

Mrs Tabitha Angela Twidale

# Eleighwater House Retirement Home

## Inspection report

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Date of inspection visit: 21 December 2015  
Date of publication: 05/02/2016

### 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 inspection was unannounced and took place on 21 December 2015.

Eleighwater House is registered to provide personal care and accommodation for up to five people. The home specialises in the care of older people without nursing

needs. At the time of the inspection five people were living at the home. The home is currently planning on future development to incorporate a further four bedrooms.

The last inspection of the home was carried 21 May 2014. No concerns were identified with the care being provided to people at that inspection.

# Summary of findings

There is a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was appropriately qualified and experienced to manage the home. The registered manager was also the provider and lived in the grounds of the home with other members of their family who were also involved in the running of the home. One member of family was the nominated Individual of the home. We observed family members all had different roles within the home. The registered manager and their family members were well respected and liked by staff and people who used the service. One person told us "it is like being part of a large family, its lovely".

Eleighwater was run as a large family home. Visitors to the home were seen to walk in without having to wait for the door to be opened for them. All visitors seemed to enjoy the initial welcome by the family dog. The home had chickens which people informed us came up to the dining room doors in the summer months.

There was a happy relaxed atmosphere within the home, people were seen to be at the heart of the service. Everyone we spoke with including staff members were happy to be living there. We observed people were treated with kindness, compassion and respect. Staff promoted people independence and their right to choice and privacy.

People told us they felt safe at the home and with the staff who supported them. One person said "I used to live in a home that was bigger than this, I feel safer here, there is always someone about".

People's privacy was respected and all personal care was provided in private. People told us they were able to have visitors at any time. Each person who lived at the home had a single room where they were able to see personal or professional visitors in private.

There were sufficient numbers of staff to support people safely and ensure people were not rushed with their care. Staff told us there was good team work and support from the registered manager and other members of the family.

A recruitment process ensured all staff were fully checked for their suitability to work with vulnerable people before they started work, this helped to minimise the risk of abuse to people. Staff knew how to recognise and report abuse and all were confident action would be taken to protect people if they raised any concerns.

People's nutritional needs were assessed to make sure they received a diet in line with their needs and wishes. One person informed us they had recently had some problems with eating they stated "the staff were so helpful, they made my food soft so I could eat without pain".

Safe systems were in place to protect people from the risks associated with medicines. Medicines were managed in accordance with best practice guidelines. Medicines were stored and administered and recorded safely. The home arranged for people to see health care professionals according to their individual needs.

People told us they are kept busy with a wide range of activities available for them. People were seen to enjoy their own personal interests and hobbies. One person informed us how they had made bouquets for the registered managers daughter's wedding and how everyone had been invited along to enjoy the day with the family.

People received care that was effective, and support which promoted independence where possible. People's healthcare needs were monitored and they were assisted to attend appointments with relevant healthcare professionals according to their individual needs.

There were quality assurance systems in place to enable the provider to monitor care and plan on-going improvements. People's views and suggestions were sought to make sure changes were made in line with people's wishes where appropriate.

# 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 sufficient numbers of staff to ensure people's safety and provide care in an unhurried manner.

Risks of abuse to people were minimised by a robust recruitment procedure.

People's medicines were safely administered by staff who had received specific training to carry out this task.

Good



### Is the service effective?

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

People received a variety of nutritious meals which took account of their preferences and dietary needs.

People's health was monitored and they had access to appropriate healthcare professionals according to their specific needs.

Good



### Is the service caring?

The service was caring.

People were supported by staff who were kind and caring.

People's privacy was respected and they were able to make choices about how their care was provided and where they spent their time.

People were able to see visitors at any time and family and friends were always made welcome.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that was responsive to their needs

People were able to take part in a wide range of activities and follow their own interests and hobbies.

People said they would feel comfortable to make a complaint if they needed to.

There was an open and honest culture in the home that empowered people to discuss any concerns.

Good



### Is the service well-led?

The service was well led.

People benefitted from a registered manager who had the skills and experience to effectively manage the home.

Effective systems were in place that were regularly reviewed to ensure the home was working in conjunction with current legal requirements

Good



# Summary of findings

There were effective quality assurance systems in place to monitor practice, seek people's views and plan improvements.

