

# Central England Healthcare (Wolverhampton) Limited

## Eversleigh Care Centre

### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service responsive?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Eversleigh Care Centre is a nursing home providing personal and nursing care to 58 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

People on the discharge from hospital to assessment pathway did not always have their risks suitably assessed and managed. This would enable staff to be aware of increased risks such as falls or for evacuation from the building in the case of fire. Medicines were not always safely managed. Systems were in place but the checking of these was not robust so errors could not be identified.

The provider had systems in place that gave oversight of the service, but these were not always used to identify errors or areas for improvement. People did not feel staff always responded quickly to their requests for support in relation to their personal care

People enjoyed the activities provided but wanted more social interaction with other people in the home. The home had enough staff to meet the needs of people living there. Staff received training on how to keep people safe from harm and abuse. They were trained in the use on infection prevention and control and had a dedicated member of staff to ensure guidance was followed by staff and visitors to the home.

The provider ensured information was in an accessible format although the activity boards did not display information in line with the policy.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 20 June 2019).

### Why we inspected

The inspection was prompted in part due to concerns about the management of medicines and people's nursing care needs. A decision was made for us to inspect and examine those risks.

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.

We received concerns in relation to medicines management, recording of people's needs, access to activities and risk management. As a result, we undertook a focused inspection to review the key questions

of safe, responsive and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection. We have found evidence that the provider needs to make improvements. Please see the safe, responsive and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

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](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to medicines management, fire safety and general management of risks for individuals and the lack of oversight of how this is audited and managed at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### **Is the service responsive?**

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# 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 Care Act 2014.

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

Two inspectors and a specialist advisor carried out this inspection.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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. The registered manager was unavailable on the day of the inspection. The provider has appointed a new manager who is in the process of applying to be registered with CQC.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We used all of this information to plan our inspection

During the inspection

We spoke with four people who used the service and one relative about their experience of the care provided. We spoke with 11 staff members including the managers, senior care workers and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks were not always suitably assessed and managed. Completion and updating of risk assessments was inconsistent. For example where people who had been admitted as part of the discharge to assessment pathway their falls risk assessments were not updated and staff used those completed by the hospital which were not in line with risk assessments used for other people who lived at the home. This meant people on this pathway were at greater risk of harm from falls.
- The fire safety protocol consisted of a document which gave each person a risk rating according to their needs however the protocol did not contain guidance for staff to follow in case of a fire. People did not have personal emergency evacuation plans in their records or their rooms for staff to use in the event of a fire.

### Using medicines safely

- Staff did not always use the stock system in place to monitor the amount of medicines in stock and replace as appropriate.
- One person was on time specific medicines but the medicines administrations record did not show what time the medicine had been given. The medicines round in this unit took two hours on the day of inspection so it was not clear if this medicine had been given at the time specified. Staff knew about the requirements and assured us the medicines were given to the person as instructed but had not recorded this information for other staff to know it had been administered.
- Following the inspection the management team have assured us a new chart has been put in place.

We found no evidence people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team audited the response to call bells and gave feedback from this to staff with action points and learning to improve the way they responded however people reported that staff did not always respond to the call bell. This indicated that learning was not always embedded into practice.

### Systems and processes to safeguard people from the risk of abuse

- The manager used a checklist to ensure safeguarding concerns were appropriately recorded however there was no evidence this information was used to form action plans or develop learning for staff. For example, falls were recorded and sent to safeguarding but this not shown that some risk assessments had not been updated.

- Staff had received training in safeguarding and understood their responsibility to report this. Staff were confident that the management team acted on their concerns and paperwork showed that investigations had taken place.
- People stated they felt safe within the home and staff were supportive and helpful.

#### Staffing and recruitment

- People responded well to staff who knew them well.
- Some staff had worked at the home for many years and felt concerns they had about staffing levels were improving although they reported there was a shortage of permanent trained nurses.
- The home had enough suitably trained staff on duty at the time of inspection. The manager knew how many staff vacancies the home had and was recruiting to these posts. They used agency staff to ensure the rota was covered and where possible these were block booked for continuity of care.
- The management team ensured that checks such as references were in place for new staff who received training and a full induction before being put on the rota

#### 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- The management team kept clear information on a tracker of incidents and accidents to ensure the correct people were notified. Analysis of this had been used to improve practice such as repeating competencies for staff when medicines errors occurred.
- Staff recorded accidents and incidents for the management team to review. Records showed families were informed when things went wrong however it was not always possible to see that themes or learning had taken place. The management team told us that analysis did take place and was shared with the local authority although we did not see evidence of this during the inspection.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant people's needs were not always met.

