (PRN) to inform staff when and how to give the medicines. We found that three people did not have a support plan or PRN protocol completed. Without this written documentation we could not be sure staff were being consistent when giving people PRN medication. We looked at the medication policy; we found the policy clearly stated that 'a copy of the persons care plan should be with the PRN plan.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked people what made them feel safe in the home. Their comments included, "The staff", "Everything, we're well looked after", "I'm in company and my family like me staying here", "They're a nice crowd of people", "It's difficult to explain, but I just do".

Relatives we spoke with told us the reasons why they felt their family members were safe at Eldonian House.

Their comments included, "The staff are amazing and I've been a frequent visitor at all different times", "1000% (they are safe), I'm here every couple of days, I get on with all the staff. I'm always asking questions and I look at [name]" and "the keypads on the door." A person told us, "I can go to work with no worries, knowing [name] is looked after and safe".

We asked if people felt there were always enough staff to support everyone.. People were positive in their responses, which included, "They have (enough staff) and I don't have to wait", "You've only got to ask and they're there for you". One visitor told us they felt there was always enough staff on duty.

There were 29 people living in the home at the time of our inspection. There was the registered manager, a senior carer and four care staff on duty. There were ancillary staff such as, an administrator, a cook and domestic/laundry staff. We found there were consistent numbers of staff working each day, including at weekends. Staff worked a twelve hour shift from 8 am to 8pm. A senior carer and three care staff worked each night. Staff we spoke with felt there were enough staff working each shift to meet people's needs and keep them safe.

We looked at how staff were recruited and the processes undertaken to ensure staff were suitable to work with vulnerable people. We checked three staff files. We found copies of application forms and references and saw evidence that checks had been made to ensure staff were entitled to work in the UK and police checks that had been carried out. We found they had all received a clear Disclosure and Barring (DBS) check. This meant that staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults.

The staff we spoke with described how they would recognise abuse and the action they would take to ensure actual or potential harm was reported to a manager. Training records confirmed staff had undertaken safeguarding training and this was on-going.

We found the home to be clean and tidy with no unpleasant odours. We visited people's bedrooms and communal living areas and bathrooms. Bathrooms and toilets were clean and contained hand soap and paper towels. An external audit (check) had been carried out by the Infection Prevention Control team in September 2016. Eldonian House was awarded a score of 93%, which meant it was compliant.

Arrangements were in place for checking the environment to ensure it was safe. Health and safety checks were completed on a regular basis. Examples of these were for the water temperatures, safety checks for window restrictors, as well as weekly checks around the home environment, including the bedrooms. Fire checks were carried out each week to help ensure doors, fire alarms, emergency lighting and fire fighting equipment were in good working order.

A fire risk assessment had been carried out. We saw personal emergency evacuation plans (PEEPs) were completed for the people resident in the home to help ensure effective evacuation of the home in case of an emergency. The new provider had undertaken urgent fire safety work which was required. A letter from the fire service we saw confirmed that the provider had completed all of the requirements.

The home had a process in place to attend to repairs, to keep people who lived in the home safe and ensure the home was in a good condition and was in the process of being redecorated. Any repairs that were discovered were reported to the maintenance team employed by the provider. We saw the general environment was safe.

We checked safety certificates for electrical safety, gas safety, legionella and kitchen hygiene and these were

up to date. This helped ensure good safety standards in the home.

Is the service effective?

Our findings

People spoke very positively about the meals. Their comments included, "They're nice (meals), I get enough", "I love the big pieces of beef", "Lovely, I eat anything and everything", "I suppose it's generous, but you don't really get a choice, they don't starve you", "It's brilliant, I can't fault it, you get a choice occasionally, and I can have a cup of tea whenever I want one", "It varies, some days we get nice food and other days we don't e.g. ice cream".

A visitor told us, "[Name] is getting as much as they'll eat. They (staff) give them whatever they will eat" and another visitor told us, "[Name] enjoys the food, they never leave anything and they (staff) always ask her if they like it".

We observed lunch being taken in the dining room. The atmosphere was calm and people were supported by staff when required. The dining room was well staffed and meals were served promptly. There was one choice for the lunchtime meal. However people were able to have an alternative if they wanted and we saw evidence of this. We observed the portions served were quite large and quite a few people left a substantial amount of their meal. Hot drinks were served with the meal and throughout the day.

The menu was a set four week rolling menu. We were told that the menu was reviewed regularly. The cook told us there was a varied choice for breakfast, from cereals and toast to a full English breakfast if preferred. In the evening a hot snack and a dessert were served. The day's menu was not displayed to inform or remind people of what to expect for lunch or tea.

