

Sutton And Cheam Elderly People's Housing Association

Eversfield House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Eversfield House is near Sutton town centre and provides accommodation and personal care for up to 24 older people. The service has 24 rooms over three floors with a modern lift enabling access to each floor. All the rooms have their own toilet and sink. There are two communal lounges, a conservatory, dining room and a well maintained garden. At the time of our inspection 22 people were using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

We found staff had been recruited safely, continued to receive on-going training relevant to their role and felt supported by the registered manager.

Staff knew how to keep people safe and the staff members we spoke with demonstrated a good knowledge on how to recognise abuse and how to report any concerns.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care while still encouraging people to be independent.

There were appropriate arrangements in place for the storage, administering, recording and disposal of medicines. Staff administered medicines safely. All areas of the service were clean and well maintained. Cleaning schedules were in place and staff had access to personal protective equipment when required.

People were supported to keep healthy and well. They were supported to attend appointments with GP's and other healthcare professionals when they needed to. People were supported to have sufficient amounts to eat and drink. Risks associated to people's diet were identified and staff knew what to do to manage this risk.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People were relaxed and comfortable in the company of staff. Staff supported people in a way which was kind, caring, and respectful. People were encouraged to participate in a wide range of activities.

There were a number of audits and quality assurance systems to help the provider understand the quality of the care and support people received and look at ways to continually improve the service.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good

Eversfield House

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 was a comprehensive inspection which took place on 20 and 21 February 2018. The first day was unannounced. The inspection team consisted of one inspector and an Expert by Experience. This is a person who has personal experience of using or caring for someone who uses this type of service.

Before the inspection we reviewed the information we held about the service. This included the provider information return (PIR). The PIR 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 also reviewed information about the service such as notifications they are required to submit to the CQC about significant events.

During our inspection we spoke to 10 people who lived at the service and four visiting relatives. We spoke to the registered manager, the deputy manager, one trustee and four care staff. We also spoke with a visiting healthcare professional.

We looked at records which included three people's care records, medicines records and three staff files. We looked at training and supervision records and other records relating to the management of the service. We undertook general observations throughout our visit.

After our inspection the registered manager sent us information on quality control, staff training and staff and resident meetings. They also sent us additional information on risk assessments for window restrictors and hot surfaces.

Is the service safe?

Our findings

Everyone we spoke with told us they felt comfortable at Eversfield House and they felt safe. One person told us, "Not having to worry about anything makes me feel safe." Systems, processes and practices continued to safeguard people from abuse. All the staff we spoke with had a good understanding of how they kept people safe within the service, would recognise signs of abuse and report any concerns they had. Half of the staff had received recent training in safeguarding and we saw evidence training had been arranged for the remainder of staff during April 2018.

Staff we spoke with knew about the risks people faced and how they should be protected and supported while still encouraging their independence. People's personal risk assessments contained details of how risks were managed. Examples of risk assessments seen included nutrition and hydration using the Malnutrition Universal Screening Tool (MUST) assessment, monthly weight checks, medication, mobility, falls and a personal emergency evacuation plan to be used in the event of a fire.

There continued to be enough staff to support people and meet their needs. Staff told us there were enough staff to meet people's needs and we observed staff were always visible and on hand when people needed them. The provider's recruitment process helped protect people from the risk of unsuitable staff. Staff files contained evidence of all the required checks.

Regular environmental and health and safety checks took place to ensure people were safe. There were certificates to confirm the service complied with gas and electrical safety standards. Water temperatures were monitored to ensure people were not at risk of scalding. We noted the staff member responsible for these checks had missed the last check because of sickness. The registered manager explained she had arranged cover for this post and the checks would be completed as soon as possible. We noted some rooms did not have window restrictors in place and there were no radiator covers to prevent injury to people if they were to come into prolonged contact with hot surfaces. During our inspection the registered manager arranged for these issues to be addressed and we were sent confirmation of works agreed and copies of risk assessments put into place for people while these safety issues were addressed. This gave us assurance that people would remain safe during this period.

