Thames Williams Care

Everley Residential Home

Inspection report

15 Lyde Green
Halesowen
B63 2PG
Tel: 00 000 000
Website: www.example.com

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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

Overall summary

This was an announced inspection which took place on 1 December 2015. Everley Residential Home provides accommodation with personal care for 16 people who may have needs due to old age, physical disability, or dementia. On the day of our inspection 12 people lived at the home.

The provider Thames Williams Care is a new legal entity previously under The Jethwa Partnership, and this is their first inspection.

At our last inspection in October 2014 the previous provider was not meeting all of the regulations that we assessed. They had not ensured that an effective system was in place to prevent people being unnecessarily deprived of their liberty. At this inspection we found that the previous provider had made improvements and that people received care in line with their best interests and processes were in place to ensure they were not restricted unlawfully.

There was a registered manager at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

People had no concerns about their safety. Risks to their safety had been identified and staff had training in how to recognise and report abuse.

Staff were recruited in a safe way and had relevant training and support to develop their skills in meeting people's needs. People were cared for by staff who knew them well and responded to their needs. We saw that there were some occasions where staff were not visible in communal areas. The staffing levels had not been reviewed regularly to ensure there were enough staff to meet people's needs.

People had their medicines when they needed them and staff had been trained to manage medicines safely. Staff had written guidance to support people with their medicines so that they were administered safely.

Staff were aware of people's individual needs and how to respond to risks to their health such as falling or developing pressure sores. People and their relatives were complimentary about the quality of the care they received.

Staff were aware of the importance of seeking people's consent before care was carried out. We saw staff respected people's choices. We saw staff understood the Deprivation of Liberty Safeguards (DoLS). They had followed these procedures when people's liberty had been restricted for their own safety.

People were happy with the meals offered and were appropriately supported to have their meals. Drinks were offered throughout the day to prevent the risk of dehydration. People's health was supported by access to appropriate health professionals.

We saw that staff were attentive and caring towards people. People described the staff as being friendly and kind. Relatives told us the staff were polite, patient and respectful towards people.

People had access to spontaneous activities. However the availability of staff to enable regular activity to take place needed reviewing.

People told us that they were happy living at the home. They knew how to raise any concerns if they needed to and we saw arrangements were in place to listen and act upon any concerns.

People described the management of the home as very friendly and approachable. Although the ownership of the home had recently changed the registered manager had not changed which maintained some consistency and ensured the service ran smoothly. The provider had a vision for the future and an action plan to make improvements within the home.

Quality monitoring systems were in place and the registered manager had made improvements so that the home was run in the best interests of the people who lived there.

Summary of findings

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 safe.

There were enough staff to meet people's needs. Regular review of staffing levels would ensure they continued to meet people's needs.

People said they felt safe and staff understood their role in recognising and reporting abuse. The provider had effective systems in place to protect people from harm or abuse.

Risks to people were assessed. Staff understood how to keep people safe.

People received their medicines safely and as prescribed by trained staff.

Good

Is the service effective?
The service was effective.

Staff had training and supervision to enable them to meet people's needs and recognise changes in people's health.

People were not unlawfully restricted and they received care in line with their best interests. Staff knew how to seek people's consent.

People were supported to eat and drink enough and enjoyed the meals provided.

People had access to routine health checks and other health services as they needed.

Good

Is the service caring?
The service was caring.

Staff were kind and caring towards people, knew them well and respected their dignity and privacy.

People were consulted about their care and enabled to express their views.

Staff understood the importance of people's relationships and visitors were made welcome.

Good

Is the service responsive?
The service was responsive.

People's social and recreational interests had been considered.

Arrangements were in place to listen and respond to complaints. People were confident their complaints would be addressed.

Good

Is the service well-led?
The service was well led.

People and staff spoke positively about the way the service was managed. There had been no disruption to the smooth running of the service as a result of the change in ownership.

Staff understood what was expected from them and felt supported. The registered manager had ensured that the quality of the service was monitored and that improvements had been made.

Good

Everley Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was unannounced and was undertaken by one inspector on 1 December 2015.

Prior to our inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of serious injuries to people receiving care and any safeguarding matters.

We asked for information about the home from the local authority who are responsible for monitoring the quality and funding the placements at the home.

