

Eldon House Care Homes Limited

# Eldon House Care Services

## Inspection report

69 Ricardo Street  
Longton  
Stoke On Trent  
Staffordshire  
ST3 4EX

Tel: 01782326620

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Eldon House is a residential home providing personal care for up to 34 people who may have dementia. At the time of the inspection there were 34 people living at the home.

People's experience of using this service:

People were not always supported to have maximum choice of their lives; the policies and systems in the service did not support this practice, however staff did offer choice, such as, where people spent their time.

There was not always enough for people to do and people told us they were bored. People did not always feel there was enough variety at meal times, although people liked the food.

People who used the service were supported safely. Staff treated people with care, dignity and respect. People could access other health professionals and were supported to have their medicines.

Systems were in place to ensure that risks were mitigated. People had their call bells responded to quickly should they need assistance and people were supported to move around the home safely.

Rating at last inspection:

This is the first inspection since the service registered in November 2017.

Why we inspected:

This was a scheduled inspection based on the service being newly registered.

Recommendations:

- We recommend that staffing levels are assessed in a more consistent manner to ensure the staff feel that they can effectively achieve their role.
- We recommend that all PRN medications have protocols in place in line with The National Institute for Health and Care Excellence (NICE) Guidance about managing medicines and care homes .
- We would recommend that a more structured approach is introduced to the planning and facilitation of activities.

Enforcement:

- One breach of regulation was identified during this inspection. You can see what action we told the provider to take at the back of the full version of the report.

Follow up:

We will continue to monitor the service through the information we receive.

You can see what action we told the provider to take at the back of the full version of the report.

## 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

Details are in our Safe findings below.

Good 

### Is the service effective?

The service was not always effective

Details are in our Effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring

Details are in our Caring findings below.

Good 

### Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement 

### Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement 

# Eldon House Care Services

## Detailed findings

### Background to this inspection

The 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 checked 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.

Inspection team:

The inspection was conducted by two inspectors and one expert by experience, with experience of being a family carer of older people who use regulated services. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

Eldon House is a care home. People in care homes receive accommodation and nursing or personal care. Care Quality Commission regulates both premises and the care provided. Eldon House caters for people who have; dementia, sensory impairment and physical disabilities.

The provider had a register manager in post. A registered manager is a person who is registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection site visit was unannounced and was on 17 December 2018.

What we did:

We used the information we held about the service, including notifications to formulate our planning of the

inspection. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. Also, prior to the inspection the provider would usually send us a Provider Information Return (PIR). This is information we require providers to send to us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. However, due to technical issues we did not receive this until the day of inspection.

During the inspection we spoke to ten people who used the service, and two relatives. We used the Short Observational Framework for Inspection (SOFI), as some people were unable to tell us about their experience. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the senior care staff member, two care assistants, the chef and one other health professional. We viewed four care records, and three daily records for people who used the service, to confirm what we had observed and what people and staff had told us. We looked at how medicines were stored, administered and recorded. We viewed the accidents and incidents records. We looked at documents relating the management and administration of the home which included audits.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Staffing levels:

- Whilst we received mixed feedback from staff regarding staffing levels, people told us they felt there were enough staff, one person said, "I have not known an issue over them not having enough staff and mostly the same ones too." Another person said, "They were short of staff a few weeks ago as some were off with the flu. They have come back now but did struggle for a while."
- Safe recruitment procedures were being followed to ensure staff were suitably employed, these included criminal record checks and references from previous employment. New staff received a full induction with the opportunity to shadow other staff before carrying out their duties of caring for people.

Systems and processes:

- Systems and processes for supporting people were being followed. We observed staff supporting people to move safely in a way that matched their support plans, showing that staff understood the needs of people.
- Staff understood the processes in place and used systems appropriately, these included; observational tools during the evening and accident and incident reports.

Assessing risk, safety monitoring and management:

- People's risks were identified and recorded in support plans, staff were observed supporting people in line with their support plans. We observed equipment being used to aid people to manoeuvre were used appropriately and safely.
- People stated they felt safe in living at Eldon House, one person stated they felt very safe and said, "Staff won't let me walk anywhere on my own even though I think I can. That means a lot to me knowing I won't fall over."
  - Relatives told us staff ensured their relatives were safe. One relative said, "I certainly do think it is safe for [family member] here. It is very clean and tidy, no hygiene issues, they assist [family member] to get around with their frame as they fell at home. [Relative] has had no falls since being here so I know they are safely being looked after."

Using medicines safely:

- Medicines were administered, stored and managed safely. Staff supported people in a dignified way when administering medication and we observed people being given the choice to take medication that managed pain. One person told us, "I get my medicine the same time every day and they are done regularly. I have them with water."
- Procedures were in place to ensure that people were receiving their medicines as prescribed and this was being recorded. Medicines taken as and when required are known as PRN medication. The National Institute for Health and Care Excellence (NICE) Guidance about managing medicines and care homes states providers should ensure there is sufficient information about people's PRN medication. There were some protocols in place however, we found this was not consistently done with people that required PRN medication. We recommend that all PRN medicines have a protocol in place.

