Thames Williams Care

Everley Residential Home

Inspection report

15 Lyde Green
Halesowen
West Midlands
B63 2PQ

Tel: 01384566686

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Requires Improvement**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Everley Residential Home is a residential care home providing personal care and accommodation to people aged 65 and over who may also be living with dementia. The care home is registered to provide support to 16 people in one adapted building, at the time of inspection 15 people lived at the home.

People's experience of using this service and what we found
The manager lacked oversight and had no access to action plans and finances. Systems were not effective for monitoring the quality and safety of the services provided. There was good involvement with community professionals. Staff knew how to raise concerns about poor staff practice.

Concerns were identified with infection control, environmental health and lack of maintenance. People received medicines as required however stocks did not always balance meaning medicines were not always safely managed. Improvements were required with recruitment checks and assessment of staffing levels. People told us they felt safe and staff knew people well.

Peoples social needs were not always met, and activities were lacking. The number of complaints were recorded but the detail of what the complaint was, was not always documented. People felt able to talk to staff who would listen to them. End of life preferences were recorded for people.

The provider could not demonstrate that they promoted people's privacy and dignity. People liked the staff. Peoples religious wishes and beliefs were recorded. Relationships with family were encouraged and maintained.

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 supported this practice. People had choice over what they ate, and their nutritional needs were met.

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 requires improvement. (report published 29 August 2018)

Why we inspected
This was a planned inspection based on the previous rating.

Enforcement
We have identified breaches in relation to the premises and equipment and governance 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 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 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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement

The service was not always effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Everley Residential 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 Care Act 2014.

Inspection team
The inspection was carried out by one inspector and one inspection manager.

Service and service type
Everley Residential Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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, but they were not yet registered with the Care Quality Commission. This means that the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service, two relatives and two professionals about their experience of the care provided. We spoke with six members of staff, including the manager, senior care workers, the domestic and the cook.

We reviewed a range of records. This included medication records and three people's care records. We looked at three staff files in relation to recruitment and staff supervision.
We were not able to view any quality assurance documents as the provider had taken them home and was not able to return them for the inspection.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We requested recruitment information, maintenance logs and information in relation to medicines.

Requires Improvement

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.

Preventing and controlling infection
• The provider could not show the premises and equipment was cleaned to an appropriate standard. For example, waterproof furniture was old and worn with cracks, bathroom trims were loose or damaged and staff told us there were stains on furniture they had attempted to remove but could not. This meant there was a risk infection could spread.
• The utility room was used for washing and drying clothes but also for cleaning toileting equipment. Staff could not tell us how they prevented splashes from the sink coming into contact with clean laundry. This posed a risk of cross contamination.
• An infection control audit had been completed in May 2018 by an external infection control nurse and followed up in April 2019. The manager told us they had not seen the audit and did not have an action plan. Therefore, the manager could not demonstrate how they were going to complete any outstanding actions. The audit had highlighted environmental health concerns and areas of improvement identified at the inspection.

The premises and equipment was not maintained to appropriate standards of hygiene. This placed people at risk of infection and environmental health issues. This was a breach of regulation 15 (Premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

• Food was stored and prepared safely in the kitchen. Food temperatures were recorded, and food was labelled once it had been opened. This meant people received their food safely.

Using medicines safely
• Medicines were not always managed safely. We found two examples where tablets did not balance with what should have been in stock. The manager checked the medicines but could not identify why this was the case and could not show us any medicine audits. In response to this the manager raised a safeguarding alert with the local authority.
• Staff received medicine training and we observed good practice when staff gave people their medicines. For example, asking people if they were ready for their medicines, and ensuring people had a drink to take their tablets.

Staffing and recruitment
• Staffing levels had recently been increased following a rise in the number of falls. However, staff told us they did not feel there were always enough of them on duty. Staff told us staffing levels were not assessed when new people moved into the home. The manager could not show us how they assessed the number of

staff needed on a shift. We observed staff attending to people's basic support needs but there was a lack of meaningful activities.
• Recruitment checks took place however we saw gaps in employment history that did not have an explanation and a person's right to work was not available. This meant recruitment processes were not always effective in ensuring staff were suitable for the roles prior to employment. We discussed this with the manager. They confirmed the person's right to work after the inspection and said they were working through staff files to ensure all the relevant information was present.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management
• People and their loved ones told us they felt safe. One person said, "I feel very safe", another person told us, "I use my walking frame to feel safe …if I have any problems, I ring my buzzer and they [staff] come and help me".
• Care plans and risk assessments were in place for people but were not reviewed on a regular basis and contained out of date information. For example, a person's nutritional needs had changed but their care plan reflected their previous support needs. However, staff had good knowledge of how to support people and the associated risks. People told us staff knew them well.
• West Midlands Fire service visited the home in April 2019. They set out a schedule of work that needed to be completed to ensure people were safe in the event of a fire. We saw some of these actions had been completed, the deadline for full compliance was August 2019.
• Staff knew about safeguarding and could tell us the process for raising concerns. One staff member told us "Safeguarding is when we have concerns someone is being abused ... I would tell the manager, the owner [of the company] or CQC. We have a safeguarding policy".