# Eleighwater House Retirement 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 took place on 21 December 2015 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection we reviewed the information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about) other enquiries from and about the provider and other key information we hold about the service. At the last inspection on 21 May 2014 the service was meeting the essential standards of quality and safety and no concerns were identified.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the information in the PIR and also looked at other information we held about the service before the inspection visit. The provider also submitted an up to date statement of purpose.

During the inspection we spoke with five people who lived in the home, we spoke with two members of staff, and eight visitors to the home. We spoke with the registered manager and nominated individual who were available throughout the inspection.

We looked at a number of records relating to individual care and the running of the home. These included five care plans, medication records, three staff personal files and records relating to quality assurance.

# Is the service safe?

## Our findings

People told us they felt safe at the home and with the staff who supported them. One person informed us they felt safe living there because there were always staff available to help. Another person informed us “I used to feel nervous in my home in case I fell, here I have my call bell on my walking frame, so that it’s always near me, that makes me feel safe”. We observed that all people that had aids to support their mobility had their call bells with them at all times. Another person informed us “if I call for help they [staff] always come quick”.

A call bell system was in operation, call points were located in people’s bedrooms and at appropriate points throughout the home. We did not hear call bells being rung; people seemed to have consistent care throughout the inspection from staff who were aware of where people were throughout the day.

People were supported by sufficient numbers of staff to ensure their safety and to meet their needs in a relaxed and unhurried manner. In addition the registered manager worked alongside staff most days of the week. The registered manager and nominated individual were available throughout the day and night if needed. People told us there were always adequate numbers of staff available. One person said “The girls [staff] are very good they will do extra things for you, like post a letter if I ask them to, or take me to the shops. If I don’t want to go myself they will always go for me”.

Individual risk assessments had been carried out regarding people’s personal mobility. We observed that risk assessments and action plans were in place for people who were at risk of falls. The action plans were a guide to maintaining the person’s independence for as long as possible. Staff demonstrated a wide knowledge of the people they were supporting and their needs, they were observed discreetly reminding people to move their walking aids into a position to prevent them falling. A relative informed us “[person’s name] is safe here when they moved in they [staff] put a ramp to the room to make it safer for them to move around the home”. A person told us “there are no restrictions on time, sadly I had a recent fall so they [staff] watch me more, I know they are keeping me safe”.

Care plans contained risks assessments which outlined the measures in place to enable people to take part in activities with minimum risk to themselves and others. One person told us how they had been involved in planning their support. A relative informed us pre admission planning assessments had taken place prior to their relative moving in.

Risks of abuse to people were minimised because the provider made sure that all new staff were thoroughly checked to make sure they were suitable to work at the home. These checks included seeking references from previous employers and checking that prospective staff were safe to work with vulnerable adults.

Staff told us, and records seen confirmed that all staff received training in how to recognise and report abuse. Staff spoken with had a clear understanding of what may constitute abuse and how to report it. All were confident that any concerns reported would be fully investigated and action would be taken to make sure people were safe.

There were suitable secure storage facilities for medicines. The home used a blister pack system with printed medication administration records. We saw medication administration records and noted that medicines entering the home from the pharmacy were recorded when received and when administered or refused. This gave a clear audit trail and enabled the staff to know what medicines were on the premises. We also looked at records relating to medicines that required additional security and recording. These medicines were appropriately stored and clear records were in place. We checked a sample of records against stocks held and found them to be correct.

People’s medicines were administered by staff who had received specific training and supervision to carry out the task. A timer was in place to remind staff when additional medicines were required by people. Staff were nominated daily on the rota as the responsible person for medication management that day. People said they received the correct medicines at the right time. One person said “they [staff] always tell me the name of the tablets but I can never remember the complicated names of the tablets, I trust them to give me the right ones”. Another person informed us “I always let the registered manager know if I am not happy with my medicines or I need to talk to the doctor the registered manager is very good and will always do what we ask”.

## Is the service safe?

Control measures were in place to keep people safe in the environment, this included a full automatic fire alarm system, call systems in each room. Infection control was managed through a cleaning regime that all staff had been trained in. Hand wash gel and anti-bacterial gel were

placed around the home and all visitors were encouraged to use it on visiting the home. All employees received annual training in health and safety matters such as moving and handling, fire awareness and action to take in the event of an emergency.