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

- Senior staff reviewed care plans, but changes and updates were not consistently completed. For example, in one care plan a person's pressure care needs had changed but guidance for staff had not been updated.
- People and a relative told us they were involved in planning the care they received.
- People's protected characteristics had been considered in assessments and care plans. This included their cultural needs and likes and dislikes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff displayed generic activity charts in the corridors of the home however these were not available in easy read or large print formats. They were not tailored to reflect people's individual needs however individual plans were kept in people's records which were personalised for them.
- Staff put butterflies on people's doors to indicate when people were able to engage in meaningful conversations. On the day of the inspection not all staff understood why the butterflies were in place.
- The provider had a policy relating to AIS and had communication aids available for people who needed them. They provided information such as the complaints policy in an easy read format and information in languages other than English where appropriate.

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 keep in contact with their families. One person told us they were supported to speak to their family every night.
- A relative told us they were 'very happy' with the home and they could visit daily although each visit was time limited and for only one person at a time due to the provider following best practice guidance for visitors due to Covid-19 pandemic.
- The management team employed activity coordinators who provided a range of activities. These were limited due to Covid-19 restrictions and to keep people safe. However, some people received support to do activities on a one to one basis in their rooms such as playing dominoes and one person said they had enjoyed a recent visit from a singer and hoped they would come again.

Improving care quality in response to complaints or concerns

- People stated they felt able to talk to staff but felt sometimes they were too busy to listen, or they only

spoke to other staff members in the room. One person said they had asked staff to include them during conversations and this had improved.

- The management team had a policy and process in place to manage and record complaints. These were dealt with in line with the policy and responded to promptly.

#### End of life care and support

- The management team did not ensure end of life care plans were used consistently despite these being identified as necessary during reviews for people. Staff understood how to provide end of life care but without clear guidance in the records they would not know the level of care they were required to provide.

- Where end of life care plans were in place these were comprehensive and completed well.

# 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 the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements. Continuous learning and improving care

- The provider had failed to fully ensure effective systems were in place to continually assess, monitor and improve the quality and safety of the service provided. They had systems in place, but these were not fully embedded into practice and lack of management oversight meant issues found on inspection such as falls assessments being updated had not been identified.
- The provider had failed to fully embed quality assurance systems around medicines management. They had not ensured staff understood their responsibilities for completing records or ensuring medicines were administered appropriately and at the correct times. One out of date item was found in a medicines cupboard and if used could have cause harm to the person it was prescribed for. The management team did not have oversight of care plan reviews or how information was recorded.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The home had a registered manager who was on sick leave. They had recently recruited a new manager who was in the process of completing their application to become the registered manager.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people. 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

- Three people were happy with their care and one relative said, "Staff are helpful and meet [person's name] needs".
- Staff knew people well and talked about their likes and preferences while delivering care.
- The management team communicated with people and their relatives and let them know when things went wrong. This was detailed in the person's records and on the incident and accident forms that managers completed however they did not demonstrate that lessons had always been learnt from these.
- The management team understood and complied with their responsibility to report incidents to the local authority and CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality

#### characteristics

- The relative we spoke with said they felt fully consulted about the care their relative received.
- Staff said they could approach managers who were available to support them. They said that training was good and that they could comment on changes to the service provided.
- The provider ensured menus reflected the choices of people and special diets and cultural needs were considered and respected.

#### Working in partnership with others

- Records showed staff referred people to a range of professionals such as the GP when needed to ensure people received appropriate help and support.

The registered manager responded during and after the inspection to immediately address the most serious risks to people.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  The provider did not ensure that risks relating to fire safety, medicines management and individual risk assessments were completed and updated to keep people safe.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider did not ensure that systems in place to give oversight of the home were being used to identify errors or make quality improvements.