We spoke with nine people who used the service, the registered care manager, two staff, the cook and the provider. We also spoke with a two visiting relatives. We looked at the care records for four people and the medicine records for seven people, accident and incident records, complaints and compliments records, two staff files for training and recruitment and records related to the quality monitoring systems.

Some people were unable to verbally tell us how they found living at the home. We used the Short Observational Tool for Inspection (SOFI). SOFI is a way of observing care to help us understand the needs of people who could not talk with us. In addition we observed staff administering people's medicines, carrying out activities and supporting people during their breakfast and lunchtime meal.

Good

Is the service safe?

Our findings

People we spoke with told us they felt safe and secure in the home and in the company of staff. One person said, "I feel safe with the staff they look after me very well". Another person told us, "I'm not worried about safety staff are good at looking after us". A relative we spoke with told us, "I don't have any worries about safety; staff take care of [person's name]".

The provider had ensured that staff understood what to do if safeguarding concerns were raised in the absence of the registered manager. We saw an information folder was available to guide staff in this process and when we spoke with staff they were able to tell us about recognising and reporting safeguarding incidents. A staff member said, "We had training in abuse and we know how to report it; there is a folder to help us follow the procedures". Training records showed that the provider had ensured staff were up to date with safeguarding training. Staff were aware of the Whistle-Blowing procedures should they have any concerns about the care practices within the home. The registered manager had previously reported to us and the local authority any safeguarding concerns as they are required to by law to help protect people from abuse. We saw there had been no safeguarding incidents at the home since our last inspection.

We saw the registered manager had reviewed accidents and incidents and looked at ways of reducing these. We saw for example that for one person appropriate management plans were in place to reduce the risk of falling. We saw staff were aware of this risk and how to manage this. A staff member told us, "They have anaemia and lose their balance but refuse to use the stair lift so we have to supervise them on the stairs".

We saw that risk assessments had been undertaken to identify other risks to people's safety. Plans were in place to guide staff on what they needed to do to support people with their fluids, and reduce the risk of developing pressure sores. Staff we spoke with were aware of the risks to people's health and what they needed to do to keep them safe. We observed that staff used equipment such as pressure relieving mattresses and cushions to support people, and carried out repositioning interventions regularly throughout the day. People's monitoring records showed us that staff were recording interventions regularly at the desired frequency to reduce risks to people's skin, and to ensure they drank enough. Staff were vigilant about people's whereabouts to ensure they did not place themselves at risk by leaving the home unescorted. A risk assessment was in place to ensure that the environment was safe and free from clutter or other items that could be a potential risk to the safety of people particularly people who had dementia.

We saw that checks had been undertaken on staff before they were allowed to start work. One new staff member told us, "I had a police check and had to provide references and identification". We saw from staff records that the provider's recruitment processes included obtaining a Disclosure and Barring Service (DBS). This provides information about people's criminal records. These checks had been undertaken before staff started work. The recruitment processes in place would help to minimise the risks of employing unsuitable staff.

People told us that there were enough staff to help them. One person said, "The staff are very good and help me when I need it". Another person said, "Sometimes you might have to wait a few minutes but generally there are enough staff". We saw staff were available to respond to people's requests for the toilet and to assist them with their meals. There was also evidence that people's personal care had been attended to. A visitor told referring to their relative told us, "She always looks well-tended to; clean hair, nails and clothes, and there is staff around". We saw during the day that there were periods where the lounge area was unstaffed and we saw that some people needed two staff to meet their needs. Staff said at times it was necessary to leave the lounge and tend to people in their bedrooms. We saw that the occupancy numbers were low at the time of our inspection. The registered manager told us they calculated staffing levels on a monthly basis and took account of people's level of dependency. We checked the registered manager's dependency tool and saw staffing had not been reviewed for a few months to ensure that there were enough staff to meet people's needs. Staff rotas had remained unchanged and we saw staffing levels were reduced by one staff in the afternoons The registered manager and new provider told us they would review staffing levels to ensure they continued to meet people's needs. This was important because when the occupancy of the home is at full capacity, the provider needs to ensure there is sufficient staffing.

Good

Is the service safe?