# Is the service effective?

## Our findings

People received effective care and support from staff who had the skills and knowledge to meet their needs. One relative informed us “they [staff] are well trained the manager works so well with other professionals, their care and professionalism is exceptional. When my relative was very poorly they went the extra mile for my family, [person’s name] worked so well with the doctor’s and nursing staff, my family were all welcomed and could call anytime day or night. I will always keep links with the home.”

People were supported by staff who had undergone an induction programme which gave them the basic skills to care for people. After staff had completed their induction training they were able to undertake further training relevant to their roles. The registered manager informed us, all new care staff completed the Care Certificate level 2 within their first 12 weeks of appointment. The care certificate is an identified set of standards that health and social care workers adhere to in their daily working lives. The certificate gives people confidence that workers have the same introductory skills, knowledge and behaviours which should enable them to provide safe, compassionate and high quality care and support.

There was a variety of training available for all staff which included links with local colleges and social care TV. The registered manager ensured all staff completed workbooks linked to their induction training, highlighting skills developed within their roles. One staff member felt their induction “had been good”. They stated “we get opportunities to do further training all the time, we are linked to a college and complete workbooks which the manager will oversee.”

The registered manager kept their skills and knowledge up to date by reading and attending training courses. They stated “I work alongside staff on most shifts and supervise all staff. Supervision is monitored on a rolling basis. I record all of this on the home management system, I ensure my team and myself keep up to date with best practice and any changes in legislation”. Staff talked positively about receiving supervision and appraisals. One member of staff informed us “we discuss our training and development in our supervisions, if I need additional support or training I would let the registered manager know”.

People’s nutritional needs were assessed and they were provided with meals that met their needs. People were seen to enjoy the meal experience at lunchtime. People had sufficient food and drink offered to them. We observed staff asking people about their choices around food and drink. People that needed additional support were discreetly monitored throughout the meal time. The menu of the day was displayed on the notice board for all to see. The registered manager informed us “we are such a small home so we know what everyone likes or what they don’t like, we cater for individual needs”.

The registered manager informed us, as the home was so small meal times were a shared experience with staff joining people to eat lunch. The menu of the day was displayed outside the main dining room. People were complimentary about the food served at the home. We observed people being given cups of tea in china cups, people who needed additional support were offered this support discreetly ensuring their dignity remained in place at all times. Visitors to the home were also offered drinks on arrival. One visitor informed us “I come to visit [person name] often, I am always offered a drink, they [staff] always make visiting a pleasure”.

At lunch time we saw that people were able to choose where they ate their meals. One person told us “they [staff] always ask me if I want to eat in the dining room but I like to eat in my room.” People were supported by staff to have enjoyable meal experiences, the staff on duty also ate with people. We observed food was served hot and people were reminded their meals were hot. Staff interacted with people asking them about their plans for the rest of the day. We observed people being treated as equals for example, staff were heard to ask people their advice on caring for plants and discussing how they would have more knowledge than they would. The meal time experience was observed as being extremely relaxed, people were offered additional food, gravy, salt and pepper throughout. One person told us “they [staff] always ask me what I want to eat they are all very kind, the registered manager always makes sure we are happy and tells us if we are not, to tell them.”

Most people who lived in the home were able to make decisions about what care or treatment they received. People were always asked for their consent before staff assisted them with any tasks. We heard staff asking people if they wished to be assisted and accepted their responses.



## Is the service effective?

Staff were receiving training regarding their understanding of the Mental Capacity Act 2005 (the MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. One member of staff informed us if they needed additional training around the MCA they would ask the registered manager who would organise it.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. DoLS provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and

there is no other way to look after the person safely. No one was being deprived of their liberty at the time of the inspection. The manager was aware of the legislation and the process to follow should they need to deprive someone in the future.

The home arranged for people to see health care professionals according to their individual needs. One person informed us "if I want to see my doctor they will ring for me to arrange an appointment." A relative informed us "they [staff] are very good they tell us if there is a medical concern and have always contacted the doctor for advice". The registered manager informed us people were supported by a number of external professional including doctors, district nurses, chiropodist's, hairdressers and the local vicar. They said "We have good working relationships with them all."