Learning lessons when things go wrong
• The manager had implemented additional safety precautions following an increase of falls. The manager had identified times in the day when people were falling more frequently and had provided additional staffing. Furthermore, 30-minute checks had been implemented so that staff were checking to ensure people were safe and well on a regular basis.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs
• The provider could not demonstrate the premises was suitably maintained for example, we found fence panels were missing and there was a build-up of cigarette ends and rubbish in the garden. The manager acknowledged that communal areas of the home needed improvement.
• Peoples bedrooms had items that were personal to them, people and relatives told us staff helped them keep their rooms clean and tidy.
• The home provided equipment to support people with moving and handling, such as stair lifts and hoists. These were appropriately serviced in line with recommended guidance.

Ensuring consent to care and treatment in line with law and guidance
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 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 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 when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• DoLS applications had been made for people who required them. Peoples capacity had not been assessed prior to the DoLS authorisation, we discussed this with manager who said they would do this in future. There was information in people's care plans around likes, dislikes and choices. Staff had good knowledge of individual people's capacity and what they were supporting people with.
• People and relatives told us they were able to make choices about their day to day care. A relative told us "[Relative] can make day to day decisions about what they want … staff know them well", a person told us, "I get to choose things like my food. I get to be involved and make decisions."
Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

• On the day of the inspection a person had become unwell, we observed the staff team contacting the local GP service then the ambulance service. This showed that staff responded to people's health needs in a timely manner.
• Referrals were made to local community teams such as behaviour support and speech and language. Follow up actions were recorded in people's care plans. This showed staff were aware of people's changing needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• People's needs were reviewed and follow up actions were recorded. These reviews were documented in people's care plans. Relatives attended reviews, one relative told us, "The staff here involve us in decisions and care planning."
• Religious preferences were reflected in people's care plans. This enabled people to have choice as to whether they practiced a religion.

Staff support: induction, training, skills and experience
• People's needs, and preferences were met by staff who knew them well. A relative told us, "If [relative] was ever unwell, I know staff would deal with it, it's very reassuring."
• Staff understood their responsibilities and what was expected of them. They told us they received supervision and could request training they felt was relevant to their role. This enabled them to receive feedback and the opportunity for development.

Supporting people to eat and drink enough to maintain a balanced diet
• People told us they liked the food and could choose what they ate. The cook told us they had recently changed the evening menu following a request from the people living in the home.
• We observed people being offered choice at meal times and staff showed people the meal options, so they could choose. The cook told us they always make more food than needed in case people changed their minds.
• People had varying needs in relation to their nutrition such as allergies, specialist diets and support with eating and drinking. The cook had a good knowledge of people's specific needs. We observed positive interactions with staff whilst they supported people to eat. This meant peoples nutritional needs were met.

Requires Improvement

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence
• The provider could not demonstrate that they promoted people's privacy and dignity. For example, we found toilet door locks were broken, the communal environment was cluttered, and people were not able to use the garden to its full potential due to a lack of upkeep.
• Staff supported people to maintain their independence. Staff told us a person had begun to struggle with eating and drinking so they encouraged them to do as much as they could for themselves and ordered some adapted cutlery. This supported them to continue to eat independently.
• People were supported to maintain and develop relationships with families and friendships with each other. One person said, "I like living here because people are friendly."
• Peoples records were stored in a locked cabinet however, we did observe some medical records that were not locked away. Staff ensured information relating to people was communicated in a private setting, this ensured confidentiality was maintained.

Ensuring people are well treated and supported; respecting equality and diversity
• People felt well supported and spoke highly of the staff team. People we spoke with gave us feedback that included, "I like living here, the staff are ever so good", and, "They [staff] treat me with respect and ask me if I'm ok, they always address me properly."
• Staff treated people with kindness and compassion. A relative told us, "I notice how they support people who have more complex needs, they are very good." A professional told us, "Staff are really caring and lovely."
• People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

Supporting people to express their views and be involved in making decisions about their care
• The manager told us people and relatives were provided with questionnaires, so they could express their views about the service. There was no evidence of this on site as the provider had taken home the files that contained this information. However, we saw an annual review which a person and their relatives had attended. At the review feedback was discussed.
• People and relatives told us they were involved in reviews and decisions made about their care.

Requires Improvement

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.