We spoke with the cook who was knowledgeable regarding any special diets people required and their individual likes and dislikes for both food and drinks. A record was kept in a visible position in the kitchen to ensure people received their preferences.

We saw that people living at the home received support to maintain their health and they could see a doctor when they wanted. We saw people's care documents contained information about people's medical conditions, health care and medicines. We also saw people had access to health care professionals, including GP, dietician and the chiropody service.

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 found that the provider had followed the requirements of the DoLS and had submitted applications to the relevant supervisory body [local authority]

for assessment and authorisation. We saw applications had been made appropriately with the rationale described.

We looked to see if the home was working within the principles of the Mental Capacity Act. We found requirements were being met and people who lacked capacity to make certain decisions were assessed appropriately.

The home had been adapted to enable people with mobility difficulties to access it without difficulty. A passenger lift gave access to much of the home. Doorways were wide to enable people using wheelchairs or walking aids to mobilise easily throughout the home. Access to the small enclosed patio area was through double doors from one of the corridors. Bathrooms and the shower room contained equipment to assist people to bathe safely.

We looked round the home to see if the environment was suitable for people living with dementia. We found this could be improved. Handrails and skirting boards contrasted with flooring and walls which helped people to mobilise safely. Large signs for key areas such as, toilets and bathrooms were displayed. Bedroom doors were identified by brass name plates. However we saw the name plates were situated high up on the bedroom door which would have been difficult for most people to read. The walls displayed very little in the way of visual stimulation; no old photographs to evoke any memories. We found the clock in the dining room did not work, therefore did not show the correct time. No board displaying the day and the date was evident, for people to orientate themselves. There were no books, magazines or newspapers to stimulate conversations or memories.

We recommend that the service reviews its approach to adapting the home, suitable for people living with dementia.

We looked at the training and support in place for staff. Records seen showed staff had completed training in 'mandatory' subjects considered mandatory by the provider such as food safety, moving and handling, fire safety, health and safety, first aid, safeguarding of vulnerable adults, infection control, dementia awareness, mental capacity act and deprivation of liberty safeguards (DoLS) and pressure area care. Senior care staff and managers completed additional training courses in medication administration. Training was planned for the next three months to help ensure all staff were up to date with their training needs.

Staff we spoke with told us they enjoyed their job and received good support from their colleagues and the manager/ owner. All the staff we spoke with knew the individual needs of the people who lived at Eldonian House. They told us how they would support those people who became anxious or aggressive because they were diagnosed with dementia and were able to give us examples of this. New staff had been supported through induction and staff who had worked at the home for some time told us how they had supported the new staff in getting to know the needs of the people who lived at Eldonian House.

Is the service caring?

Our findings

We asked people in the home for their views about the staff. Their comments included, "They're kind", "(They treat me) very well, they're kind, I can't say anything bad about them" and "We have a joke, they're quite kind".

Relatives spoke highly of the staff. When referring to their family member who was living with dementia one relative told us, "They treat her normally, not as if she's stupid. Like a friend". Another said, "I can tell by the way [name] responds to people, she always greets the staff with a big smile. They treat her with a lot of respect". Some other comments included, "Their tolerance levels are so high, they're always on the ball", "The care staff are first class. The way they treat the residents. [Name] is always spotless and you're always made welcome", "What they're doing is absolutely brilliant, and [Name] hasn't lost any clothes or is wearing anyone else's".

We made observations of people living at the home and they appeared relaxed and at ease in the company of the staff. Relationships were warm and friendly. We saw that the staff spoke with the people who lived in the home in a pleasant manner. They appeared to know people very well.

We observed staff supporting people with moving around, accessing toilets, and in some cases helping them with food and drinks. This was always done kindly and promptly, and staff interactions with people in the home indicated familiar and mutually respectful relationships. During our inspection a person living in the home needed assistance with personal care. We observed two staff assisting the person to use a hoist. We found they supported the person safely and reassured them throughout the lifting experience as they were anxious.

We observed staff providing support to people in such a way as to promote their independence. For instance, when people got up to mobilise, staff observed them and only intervened if they required assistance. People were provided with mobility aids to assist them to remain independent.

During our inspection we saw people making choices with every day activities. Some people chose to spend their day in their own rooms, watching TV and reading. Despite the lack of a dedicated activities coordinator during our inspection staff supported those who wanted to join in to play bingo, have a 'sing song' and watch a film. We saw others sat quietly in the small lounge to watch their favourite TV programme. Some people had visitors.

Is the service responsive?

Our findings

People living at the home had individual care plans. These contained information and guidance for staff regarding people's health and social care needs, their preferred routine, daily records of the care given by the staff and input from external health and social care professionals to oversee people's health and wellbeing.