# Is the service caring?

## Our findings

People said they were supported by kind and caring staff. One person told us “it is brilliant here, it’s like living in a big family home”. A relative informed us “they [staff] know how to bring the best out of people. My [person’s name] is so happy and well cared for here. My granddaughter commented that they had not seen their grandparent smiling so much since moving here”. A member of staff informed us “it is so homely working here, it feels like I am looking after my Nan or Granddad”.

There was a small but consistent staff team. During our visit we saw people were being treated with kindness and respect. One person told us “they [staff] are so nice, if I am feeling a little chilled they will always offer to fetch me a blanket for my knees to keep me warm. [Person’s name] will come along for a chat and light the fire we all sit around and have a chat after lunch”. We observed on the day of the inspection people enjoying each other’s company in the lounge with the fire lit, with soft music playing in the background. People’s family and friends were seen to come into the home and be made very welcome by not only staff but all people living in the home. Relationships between staff, the management team and people living in the home were seen to be open and caring with mutual respect being given by all. We observed when the post was delivered people were supported to read who their mail was from. People were offered support to put their Christmas cards up in the lounge area or their bedrooms.

Visitors came into the home and were included in joint conversations with people living in the home, all were seen

to be made welcome and given space to see people they were visiting in private or in the communal lounge. A relative informed us they felt the registered manager went above and beyond what they should, they explained “when my relative was on holiday they redecorated the bedroom it was lovely, it’s so homely here”. All visitors to the home were able to come in and out without waiting, all signed the visitor’s book to enable staff to know who was in the home.

One visitor informed us “I cannot speak highly enough about the care people get at Eleighwater, when my relative was poorly they supported them to remain here rather than go to a nursing home. The way they maintained [person name] dignity was amazing. I was encouraged to be involved and help as much as I wanted to. The staff also took time to support my family through a difficult time”. Another relative informed us “the care is so effective, [registered manger] keeps us informed at all times, it can be by phone, in person or by text message. My [person name] is so happy here, they [staff] all know [person name] so well and meet all their needs”.

There were ways for people to express their views about their care and cultural needs. One person informed us they followed a particular religion, although they no longer practiced or attended a service their belief’s had been respected by people and staff in the home. Staff were aware of issues of confidentiality and did not speak about people in front of other people. When they discussed people’s care needs with us they did so in a respectful and compassionate way.

# Is the service responsive?

## Our findings

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives.

People were able to decide when they got up, when they went to bed and how they spent their day. One person told us “if they come to help me get up and I am not ready they are patient and come back, they never rush me”.

The staff responded to changes in people’s needs, for example. One person informed us that they were not as mobile as they used to be. They informed us they were used to being active and able to go out alone. They informed us they were unable to do that any longer which made them sad. The person’s visitor informed us, staff had supported their friend to have a personal phone line installed to enable them to stay in touch with family and friends which had helped greatly. The person informed us “I have my own phone in my room now so I can speak to my family and friends without bothering staff”. Another person informed us “You can really please yourself. I like to spend time in my room but go downstairs when I want to”. Staff were seen to respect and support people’s choice to remain in their rooms whilst remaining responsive in encouraging people not to become isolated. One member of staff informed us “we do encourage people to come into the communal areas even if just for a short period of time during the day”.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person’s needs and expectations. Emergency admissions were only accepted in extreme circumstances where the health and safety of the person was under threat. Initial assessments would be carried out within 48 hours of admission following an emergency admission. From the initial assessments care plans were devised so staff had information about how people wanted their care needs to be met.

Care plans were personalised to each individual and contained information to assist staff to provide care in a manner that respected their wishes. Each person’s care plan had recordings of their life history and social networks and important contacts. The registered manager discussed

how care plans were reviewed every 6 months, people and their representative were involved in the reviews of the care plans. People confirmed to us they were involved in their care planning reviews.

People were able to take part in a range of activities according to their interests. These included activities which involved people in their local community. On the evening prior to the inspection people had been to the local carol service. People talked about being involved and invited to the registered manager’s daughter’s wedding. They helped to make craft items for the wedding, people discussed how this made them feel included and part of a big family. Events taking place at the home can also be found on the home’s website which enables family and friends to see what is happening and join in.

