

Eversley Care Home Limited

Eversley Rest Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eversley Rest Home is a residential care home providing personal care to up to 28 people. The service provides support to adults with a range of needs including people who have dementia. At the time of our inspection there were 21 people using the service.

People's experience of the service and what we found:

People were not always protected from environmental and building risks. People's medicines were not always safely managed. It was not clear if there was on-going learning from incidents that had taken place. There were some infection control risks identified. People were supported by enough staff who understood how to keep people safe from harm. People were able to see visitors in the home.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice.

The provider had not always identified risks to people and systems in place were not always robust enough in supporting the provider with this. People's care plans and risk assessments were not always detailed enough. The provider notified CQC about any safety events in line with their responsibilities. The manager understood their responsibilities under the duty of candour. People and their relatives felt involved in care planning. Staff worked well with other health and social care organisations. There was an open culture and the provider was responsive in addressing concerns identified to improve care.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and or who are autistic.

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

Rating at last inspection

The last rating for this service was good (published 6 May 2021).

Why we inspected

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

We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Eversley Rest Home on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to people's safety and the management oversight.

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 from 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 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?

The service was not always safe.

Details are in our safe 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 ●

Eversley Rest Home

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.

Inspection team

The inspection team consisted of 2 inspectors.

Service and service type

Eversley Rest Home 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. Eversley Rest Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. Although there was a manager in post who had submitted their application to register with CQC.

Notice of inspection

The inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and

improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 3 people living in the service and 3 relatives. We spoke with 8 members of staff including the director, the manager, the deputy manager, senior care staff, care staff, domestic staff and administrative staff. We looked at 4 people's care records and multiple medicine records. We looked at how medicines were stored, administered and recorded. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including building safety records, audits and accident and incident records were also reviewed.

After the inspection we continued to seek clarification from the provider to validate evidence found. We held a virtual meeting with the manager to ask further questions.

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 good. At this inspection the rating has changed to requires improvement. 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

- The provider did not always assess risks to ensure people were safe. For example, some windows throughout the home did not have window restrictors installed that were compliant with guidelines. This meant there was a risk of people falling from height or leaving the home unsupervised. The provider told us they had addressed this soon after the inspection site visit by installing compliant window restrictors.
- Most of the building safety checks were being completed regularly, however, the annual gas safety check had not been completed in line with guidelines to make sure gas appliances and associated pipework were maintained in a safe condition. Although this had been completed soon after we visited the home.
- People's care plans and risk assessments were missing detail to guide staff in how to support people and how to reduce risks to people. For example, where people had specific health concerns, such as diabetes, their care plan did not contain information on signs and symptoms of high and low blood sugars to help staff identify and respond to this swiftly.
- Where risks to people were identified, it was not always clear how these were being monitored and how risks were being reduced.

We found no evidence people were harmed. However, systems were not robust enough to identify issues and concerns. 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 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 MCA 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 interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS).

- MCA assessments had been completed, although these did not always have enough details about how a decision was reached and the decision being made was not always clear.
- Applications were being submitted appropriately when DoLS authorisations were needed.

Using medicines safely

- People's medicines were not always safely managed.
- Some people's 'when required' medicines did not have protocols for staff to follow to guide them around when to administer this medicine. For example, 1 person was prescribed 'when required' medicine for constipation however, there was not protocol in place for staff to follow. This meant the person was at risk of not receiving their medicine as prescribed and their condition not being managed effectively.
- We identified some discrepancies in medicine stock levels. This meant the manager could not be assured people were receiving their medicines as required and in line with their prescriptions which placed people at risk.
- People had their topical creams stored in their own rooms. We did not see individual risk assessments in relation to storage of creams. This meant people were at risk of harm from ingesting or using creams inappropriately.

We found no evidence people were harmed. However, systems were not robust enough to identify issues and concerns. 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.

Learning lessons when things go wrong

- Where incidents had taken place, it was not clear if this information had been analysed to identify patterns and trends so measures could be put in place to reduce the incidents reoccurring to keep people safe.
- The provider was responsive and started to address areas we identified during the inspection. Although further improvements were needed in relation to people's care plans and risk assessments, to ensure staff had enough information to guide them and keep people safe from harm.

Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. For example, some furniture in the home was damaged and some equipment in communal areas was rusty which would have made it difficult to clean these effectively. In addition, some people's own equipment and some communal areas in the home needed more thorough cleaning to make sure cleanliness was maintained.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 responding effectively to risks and signs of infection.
- 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.

Staffing and recruitment

- There were enough staff although some improvements could be made to the recruitment process.
- We identified some gaps in some staff files during our inspection visit. For example, 1 staff member's recruitment record had gaps in their employment history, a lack of explanation for leaving previous jobs and an application form that had not been fully completed. There was also no risk assessment completed for a staff member who had health conditions that may impact on their ability to work. The provider responded to this and addressed issues following the inspection visit.
- Relatives and staff told us they felt there were enough staff. One staff member told us, "Yes, there is always enough staff. The staff at the minute are really good."
- The provider carried out pre-employment checks, such as obtaining references and requested Disclosure

and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse and avoidable harm

- Systems to safeguard people from the risk of abuse were in place.
- People we spoke to told us they felt safe. One person told us, "...I feel safe with the staff."
- Relatives told us they felt people were safe. One relative told us, "[Person] is safe. If they were not, I would be speaking to [registered manager's name] or [deputy manager's name] in the office."
- Staff understood how to keep people safe from the risk of abuse and knew where to access policies as well as how to raise a concern.

Visiting in care homes

- People were able to receive visitors without restrictions in line with best practice guidance.

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 good. At this inspection the rating has changed 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

- The provider's governance systems were not always effective in supporting them to identify all risks to people. They had not identified that compliant window restrictors were not in place in the home and the annual gas safety check had not been completed in a timely manner.
- The provider's systems had not identified where some people's care plans and risk assessments did not contain enough information to guide staff on how to meet people's needs.
- The provider was not able to demonstrate risks to people were being monitored and reduced where possible.
- Some people's 'when required' medicines did not have protocols in place where needed to make sure they received their medicines as required.
- It was unclear how the provider was managing legionella risks to people. The provider had made changes to their water systems and was not longer having legionella testing completed. Although the provider was completing water temperature checks, we did not see any documentation to advise testing was not required.

Governance systems were not 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 2002 (Regulated Activities) Regulations 2014.

- The manager notified CQC of all significant events which had occurred in the home in accordance with their legal responsibilities.

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

- People, their relatives and staff were involved in the service and people's equality characteristics were considered.
- People and their relatives were involved in care planning.
- Staff felt able to make suggestions and felt management would listen to them. One member of staff told us, "Yes, they listen and take things into consideration... They will listen to staff suggestions."
- Staff meetings were taking place with care staff and senior care staff where issues could be discussed. Staff told us these were happening, and we saw records to confirm this.

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 provider understood their responsibilities under the duty of candour.
- The manager told us, "It's my responsibility for being open and honest towards everybody."
- The provider clearly displayed their rating in line with regulatory requirements.

Working in partnership with others

- The provider worked in partnership with health and social care organisations.
- The manager told us how they have recently implemented weekly online meetings with the GP surgery. This meant concerns could be raised and addressed more quickly to achieve better outcomes for people. We will review the effectiveness of this when we next inspect.

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

- There was a positive and open culture at the service.
- Relatives we spoke with told us they felt able to raise concerns if they needed to. One relative told us, "I know [manager's name], the new manager, and [deputy manager's name] and speak to them a lot... I know who to speak to if I need to. They are amazing at keeping me up to date with [relative]."
- Staff told us they felt the management was approachable and always available if needed. One staff member told us, "It's a lovely home to work in. I would say if I had any concerns. The management are fantastic... [Manager's name and director's name] will still answer calls and emails when they're not in."

Continuous learning and improving care

- The provider was responsive in addressing concerns identified during the inspection.
- The director and manager told us about their plans for renovation. We will review the effectiveness of this when we next inspect.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure robust systems and processes were in place to identify safety risks to keep people safe from the risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems and oversight were not robust enough to demonstrate safety was effectively managed.