We looked at how accidents and incidents were being managed at the service. There were processes in place to review documents for accident and incidents and to monitor for trends and patterns. The registered manager used this information to take action when necessary and encourage learning to reduce future risk to people.

Medicines continued to be administered safely. People told us they received their medicine when they needed it and three people told us they administered their own medicines. The majority of medicines were administered using a monitored dosage system or blister pack. Only those staff trained in medicine awareness were able to administer people's medicine. The registered manager explained reviewed staff competency regularly in medicine management and resolved any issues they found. This was not formally recorded and we discussed ways the registered manager could do this to give assurance that checks were

being completed. We noticed that some people needed medicines 'as required' or only at certain times. These were marked on people's medicine administration records (MAR's) but there was no separate guidance to help ensure staff understood the reasons for these medicines and when and how they should be given. The registered manager assured us she would put these in place to give staff additional guidance.

Arrangements were in place to ensure the service was kept clean and hygienic so people were protected from the risk of infection. Personal protective equipment (PPE) was readily available for staff when they needed it, for example when staff supported people with their personal care, to help reduce the risk of spreading and contaminating people with infectious diseases. Communal areas including toilets and bathrooms were clean and free from malodours. Liquid soap and hand towels were available to promote good practice in hand hygiene. Staff had received training in infection control and food safety and the registered manager confirmed and we saw evidence of refresher training for infection control had been arranged for March 2018. We noted the last food standards agency inspection of the kitchen had been completed in April 2017 and had achieved a rating of 5, the highest score.

Is the service effective?

Our findings

People's needs and choices were assessed when they first started to use the service. This gave staff the guidance they needed to support people to experience good outcomes in relation to their healthcare needs. For example, the service was able to support people with their healthcare needs by recognising when other healthcare professions were required to offer advice and support but also by supporting people to maintain a healthy lifestyle, eat healthy and be as active and independent as they can be.

People told us they had access to appropriate healthcare services. Comments included, "The physio comes and she is helping a lot" and "I felt dizzy and was able to have the Dr come in. Such great care." Staff told us the service received regular visits from the local GP surgery. The service was situated opposite the GP service which meant people were also able to attend appointments whenever they needed to. We spoke with one visiting GP who was very complimentary about the service and the care provided to the people living there. People's care records contained the outcomes of visits undertaken by a range of professionals including GPs, pharmacists, podiatrists and dietitians together with information regarding attendances at hospital outpatient appointments.

Staff had the skills, knowledge and experience to deliver effective care and support. Records were kept of the training undertaken by staff and these were monitored by the registered manager. The registered manager used this system to ensure all staff had completed their mandatory training. We noted some training was due for renewal or had expired, these had been noted and after our inspection we were sent of list of training that had been arranged for staff over March and April 2018. Staff who joined the service without a care background were asked to complete the Care Certificate (a set of recognised standards) as part of their on-going training and induction. Other staff were given a program of mandatory training to support their learning and skills, these included fire awareness, emergency first aid, falls training, medication awareness, mental health, manual handling, risk assessments and pressure area care. Staff told us they continued to receive regular supervision and annual appraisals and records we viewed confirmed this.

People were supported to eat and drink enough to maintain a balanced diet. People had mixed views of the meals provided. They told us, "I like the food... I can sometimes have a glass of rose wine. They do like as many as possible to come down for breakfast so you have to get going", "I'm not into cereals and I'm fed up with toast", "The food satisfies me ...it's not exciting", "The meals are exceptionally nice with a good choice. I enjoy the breakfast porridge" and "On the whole the food is OK but you get a bit fed up with it. I have to ask for fruit."