We saw care plans for areas of care which included mobility, nutrition, personal care, people's routine and medicines. Clear and detailed care plans are important to ensure consistency of approach and to assure people's needs are met. The care plans we saw provided this assurance. They recorded personal detail regarding their day time routines, preferences and a life history. This information is important so that support was provided in a way the person wanted. However we did find that four people did not have care plans completed, in areas such as medication and pressure area care. Evidence we saw showed that people received medication and support when they required it but we could not be certain that support was provided by staff in a consistent manner.

Care plans were reviewed regularly. However we found that they were last reviewed in December 2016 and January 2017. We could not be certain that they accurately reflected people's current care and health support needs. We were informed a person was receiving 'end of life support' but we did not find any information or a care plan in their care records to confirm this or to describe the care the person needed.

This is a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

When asked about the activities available, people living in the home who could, expressed a level of dissatisfaction about the activities provided. This was because the activity coordinator had recently left. People's comments included, "We watch films and listen to music but I get bored now and again", "I sing", "I read and watch the TV", "I like to read, I've always liked reading", "Sitting here, everybody just sits here and falls asleep, I get fed up and that's it. I get bored, I think everybody does", "I'm bored out of my head looking out of the window. Occasionally they will throw a party but there are no trips", "That's one of the things I don't like about this place. I do nothing; I get very bored at times".

Relatives said, "[Name] goes for little walks; they are the life and soul of the party, she'll be dancing", "We were asked about activities last week" and "[Name] reads a lot and they have party days/nights".

The home did not currently employ an activities coordinator. The registered manager told us they hoped to fill the activity coordinator post very soon. Staff conducted impromptu activities on the afternoons of our inspection. Entertainers visited the home on a monthly basis.

We observed that not all staff engaged with people whilst supervising them in the communal areas, mainly during the morning. The TV was on and everyone watched it. We brought this to the manager's attention. Interaction between staff and people in the home in the afternoons appeared much more positive.

We saw a complaints procedure was in place and displayed in the hallway. People we spoke with were aware of how they could complain. However all the people we spoke with said they felt able to tell the staff or manager if there was anything wrong. A relative told us they had made a complaint which had been resolved to their satisfaction.

Is the service well-led?

Our findings

We looked at the audit processes for quality and safety within Eldonian House. The provider was unable to provide us with any audits which had been completed since they took ownership of the home in May 2016. They gave us an assurance that they will be put into place as a priority. Audits are completed to monitor performance and check on the quality and safety of the service. We found the registered manager had completed a comprehensive review of the medicines in February 2017; stock had been checked, excess stock had been returned and the medicines room was now in good order. However the audit did not identify the shortfalls in the documentation we found during this inspection.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A registered manager was in post. The registered manager was appointed in April 2017 and was supported in the management of the service by senior carers and an administrator. The registered manager was available throughout the inspection and was given additional support by the owners.

People who lived in the home and relatives we spoke with thought the home was well run. All staff spoke highly of the new owners and registered manager and told us they felt supported by them. One staff member said they felt 'listened to' and felt they could raise any issues or concerns with them.

The registered manager was a visible presence in the home; the position of their office encouraged people to 'pop in'. We saw that people in the home regularly 'sat and had a chat' with the manager in their office. Relatives we spoke with said, "He's doing a good job", "I've spoken to him a few times" and "He's very approachable, he's a lovely man".

The registered manager spoke passionately about their role and getting to know the people who lived in the home. They told us this had been their priority since starting work at Eldonian House in February 2017. The registered manager said they attended a 'provider forum' and maintained good links with local authority and other care home managers/providers to drive the improvement of Eldonian House.

People living at the service and staff were consulted about the service through resident and families meetings and staff meetings. Staff meetings had been held by the new provider but notes had not been taken at these meetings as a record of them taking place. The registered manager informed us they would be holding a staff meeting in May 2017. A 'resident and families' meeting had been held in April 2017 and the registered manager told us they planned to hold these every three months.

Questionnaires had been sent out to family members by the new provider. One relative confirmed they had received one and sent it back, but said they hadn't received any feedback. The provider said they had not yet analysed the feedback.

The home had an extensive set of policies and procedures. Policies included; adult safeguarding, MCA and

medication. Policies were detailed and offered staff guidance regarding expectations, standards and important information.

The home maintained records of notifications to the Care Quality Commission and safeguarding referrals to the local authority.

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 9 HSCA RA Regulations 2014 Person-centred care Care records were not completed to inform staff to provide the correct care and treatment. Regulation 9 (3) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Records relating to the safe administration of medicines were not used for each person in the service. Regulation 12 (2) (g)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not established to assess, monitor and improve the quality of the service. Regulation 17 (2) (a)