

Central England Healthcare (Wolverhampton) Limited

Eversleigh Care Centre

Inspection report

52-62 Albert Road
West Park
Wolverhampton
West Midlands
WV6 0AF

Tel: 01902426323

Website: www.eversleighcarecentre.co.uk

Date of inspection visit:
27 July 2022

Date of publication:
11 August 2022

Ratings

Overall rating for this service	Good ●
---------------------------------	--------

Is the service safe?	Good ●
----------------------	--------

Is the service responsive?	Good ●
----------------------------	--------

Is the service well-led?	Good ●
--------------------------	--------

Summary of findings

Overall summary

About the service

Eversleigh Care Centre is a nursing home providing personal and nursing care to 49 people aged 65 and over at the time of the inspection. The service can support up to 84 people. The home is divided into three units split over two floors. They are Robinswood, Garden House and West Park which is for people living with dementia.

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

Risks to people were assessed and there were plans in place to mitigate risks. The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19. People received their medicines when they needed them from staff who were trained and competent to carry out the role. People felt safe living at the home and with the staff who supported them. The provider's staff recruitment procedures helped to protect people from harm.

People told us staff knew them well and what was important to them. People were supported to maintain contact with those who were important to them and were provided with opportunities for social stimulation. People's communication needs were assessed and responded to. People did not raise any concerns about the care they received but felt confident action would be taken to address any concerns they may have. There were systems in place to ensure people's needs and preferences would be understood and met during their final days.

Systems to monitor and improve the quality of the service provided had improved. The manager had implemented systems to improve staff morale and to ensure they received the support and supervision they needed. The views of people were sought and valued. The manager worked in partnership with other professionals to ensure good outcomes for people. The manager was aware of their legal responsibilities and of their responsibility to be open and honest when things go wrong.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update: The last rating for this service was requires improvement (published 13 December 2021) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

We received concerns in relation to the environment, infection, prevention and control, staffing and moving and handling. As a result, we undertook a focused inspection to review the key questions of safe, responsive and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, responsive and well-led sections of this full report.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eversleigh Care Centre on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Eversleigh Care Centre

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by three inspectors.

Service and service type

Eversleigh Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eversleigh Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a manager who was registered however, they had recently left their post. The nominated individual had taken the role of manager and was in the process of registering with us. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection

We spoke with 11 people who lived at the home, a relative and a visiting healthcare professional. We spoke with the manager and nine members of staff which included a training manager, registered nurses, senior care staff, care staff and housekeeping staff. We looked at five care plans, multiple medication administration records and two staff recruitment files. We looked at records relating to health and safety and the management of the home.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found risks to people were not always suitably assessed and managed. Completion and updating of risk assessments was inconsistent. At this inspection, we found action had been taken to address this.
- People's records contained detailed and up to date risk assessments and there were care plans in place to manage and mitigate known risks. These included falls, eating and drinking, skin integrity, managing periods of distress and environmental risks.
- We saw people received care and support in accordance with their plan of care. For example, pressure relieving equipment was in place for those people assessed as high risk of damage to their skin.
- We observed staff assisting people with their moving and handling needs in accordance with their plan of care.
- At our last inspection people did not have personal emergency evacuation plans (PEEP) in their records or their rooms for staff to use in the event of an emergency. At this inspection each person had a completed PEEP in their care records and in a cabinet at the entrance to the home. This meant they would be easily accessible in the event of an emergency where evacuation was required.
- Regular environmental and equipment checks were carried out to ensure risks to people were minimised. These included checks on hot water outlets, fire detection and alarm systems, nurse call systems, window restrictors and regular servicing of equipment used by people.
- We found an instant hot water boiler in a cupboard with a broken lock in a communal area. We brought this to the attention of the manager at the time of the inspection who took immediate action to make safe.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management and administration of people's medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found systems had not been effective in identifying items which had passed their expiry date. At this inspection, improvements were found, and regular stock checks had been introduced to ensure this did not reoccur. Improvements had also been made regarding the recording of time specific medicines.
- People told us they received their medicines when they needed them. One person said, "The carers make sure I get my tablets."
- People's medicines were managed and administered by staff who were trained and competent to carry out the role. Staff received training and regular assessments of their competence to ensure they had the skills to carry out the role.
- Medicines were stored securely and there was a clear audit trail of medicines held at the home.
- People's prescribed medicines were recorded on a pre-printed medicine administration record (MAR) and there were protocols in place to ensure staff followed a consistent approach for the administration of 'as required' medicines.

Staffing and recruitment

- People were protected from the risk of harm because the provider followed safe recruitment procedures.
- References and a DBS check were obtained before staff started working at the home. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We observed a good staff presence on each of the units in the home and staff responded to requests for assistance without delay. People and staff did not raise any concerns about staffing levels.
- When people used their call bells, these were responded to in a timely manner. One person said, "If I press the call buzzer they come straight away." People who were in their bedrooms had a call bell within reach and hourly checks were made on people who were unable to use a call bell.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and with the staff who supported them. One person said, "The staff are nice, and I feel safe here."
- Staff knew how to recognise and report any signs of abuse and they were confident action would be taken to keep people safe. A member of staff told us, "I've not witnessed any abuse whilst working here. My main concern is to protect the residents. I would report abuse to the manager and I would report it to CQC and I would leave my name."
- The manager told us they understood when and how to inform us and the local authority of reportable incidents that occurred in the home.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.

- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider's approach to visiting followed the latest Government guidance. However, the manager informed us that a booking system was in place to limit the number of visitors in the home at any one time. No concerns were raised with us regarding this and the manager assured us that people would not be prevented from seeing their loved ones.