We found appropriate arrangements were in place to ensure that people had their medicines safely. One person told us, “I have no problems; I have my medicine every day”. We saw staff administer people’s medicine and that they checked each person had taken it prior to signing the records. Medicine records showed people had received their medicines at the frequency prescribed. There were some gaps on the medicine records. The balance of people’s medicines when checked indicated people had them as they should. The gaps indicated staff may have not always signed the records afterwards. We looked at the systems in place for monitoring medicines and saw regular audits were carried out to identify errors. The registered manager told us, “If we see gaps we discuss with staff so that they are aware of the importance of signing records”. Some people had been prescribed medicine on an ‘as required’ basis. Although protocols were in place to instruct the staff when the medicine should be given, we noted for one of the people more written detail was needed. This would ensure that it was clear when the person actually needed their medicine. The registered manager told us she would update the written information for this person. Staff we spoke with were aware of when certain people needed their ‘as needed’ medicines for example when they presented symptoms of anxiety or agitation.

Good

Is the service effective?

Our findings

People were happy about how they were looked after by the staff. One person told us, "I like it here and they look after me well". A relative told us, "The staff have looked after [name of person], and provided the care they needed when they have been ill or had a fall". Staff told us they knew people's needs well and that they felt they cared for them in the way they needed and wanted.

A staff member told us, "When I started work here I had an induction and went through the procedures as well as reading people's plans". Another staff member told us, "I shadowed other staff until I was confident I knew how to meet people's needs". We looked at a newly recruited staff member's file and saw their induction was supported by a competency framework. Their skills and abilities in different care tasks had been assessed to ensure they undertook their care tasks safely. The registered manager showed us that they had recently implemented the new Care Certificate to enhance their induction processes further. The Care Certificate is a set of standards designed to equip staff with the knowledge they need to provide people's care.

Staff we spoke with felt that they had very positive support and training in order to understand and meet people's needs. A staff member said, "I do a lot of training in all the areas we need". We saw the training programme supported staff in developing the competences to deliver effective care. For example training in dementia awareness to meet people's diverse needs was evident as well as moving and handling to support people with their mobility. We also saw that staff had completed varying levels of recognised qualifications in health and social care. This showed that care was taken to ensure staff were trained to a level to meet people's current and changing needs. A person who lived at the home told us, "They know how to look after us, how to help us with things".

Staff had regular supervisions in which to reflect on their care practices and enable them to care and support people effectively. One staff member said, "I have supervision with the manager and we discuss my care practice and performance". Staff told us they had undertaken training relevant to their care roles. We saw staff used their training to support people appropriately throughout the day. Staff were able to tell us how they supported people at risk of falling or developing pressure sores and we saw they attended to people on a regular basis to provide pressure relief. We also saw they used hoist equipment safely when assisting people with their mobility. A relative said, "They looked after [family members name] when they were poorly and they helped with their mobility". The training records we saw confirmed that staff had been trained in these areas to meet people's needs effectively.

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 interest 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 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 were being met.

We saw staff incorporated the principles of the MCA by seeking people's consent before they assisted them with their care needs. A person told us, "They will ask before they help me". We saw staff respected people's choices about where they sat in the lounge, what time they got up or went to bed and what they ate. One person we met in the morning confirmed that she had chosen the time of getting up and had requested and received her preferred cooked breakfast. We saw where people had made arrangements to protect their choices such as Power of Attorney [POA] or Do Not Attempt Resuscitation [DNAR] this was documented in the person's care records so that staff knew what action to take or who to contact about decisions.

We saw some people could not consent to aspects of their care. There was documentary evidence that the registered manager was aware of the Deprivation of Liberty Safeguards (DoLS). They had applied to the supervisory body where they considered restrictions on people's liberty were necessary to keep them safe. We saw that whilst waiting for a DoLS assessment and authorisation that they had been advised to make decisions affecting a person's care in their best interests. We saw the person's care plan

Good

Is the service effective?

provided guidance to staff on the steps needed to keep the person safe from self-neglect. A staff member told us, "This person regularly refuses all care interventions so we spoke with their family and have a plan to support them whilst we wait for DoLS". There was one person whose liberty was restricted under DoLS necessary to keep them safe. A staff member told us, "We keep an eye on where they go just to make sure they don't leave the building". We saw that there was guidance in the person's care plan to guide staff so that they practiced in a manner that did not restrict the person unnecessarily. For example we saw the person could move around the home independently. Staff had training in this area and training records reflected this.