We observed lunch time and noted the dining room was welcoming with napkins and fresh flowers on each table. There were two choices for lunch and staff told us how they asked people their choice the day before. No one we spoke with thought there were alternatives to the two choices available but staff confirmed they would always offer an alternative choice if asked. We observed one person being offered alternatives of ice cream, yogurt or cheese and biscuits when they declined their dessert. The chef knew people's likes and dislikes and we saw them taking care with portion size and personalising the service to people's likes.

People's ability to make and to consent to decisions about their care and support needs continued to be assessed, monitored and reviewed. We checked whether the service was continuing to work within the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The registered manager explained everyone at Eversfield House had the capacity to make decisions about their care and treatment. One person had required a mental capacity assessment because of a change in their health but was found to have full capacity.

Accommodation was on three floors with a passenger lift for access between the floors. There were two separate lounges, a conservatory and dining room in addition to other seating areas where people could sit on their own or with others. Each room had a nurse call system to enable people to request support if needed. Aids and hoists were in place which were capable of meeting the assessed needs of people with mobility problems.

Is the service caring?

Our findings

People told us they were happy with the warm and caring nature of the staff, particularly the experienced staff. People liked that there was a mix of male and female staff. They felt staff had taken time to know them personally, asking after their families and learning about their past lives and interests. People's comments included, "I came for a trial and the staff were very good to me, made me welcome...I've decided to stay now", "One of the carers was picking up eclairs for me to give to my friends later, that's the sort of thing they do. It helps to keep like more normal, having things for your guests", "I really fancied a Chinese and one of the carers offered to bring me some in" and "The staff work really hard making people's birthdays important. A party and cake and you can have your family here."

We observed a warm relationship between staff and people using the service. People and staff knew each other's names and we found the service had a homely and supportive atmosphere. Staff encouraged people with their independence particularly with their mobility while giving unhurried support when required. Relatives were free to visit when they wanted. One relative told us, "I come here most days and whoever is on there's a good atmosphere. People genuinely seem to care about each other." Staff knew people well and gave examples of how they delivered person centred care. One staff member was able to explain how one person liked their evening hot drink in a certain way and we saw another staff member helping one person with their makeup and jewellery. They told us, "When I went to a friend's birthday party one of the carers did my make-up and she did it again this morning as I have friends coming."

Staff spoke about people in a caring way, comments included, "I want to treat people like my own family, I look forward to coming to work", "I like to make a difference, when you know people and if you've done a little something for them, it makes a big difference" and "You know you are making a difference to people's lives."

People's privacy, dignity and independence was respected and promoted. Staff told us how they always asked people what they wanted and respected their wishes. We observed staff knock on people's doors before entering and closing people's doors while giving care. People were asked if they preferred male or female care staff and could choose to stay in their rooms if they wished. One staff member told us, "It all comes down to their choice." People were supported to be independent and were encouraged to do as much for themselves as they were able to. Staff knew which people needed pieces of equipment to support their independence and ensured this was provided when they needed it.

Is the service responsive?

Our findings

People continued to receive personalised care that was responsive to their needs. People's care records were up to date and reflected people's care and support. Care records contained details such as people's general health, medicines, communication needs, dietary needs and mental health needs. There were also details of people's history and background to help staff better understand them and provide appropriate support. Staff knew people's likes and dislikes well. For example, when they liked to get up and their bedtime routines. However little of this information was written down. We spoke to the registered manager about recording this important information in people's records to ensure new staff had the knowledge they needed to provide personalised care.

People's communication needs had been identified and the service looked at ways to help improve the way they exchanged information with those people with a sensory loss. One person told us about their hearing problems and how it affected their day to day life, they told us, "I really miss a good conversation and it would be good if staff had time to come and chat. So many people have hearing problems, including me, that we all give up...it's very frustrating." We spoke to the registered manager about communication needs of people using the service. They explained they were able to print large font versions of paperwork for those people with poor eyesight and were looking at installing hearing loops for those people with impaired hearing. A hearing loop is a special type of assistive technology for use by people with hearing loss to help pick up sounds more clearly.