Learning lessons when things go wrong

- Any accidents or incidents involving people who lived at the home were regularly reviewed and analysed to help to identify any trends and to consider action to reduce the risk of reoccurrence. For example, one person was quickly referred to mental health professionals when their periods of distress had increased.
- We saw people's risk assessments and care plans had been updated following falls and, where appropriate, sensor mats had been provided to alert staff.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people's needs were met through good organisation and delivery.

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

- At our last inspection we found although people's care plans were regularly reviewed, any changes or updates were not always recorded. At this inspection, improvements were found.
- Care plans were up to date and reflected people's current needs and preferences. Care plans had been updated to reflect changes or recommendations from healthcare professionals.
- People told us staff knew them well and what was important to them. One person said, "The staff know me and look after me well. It's usually the same staff looking after me."
- Staff told us people's care plans gave them the information they needed to meet people's needs and preferences. A member of staff said, "We know and understand people's risks, information in their care plans and daily support plan, and how to support them. You get to know [people]."
- People's cultural and religious preferences were recorded in their plan of care. We saw staff respected people's cultural preferences. For example, one person was supported to dress in their cultural dress.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans detailed the support people needed to access written or verbal information. For example, whether a person wore spectacles or hearing aids. We saw people had been provided with the aids they needed.
- Staff had a good understanding of people's communication needs and where they may find it difficult to express their needs. For example, how a person living with dementia expressed pain or distress. There were staff who were able to speak to a person in their native language which resulted in the person smiling.
- Information could be provided in accessible formats, such as large print, for people where required.
- There was clear signage for people who were living with dementia to help them to orientate themselves.

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

- People were supported to maintain relationships with the important people in their lives. One person said, "People come to visit me." A relative told us that visiting times had been changed to fit in with their work commitments.

- Care plans contained information for staff about who was important to people.
- Activity staff were employed and there was a varied programme of activities. On the day of the inspection people engaged in making trifles. One person said, "I enjoyed that and even got to put sherry in the trifle."

Improving care quality in response to complaints or concerns

- None of the people we spoke with raised any concerns about the care and support they received. One person said, "I would have to ask who I go to for concerns but feel able to share concerns and I don't have any concerns currently." Another person told us, "If I had any complaints I would talk to the manager. Little niggles I had were put right straight away."
- There was a complaints procedure in place and records showed that complaints were responded to within agreed timescales and to the complainant's satisfaction.

End of life care and support

- There was nobody at the home who was receiving care at the end of their life. However, care plans were in place which detailed people's wishes and preferences during their final days and following death.
- ResPECT forms had been completed which detailed people's wishes for life saving or emergency treatment. ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Continuous learning and improving care

At our last inspection the provider had failed to ensure there were effective systems in place to monitor and improve the quality of the service provided. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At our last inspection the provider's systems had failed to identify and address the shortfalls we found. At this inspection, improvements were noted. The provider had followed their action plan and taken action to address the issues raised at the last inspection.
- Since recently taking over the role, the manager had developed action plans to address the issues raised following a recent quality monitoring visit carried out by the local authority. Some of the shortfalls found had already been identified by the manager's quality audits and action was being taken to address them. These included improvements/repair to parts of the environment, moving and handling procedures and care planning.

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

- Since the last inspection there had been many changes to the management structure, and we were informed that this had affected staff morale. The provider's nominated individual was in day to day charge of the home as the registered manager had recently left employment. They told us they were working to ensure staff felt more supported.
- Staff told us they could talk to the manager if needed and they said they had been informed of the management changes.
- Staff had a good understanding of their role and responsibilities. Registered nurses were available to ensure people's nursing needs were met and senior care staff were available to support care staff.
- Some staff told us they had not received a supervision for some time. We discussed this with the manager who told us this was currently being addressed and supervisions were being planned. Meetings were planned to update staff on any changes in the home and changes in legislation or guidance.
- Staff were aware of the whistleblowing procedure and said they would use this if the need arose. A member of staff said, "I would be happy to whistleblow to protect people."

- In accordance with their legal responsibilities, the provider had informed us about significant events which occurred at the home within required timescales.
- The ratings of our previous inspection had been clearly displayed in the home and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was working to improve the morale of staff by making themselves visible in the home and available to staff. A member of staff said, "[Name of manager] seems very nice and I feel I could approach him if I needed to." Another member of staff told us, "Hopefully we're on the way up. I think COVID had a lot to do with improvements needed, and changeover of staff. Got the right support from [name of manager] who is very approachable, walks round and asks you if everything is ok."
- People told us their views were sought on a daily basis. One person said, "They [staff] are always asking if I am alright and happy with everything."
- People also completed surveys where they could comment on various aspects of the service provided. In a recent survey, people were able to comment on the quality of the food and to provide suggestions for the summer menu.
- There were monthly meetings for people where they were encouraged to share ideas. In a recent meetings people gave suggestions about activities at the home. As suggested by people, gardening had been included in the activity programme. Regular newsletters provided people with information and updates on a range of topics. For example, changes in the staff team, staff training and government guidance on COVID-19.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager had informed professionals when concerns about people had been identified. They had also communicated with people's relatives where there had been concerns about people's care or well-being. This was in accordance with the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.

Working in partnership with others

- Staff worked in partnership with health and social care professionals to achieve good outcomes for people. These included the local authority, GP's, and specialist health professionals.
- A visiting healthcare professional told us, "It's always been fine. The staff are always friendly and welcoming and there's no trouble getting hold of information. Families seem quite happy and from what I have seen nothing is of any concern. Information is readily available in the care plan. No changes needed, not felt the need to request anything done differently."