People were complimentary about the meals. One person said, "The food is nice and I'm always asked what I prefer". We saw people were enjoying a variety of different cooked breakfasts and other people had cereals or toast. During the day we saw staff offered people drinks with biscuits, or cakes. People told us other snacks such as fresh fruit were also offered. At lunch time we saw people were offered a choice between two meals; the cook explained what was on offer and offered alternatives. The cook was aware of people's specific dietary needs and their likes and dislikes.

We saw people had the support they needed to eat their meals. We heard staff encourage people to eat and drink and assisted them where they needed this. Where people were at risk of losing weight or had difficulty in swallowing food records showed they had been referred to the dietician and Speech And Language Therapist (SALT) for advice. Staff showed us that they monitored people at risk of not eating or drinking enough by keeping a record of their intake and their weight to ensure any deterioration was identified quickly.

People and their relatives had no concerns about how their healthcare was managed. One person told us, "I saw the doctor recently because I wasn't well". We saw people's routine health checks were addressed such as the dentist, optician and chiropodist. Staff were aware of people's medical conditions and how to support them. A staff member said, "We have been shown how to support people with pressure sores, we check some people because they are at risk of losing weight". We saw that staff had alerted the doctor when people had infections. A relative told us, "They know when [name of person] has an infection, they know the signs to look for and will call the doctor and tell me".

Good

Is the service caring?

Our findings

People said that staff were kind and very helpful. One person said, "Staff are lovely they are very kind to me". A relative said, "They seem to know people well, they are friendly and attentive".

We saw that staff were kind and patient and spoke to people politely. They knew people well and we saw they interacted with people and engaged them in conversations about their family, visitors and the things they wanted to do.

We saw staff checked if people were comfortable, warm enough, or had a footstool for comfort. We found that staff knew people well and understood how to communicate with people to respond to their diverse needs in a caring and compassionate way. For example we saw they sat and talked with a person who was anxious. They spoke quietly and reassuringly whilst they explained to the person. A staff member said, "I try to talk or explain to people because they get confused and upset".

One person told us, "I trust the staff; they talk to me and would always help me". We visited a person in their bedroom who had been ill, they told us, "Staff have been very kind; they check on me and make sure I'm ok". A relative told us, "I don't worry because she seems really happy and settled and the staff are good with her".

Some of the staff had worked at the home for a long time and told us this had helped to get to know people well and build positive relationships with them. We observed people looked happy in the company of staff because they smiled and chatted with staff. Staff were able to explain the individual needs of people, their personal preferences and their characters. We saw they used this well in order to build a positive relationship with people, for example where people became confused or distressed staff were observed to calm them down and reassure them in order to deliver their care.

We saw staff respected people's dignity when attending to their personal care. They closed doors and curtains when supporting people. We saw staff promoted people's dignity by ensuring their appearance was addressed and that they had the support they needed. People told us they chose their own clothing and that they were regularly asked about their preferences and routines. One person said, "I have a shared bedroom with a curtain for privacy". We saw staff respected people's choices during the day. A person told us, "I only have to ask for a bath or if I want to wash my hair they help me".

There were some features that enabled people to independently move around the home. Clear signage was evident to help people locate the toilets and their bedrooms. A painted contrasting handrail in the main corridor supported people to recognise distinct areas of the home. We saw some people moved around the house independently, one person said, "I know where my room is, I just follow this corridor". People told us that they were happy with the way that staff helped them. One person said, "They will help me with some things I can't do but I'm quite independent; I can wash and dress myself and pick my own clothes".

We saw that where decisions had been made on behalf of people who lacked capacity that staff had provided both them and their family with information in a way they understood. We saw that the services of an advocate had been sourced to represent the views of one person where they were unable to do this for them self.

People told us and we saw that there was no restriction on visiting times. A person said, "My family are always popping in they can come anytime". A relative told us, "The manager and staff make us welcome, and we see every time we visit that [person's name] is happy and cared for".

Good

Is the service responsive?

Our findings

A person told us, “They visited me before I came here and asked me questions about my needs and when I came into the home they asked other things”. The registered manager told us and records showed that prior to people moving in an assessment of their needs was carried out. We saw that people and their relatives were involved in this process. A person said, “The staff know me well and will ask how I want things done”. A relative said, “I was asked about my views, as was mom and I feel quite involved in her care”.

Staff were able to tell us about people’s individual support needs. They knew about people’s daily routines, preferences and how they liked their support to be provided. One person said, “They [the staff] know me well and how I like things done”. We saw people’s preferences were addressed; one person was eating a cooked breakfast and told us, “The cook knows I like this and prepares it for me every morning”.