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
• Staff told us they did not think there was always enough time to attend to people's social needs. A relative said, "[Relative] does not have many people they can talk to but that's down to the people that live here. They [relative] do not get much stimulation." Our observations during the inspection showed people's basic needs were met, however, they received limited social interaction from staff.
• There was one hour a day allocated to activities. The activity on the day of the inspection was singing. Not all people participated in this and there were no alternatives offered to people who did not want to sing. People who did participate appeared to enjoy the activity.
• A board in the hallway showed various activities offered during the day and week. We discussed this with the manager who told us the board was not up to date and did not reflect the activities that took place. There was no designated activity person. Therefore, people living in the home did not have up to date information about what activities were happening or when.
• People were encouraged and supported to maintain relationships with their families.

Improving care quality in response to complaints or concerns
• There was conflicting information as to how many complaints had been made. For example, in February 2019 a cover sheet showed three complaints were made, however only two had been recorded. With no evidence of what the complaint was, we could not see if any action had been taken to resolve it. Where details of the complaint had been recorded, we saw follow up actions had been taken.
• People told us they knew how to complain and felt they would be listened too, one person said, "If I was not happy, I'd talk to [manager] … they would listen if I was not happy".

Meeting people's communication needs; Planning personalised care to ensure people have choice and control and to meet their needs and preferences
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.
• Peoples care plans held information regarding their personal preferences, life history, religious beliefs and people who were important to them.
• Staff told us they used various communication methods to support people. Staff told us they had supported someone who spoke a different language using picture cards and written communication.
• People told us they were able to make day to day decisions. One person told us, "They [staff] give me choice in what I eat, what I watch on TV where I sit and what I do. If I want to go upstairs, someone will

support me to do that."

End of life care and support
• End of life preferences were documented in people's care plans. This ensured staff had guidance to follow if needed. No one was receiving end of life care at the time of inspection.
• Some people had a Do Not Attempt Cardio-Pulmonary Resuscitation (DNACPR). Where these were present, there was evidence of input from medical professionals and families where appropriate. They gave clear directions for staff and medical professionals to follow.

Requires Improvement

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 requires improvement. At this inspection this key question has remained the same. 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

• Systems were not effective for monitoring the quality and safety of the service provided. The audit files were off onsite and not available for us to view, on the day of inspection. Therefore, we were not able to see what or if any audits had been carried out.

• The manager lacked oversight of the service. We identified concerns in relation to lack of meaningful activities, medicines, recruitment, environment and infection control. The manager told us the provider completed audits in these areas but could not tell us what the outcome of the audits were or if there were any action plans. This meant we could not see a clear plan of how the issues we raised during the inspection were being addressed.

• Some decorative work had been undertaken to the communal areas, but furniture needed replacing, maintenance work was needed, and the general upkeep of the home required improvement. The manager acknowledge this but had no access to an action plan and could not tell us what works were planned for completion.

• The manager had limited involvement in relation to making decisions that related to the service. For example, they told us they did not have access to finances until the provider returned to work. This meant they could not order a skip to have the rubbish in the garden removed.

• There were delays in information being sent to the inspector, by the manager, following the inspection. Numerous telephone calls and emails had to be sent, some information requested was received after the deadlines specified. This meant there were delays in collating evidence.

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

• The manager had been in post since November 2018 but had not yet registered with the CQC. The manager told us they would start the process once their Disclosure and Baring Service (DBS) check was returned. A DBS check shows unspent convictions, cautions, reprimands and final warnings held on police records, plus any additional information held by local police considered relevant to the role in question.

• It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. Ratings were displayed in the entrance hall; the provider did not have a website.

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

• People and families were positive about the staff and culture of the service, one person told us, "Staff are always very nice and very obliging" and a relative said, "We are very impressed with the care, [relative] moved here very quickly but it's been very good."

• People, their relatives and friends and staff told us the home had lots of involvement with community professionals to make sure people's healthcare needs were met. This was reflected in people's care plans.

• Peoples care plans contained information about how they liked to be supported and what to do if they were feeling anxious. They detailed signs to identify the person was feeling anxious and strategies to help staff and people manage this.

• Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

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

• The manager had recently changed meal times to allow a bigger gap for people between lunch and tea. This was following on from discussions in a residents meeting. Staff told us this change had been beneficial for people.

• Where there had been an allegation of poor practice, we saw the provider had dealt with these appropriately. They had investigated concerns and the relevant authorities informed, they had then recorded any follow up actions. This showed the provider acted when alerted to concerns and shared information with the necessary people.

Working in partnership with others

• Staff communicated frequently with the GP, opticians, district nurses and other professionals when required. A professional, who visited the service on a regular basis, told us, "They [staff] take on board what we say. They will call with any concerns". This evidenced partnership working between the staff team and external professionals to enable positive outcomes for 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	Regulation 15 HSCA RA Regulations 2014 Premises and equipment Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Premises and equipment. The premises and equipment was not maintained to appropriate standards of hygiene. This placed people at risk of infection and environmental health issues.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance Systems and processes were not robust enough to demonstrate safety was effectively managed. This placed people at risk of potential harm.