

Ealing Eventide Homes Limited

Ealing Eventide Homes Limited - Downhurst

Inspection report

76 Castlebar Road
London
W5 2DD

Tel: 02089978421

Date of inspection visit:
21 February 2017

Date of publication:
14 March 2017

Ratings

Overall rating for this service

Good ●

Is the service safe?

Requires Improvement ●

Summary of findings

Overall summary

This unannounced inspection took place on 21 February 2017. The last inspection of the service took place on 15, 16 and 17 June 2015. We rated the service as Good overall but identified one breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014 as the registered person did not always maintain an accurate record in respect of each person. This may have placed people at risk of unsafe or inappropriate care.

At the inspection of 21 February 2017 we checked care records to see if risks had been assessed and care plans reviewed to reflect the findings of the risk assessments. We found the provider had taken action. There had been improvements in reflecting the risk assessment findings in the care plans, however further improvements and monitoring of the care records were required. Therefore we have made a new requirement for this finding.

This report only covers our findings in relation to this topic. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Ealing Eventide Homes Limited – Downhurst' on our website at www.cqc.org.uk.

Ealing Eventide Homes Limited - Downhurst is a service which provides accommodation for up to 26 older people who have a range of needs, including dementia.

The service is required to have a registered manager in post, and there is a registered manager for this service. 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.

Improvements had been made with the risk assessments and associated care records, however further improvements were required to ensure all the records accurately reflected changes in people's needs.

The processes in place for monitoring and reviewing the care documentation were not robust and shortfalls were not always being identified and addressed in a timely way.

The majority of risk assessments and care records had been completed and these were comprehensive and reflected any changes in people's needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Some aspects of the service were not safe.

Improvements had been made with the risk assessments and associated care records, however further improvements were required to ensure all the records accurately reflected changes in people's needs.

The processes in place for monitoring and reviewing the care documentation were not robust and shortfalls were not always being identified and addressed in a timely way.

The majority of risk assessments and care records had been completed and these were comprehensive and reflected any changes in people's needs.

Requires Improvement 

Ealing Eventide Homes Limited - Downhurst

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 unannounced inspection was carried out on 21 February 2017. The inspection was carried out by one inspector. This inspection was completed to check that improvements to meet legal requirements planned by the provider after our comprehensive inspection on 15, 16 and 17 June 2015 had been made. We inspected the service against one of the five questions we ask about services: is the service safe. This is because the service was not meeting legal requirements in relation to that question.

During the inspection we reviewed the risk assessments and care plans of four people using the service, the auditing records for care records and the weight monitoring records for people using the service. We viewed one person's height adjustable bed.

We spoke with the registered manager, the deputy manager and two care staff.

Is the service safe?

Our findings

During our inspection on 15, 16 and 17 June 2015 we found that risk assessments had not always been completed accurately and risks identified had not always been reflected in the care plans. At this inspection we found the majority of risk assessments had been completed accurately and where a change in risk was identified, care records had been updated to reflect the risks. Assessments were carried out each month for mental health, physical health, personal risk, moving and handling, behaviour, pressure sore risk, nutritional screening and falls risk. We looked at all the documents for four people. The assessments used a scoring system with numerical values assigned to specific areas of risk, so that the staff could calculate a risk score. We identified two assessments where the scores had not been added up correctly, so the person's level of risk in those two instances had not been accurately calculated.

We found that some sections were not clear in the risk assessments for pressure sore risk and falls risk the documents. Both documents had sections that required staff to identify two or more scores in one box. For example, on the pressure sore risk assessment the person's gender generated one score and their age a second score, but both were in the same section. The instructions indicated that in each section, if a person's needs placed them between two scores then the higher score was to be used. We asked about the guidance for the use of these documents and this was not available. The registered manager said she would address this so the scoring of the documents was clear to all staff completing them.

The care records contained risk assessments, care plans and monthly review sheets and whilst the majority were up to date, further work was required to ensure all the documents accurately reflected changes in people's condition. The registered manager had a process for checking the care records, however apart from a word or short comment there was nothing in place to record shortfalls identified and to put in place an action plan with timescales for addressing them. The registered manager agreed that the auditing process for monitoring the care records was not robust and improvements were needed.

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

For two people we saw where an assessment reflected an increase in risk or need, the care records had been updated to reflect this. For example, one person had been identified as needing more assistance with their physical health and care needs and for another they had been identified as needing additional support due to a change in their mental health. The records were clear and easy to follow. There was also an index to record when a care plan had been updated, so staff were aware of when there had been changes to a person's care needs.

For one person who had been unwell and had developed pressure sores, the tissue viability nurse specialist and community nurses had been involved in their treatment and the sores had healed in a timely way. Because they occurred and healed between the monthly review of the assessments and care plans, the sores had not been reflected on the risk assessment or the care plans. The information was contained in the multidisciplinary record, the daily records and the monthly care review record, which reflected that the

person had received care and treatment and the sores had healed. The care plans were updated at the time of inspection and we discussed ensuring that risk assessments and associated care plans were updated without delay to reflect changes in a person's needs.

Pressure relieving equipment supplied by the community nurses had been identified in the care records and the staff said equipment was checked to ensure it was working correctly and they were able to explain the settings were in accordance with people's weight. They said if there were any concerns with the way in which the equipment was functioning, this was reported to the supplier who attended the service promptly to carry out any repairs. Checks of pressure relieving equipment were not being recorded and we discussed this with the registered manager and the deputy manager who said they would look to record that the equipment was being monitored.

We saw two risk assessments for the use of bedrails that had been signed by the people to say they had agreed to the use of bedrails. For one person, the community nurses had reassessed the person and a height adjustable bed that could be lowered to the floor had been provided with a mattress to be placed next to the bed. This meant if the person rolled out of bed they would land on a soft surface. However, bedrails with protectors were also in place on the bed and staff said the person sometimes got restless and placed their feet over the bedrail but did not attempt to climb out. One of the carers demonstrated how the bed was placed in the lowest position and we saw that the bedrails when in the down position did not restrict the person. The registered manager said they would review this to ensure the safest system for the person was in place, so if the bedrails were not required they would be removed or secured in the down position.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not:</p> <ol style="list-style-type: none">1. <input type="checkbox"/> Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity.2. <input type="checkbox"/> Maintain an accurate, complete and contemporaneous record in respect of each service user, including a record of the care and treatment provided to the service user and decisions taken in relation to the care and treatment provided. <p>Regulation 17(2)(a) and 17(2)(c)</p>