We saw that people’s care plans were detailed and personal to the individual. They provided information about people’s preferences and needs and how their medical condition might impact on their life. For example we saw staff knew how to respond to the needs of a person who experienced agitation and was at risk of leaving the home. A staff member said, “We chat to them, try and keep things quiet and calm as this reduces their anxiety”. We saw that staff responded to this person with this approach throughout the day and it worked to calm them. We saw that people’s care plans were reviewed regularly and we saw changes were updated and staff were kept informed at staff handovers.

People told us that there were some planned activities that they had enjoyed such as visiting entertainers. We saw spontaneous keep fit, and singing which people joined in. One person showed us their knitting and said, “I like to do my own thing, knitting, reading or watching T.V.”. We saw people had discussed their preferences about activities and entertainment in a meeting and that a poster was displayed with a variety of entertainment for the month. We saw that there were board games, arts and crafts, quizzes and word searches available. A selection of materials aimed at people who enjoyed sensory or reminiscent activity such as ‘tactile cushions’ and photographs was evident and staff said some people enjoyed these. The registered manager told us that they had been working on people’s care plans to ensure their social care needs had been considered and planned for. There was a need to plan sufficient staffing levels in the afternoon period to enable regular activities to take place.

We saw there was a regular church service visiting the people who lived at home. One person told us, “I do join in but I’ve never been a church regular”. Staff told us that people’s religious needs could be catered for from the local places of worship in the community if they wished.

People told us that if they were not happy about something they would speak to staff. One person said, “The staff tell me I can tell them if I’m not happy so they can sort it out”. Relatives we spoke with told us that if they had any concerns they would be confident they would be listened to. There had been no complaints made about the home. The complaints procedure was in a format suited to people’s needs and displayed for easy access. The registered manager told us that they had a process for responding in writing to any complaints made.

Good

Is the service well-led?

Our findings

There was a new provider who had recently purchased the home and this was their first inspection. The new provider was available during the inspection and we heard from them that there had been a handover between them and the previous provider before the home exchanged hands.

The management arrangements within the home had also changed. Previously there had been two registered managers sharing the management of the home. At this inspection we saw that the new provider had retained one of the registered managers on a full time basis. This had enabled them to maintain some consistency in ensuring the service ran smoothly. We saw for example that improvements had been made since our previous inspection of October 2014 by ensuring supporting information for people's medicines was available. When we looked around the premises showed that the immediate environment both indoors and outdoors had been cleared of harmful chemicals, tools and discarded equipment.

We found that the registered manager had followed the requirements of The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that the previous breach of this regulation had been met. The processes necessary to restrict people's liberty to ensure their safety had been followed.

The provider had informed us of notifiable events and understood the requirements for reporting any concerns to the appropriate external agencies. We had not received any negative comments about the service in the last year. Although there had been changes to the ownership of the home people told us they were happy. One relative said, "We were made aware of the changes, we had a meeting". This approach ensured there was an inclusive culture in which people were kept informed. We saw the new provider was working alongside staff and getting to know people. One person said, "She seems very nice and friendly". People told us they had regular meetings in which to share their views and minutes of meetings showed they had discussed meals, activities and changes in the home. People were usually given the opportunity to share their views via the use of surveys. The registered manager told us this would be carried out once the new owners had decided what approach they intended to utilise to gather people's views.

There was evidence that regular checks were completed on all aspects of the service such as the safety of medicines, infection control and the environment. We found the registered manager had maintained the consistency of these checks and that improvements had been made since our last inspection under the previous provider. The provider told us they were looking into purchasing their own quality assurance system to strengthen this area.

The system for calculating staffing levels had not been kept up to date and we saw periods where staff were not visible in the lounge. The provider told us they would review staffing levels to ensure there was enough staff to meet people's needs as well as provide opportunities for social and recreational interests.

We saw the provider had a vision for the future and an action plan to address the improvements needed within the home. We saw they had plans to install a shaft lift, continue with redecoration and improve the garden area. There was a low turnover of staff and most staff had worked in the home a number of years this had helped to maintain consistency in the delivery of people's care. One person said, "Nothing much has changed, same staff I'm not worried". We found that there had been no disruption to the smooth running of the service as a result of the change in ownership.