People were supported to take part in a wide range of activities that was relevant to them. People told us, "There are things to do if you want to", "I really look forward to the hairdresser coming", "I have just started going to the art group and I already have something on my wall" and " Even though I need a wheelchair they make sure that I can go on any of the outings. I enjoyed the last pub lunch." A full time activities co-ordinator arranged external and internal activities at the service. This included arts and crafts, exercise classes, tai chi, music and singing evenings, quizzes and watching films. The registered manager explained monthly outside activities were available to people and on the second day of our inspection some people were going to a local garden centre for afternoon tea. People's cultural, spiritual and religious needs were catered for with regular visits by churches of different denominations that people were able to attend if they wished. One person told us, "I can take communion and keep in touch with the church. I enjoy the people who come or a chat...I look forward to their visits."

People told us that if they had any worries or concerns they would take them straight to the deputy manager or registered manager and they could see them at any time. Information about making a complaint was contained in the resident information guide. We saw the complaints procedure and process in place and the registered manager explained most issues were dealt with there and then. They confirmed they had not received a formal complaint in the last twelve months.

The service had end of life care arrangements in place to ensure people had a comfortable and dignified death. The service worked with the local hospice, the palliative care team, the GP and district nurses to improve end of life care for people. We saw documentation in some people's care records recording visits

and advice from healthcare professionals including the palliative care team.

Is the service well-led?

Our findings

A registered manager was in place. 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.

People spoke positively about the leadership and management of the service. Everyone we spoke with knew who the registered manager was and felt she listened to them and acted on any concerns. People used the registered manager's first name and had no hesitation speaking with her. Comments included, "I've always found [the registered manager] listens and she's around so you can just talk to her" and "I just go and see her at any time."

People benefited from a staff team that worked well together and understood their roles and responsibilities. The registered manager was supported by an experienced deputy and a team of care staff. The registered manager told us how recent sickness had affected staffing levels and put some stress on the service. They told us how staff had pulled together, "The staff here are wonderful when [name of staff member] was sick they all jumped in to help...I ordered pizza for everyone to say thank you." Staff and senior staff meetings were held regularly and helped to share learning and best practice so staff understood what was expected of them.

People and their relatives were encouraged to be involved to help shape the service and its culture. Regular residents meetings were held where people's views and opinions were asked for. We looked at previous meeting minutes and noted the discussion points around people's rooms, their keyworkers, meals and activities. Questionnaires were sent to stakeholders, including relatives on a rolling review and the feedback we saw was positive. The service also used the feedback from websites such as carehome.co.uk to measure people's feedback and look for areas of improvement.

The registered manager ensured effective communication within the team. Staff held handover meetings at the end of each shift and the registered manager and the deputy walked around the service each day to make sure any issues or problems could be solved there and then. Staff told us they felt supported by the registered manager and felt there was good teamwork amongst staff. Comments included, "[The registered manager] is very supportive and caring, if there are any problems she always helps you out", "150% support from the managers, the door is literally open any time you can just go in", "The staff team are brilliant...we all get on" and "The manager is very good, very approachable, she will always listen...it's the same for the deputy."

The registered manager understood their responsibilities in line with the requirements of the provider's registration. They were aware of the need to notify CQC of certain changes, events or incidents that affect a person's care and welfare. We found the registered manager had notified us appropriately of any reportable events. We noted the provider was not displaying their ratings clearly on their website in line with CQC legislation. We spoke to the registered manager about this who explained the service website was currently

being updated and the rating information would be included in the updates. They assured us this would be complete by April 2018.

There were arrangements in place for checking the quality of the care people received. These included monthly and weekly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks. Eversfield House was a registered charity and the trustees conducted a monthly audit, this consisted of looking around the service, checking on the progress of planned improvements and speaking to staff and people to gain their views and giving feedback on any areas for improvement.