The home had been involved with The Archie Project. This is a community project linking schools and residential homes. Every fortnight children come to the home and take part in an activity with people living there. The children link with the same people each time they visit, this enables friendships to be formed. The registered manager commented it had been a beneficial experience and one that they planned to continue with the local school in the future.

People were supported to maintain contact with friends and family. We were informed of people being supported to skype family members who lived abroad. The registered manager informed us it was important to ensure family links were maintained, another person had family abroad and they are supported to stay in touch by face book and by sending letters and photos.

The registered manager sought people’s feedback and took action to address issues raised. Everyone we spoke to informed us they felt confident that any concerns would be addressed and acted upon by the registered manager. Special news, details of staff changes, changes in the organisation of the home and minutes of service user meetings and advanced notice of events were posted on the notice board in the hall for all to read.

Each person received a copy of the complaints policy when they moved into the home. People told us they would be comfortable to make a complaint and everyone asked felt

## Is the service responsive?

that complaints would be taken seriously. One person said “[registered manager] is always asking if we are alright, I know if something was wrong or I wanted something changed they would do it if they could.”

# Is the service well-led?

## Our findings

There was a staffing structure in the home which provided clear lines of accountability and responsibility. The registered manager was appropriately qualified and experienced to manage the home. They were well respected by staff and people who used the service. One person told us “I have been here a while now, this place is very well run”.

Staff told us they felt well supported by the registered manager. A member of staff told us “the registered manager is really good, they are always there to listen to any problems and do not brush things to one side”. A member of staff stated although there were lots of family members around, they would still feel confident speaking with the registered manager if they had any issues or felt they had to challenge any practices. They informed us “As the registered manager lives here they are always available, I would have no hesitation to ring them if I needed them.” On the day of the inspection we observed good teamwork and communication within the home. One of the members of staff on duty was a member of the registered manager’s family.

The registered manager showed an awareness of consistency of regular support from staff who knew people well. They informed us “although we sometime have staff away we do not feel the need to use agency staff, we [family] will support people ourselves if we can. A member of staff confirmed if staffing was low the registered manager would always work alongside them as part of the team.

The registered manager informed us that all staff were aware of the vision of the home. The vision of the home was to offer people skilled care to ensure people were able to achieve their optimum state of health and wellbeing, and to uphold the human and citizenship rights of all who live, work and visit the home. They informed us they did this by supporting individual choice and personal decision making as a right for all people living at the home. We spoke with people and staff who stated they were having better life and work experiences living and working at Eleighwater than their previous living and working arrangements. We observed and spoke with people who felt that their rights to live and have visitors to the home were upheld. One person informed us “I could not wish for a better home to live in”.

The registered manager was also a member of the Registered Care Providers Association (RCPA) which provides guidance and information for care providers. The registered manager informed us. Being part of this organisation kept them up to date with wider social care issues and enabled them to seek help if needed from local meetings with other providers in the local area. They felt this ensured they provided a service to people that was up to date and took into account current practices and legislation. They informed us they received regular support from a business coach whom they met with on a regular basis. In their meetings they focused on the importance of providing a positive culture within the home and ensuring that any changes in regulations were met as well as retaining high standards of care. The registered manager explained one of the outcomes within the last year of improvement to the service from attending the meetings was the update to satisfaction questionnaires. These are now given to people and their families every six months instead of annually. The questionnaires had also been updated to give more in-depth questioning on people’s experiences of using the service.

There were effective quality assurance systems in place to monitor the care and support people needed and were receiving. For example, care plans, assessments and reviews were all kept up to date on the home’s computer system. This system enabled the registered manager to see at a glance if records needed to be updated. The registered manager informed us that planning people’s care was easier using this system as there were updates of policies and procedures in line with changing legislation. All staff were trained in using the system. Staff were also able to update daily records and leave messages for each other. Any accidents and incidents were recorded on people’s files and on the home’s computer system. At the time of the inspection there had been no accidents or incidents at the home. The home had not received any complaints at the time of the inspection.

The home has notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.