#### Preventing and controlling infection:

- Systems were in place to ensure the risk of infection was prevented, we observed staff using hand sanitiser throughout the day preventing cross infection and wearing aprons which were changed on a regular basis.
- The home was clean and free from odours and provided a safe and homely environment for people to live in.

#### Learning lessons when things go wrong:

- Audits for the service, including; people's support plans and building risk assessments were in place which the registered manager reviewed on an annual basis. The registered manager has implemented new systems which supports the staff to ensure information is captured.



# Is the service effective?

## Our findings

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

The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

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 with appropriate legal authority. 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 being met.

- Staff could demonstrate their knowledge with regards to MCA and DoLS, however, the records we viewed contained conflicting information about people's ability to make decisions. This meant there was a risk of people not being supported correctly in relation to their decision making.
- The registered manager had submitted DoLS referrals to the local authority and the outcomes of these referrals were recorded including those that had been approved. However, it was not always clear how the decision to apply for a DoLS had been arrived at and decisions taken in people's best interest were not always evident, as information in assessments was confusing. Following our inspection, the registered manager told us that they had met with a local DoLS practitioner and made necessary changes to the internal system.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:

- There were pre-admission assessments but these lacked detail. There was lack of information to show that people's preferences and diversity had been considered. This included protected characteristics under the Equalities Act 2010 such as; culture, religion, sexuality. This meant that people's care was not always adequately planned before they moved into the home.
- People's needs were assessed, planned and regularly reviewed to ensure they received support that met their changing needs.

Supporting people to eat and drink enough with choice in a balanced diet:

- People received enough to eat and drink in order to maintain their health and well-being; however, choice was limited. People told us the food was good but not varied in choice. One person said, "Food is very good but you don't get a choice, it is a set menu." Staff also told us that food could be more varied. We also observed minimal food choices being offered to people.
- Advice was sought from other professionals such as Speech and Language Therapists (SALT) to effectively support people where risks had been identified. We saw that when provided this advice was being followed.

Staff skills, knowledge and experience:

- Staff received a robust induction and training which embedded their skills and supported their knowledge in providing care to people in a way that met their needs.
- Staff told us they received supervision and yearly appraisals and they felt they could speak openly. Staff stated that they felt supported by the management team.

Supporting people to live healthier lives, access healthcare services and support:

- People received timely access to other healthcare professionals, one person said, "I get to see anyone I need to. They have a list and make appointments for me if I need anyone.". A relative said, "When [relative] has been poorly they have immediately arranged for a doctor and nurse to come and informed me immediately."
- Advice from health care professionals was followed, documented and reviewed.

Staff providing consistent, effective, timely care within and across organisations:

- Staff were involved in handovers between shifts to ensure people received consistent care.
- People had 'hospital passports' in place which detailed important information, to ensure consistent care should people need to visit the hospital.

Adapting service, design, decoration to meet people's needs:

- People were given the choice to have their own personal belongings in their rooms and some people had their own specialised beds and chairs, however, the environment needed to be more dementia friendly. A health care professional also stated that the décor and furnishings could make the home more dementia friendly. Some adaptations had been made to create a dementia friendly environment. For example, there were pictures of the local community and pictures of old movie stars to assist people in reminiscing. However, this required further development within the service.
- People were given the choice to have their own personal belongings in their rooms and some people had their own specialised beds and chairs.
- Equipment was available to ensure people were supported, for example; handrails around the service and bath seats were available to ensure people were supported safely.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People told us staff were caring, one person said, "Friendly staff. All very caring and thoughtful and they talk when they can." A relative said, "I have been overwhelmed by all of them. The whole of the staff are all so compassionate and caring here. It is so homely here."
- People were supported to maintain relationships with their families. Relatives told us they could visit anytime and were made to feel very welcome.
- We observed staff interaction with people, staff communicated with people showing compassion and kindness.

Supporting people to express their views and be involved in making decisions about their care:

- People were involved in making decisions regarding their care, and were given choices on a day to day basis and people were able to direct their own support.
- People had the choice to where they wished to spend their time, whether in the communal living areas or their own rooms.

Respecting and promoting people's privacy, dignity and independence:

- We observed staff treating people with dignity and respect and promoted independence. Staff spoke to people in a calm and respectful manner and used words of encouragement when supporting people.
- People were encouraged to maintain their independence and as much as possible. People were able to move freely around the home using walking frames or specialised wheelchairs, and where people needed support staff supported this.

## Is the service responsive?

### Our findings

Responsive – this means that services met people's needs

People's needs were not always met.

Personalised care:

- People had little opportunities to access their interests or hobbies. There was very little in the way of activities and people told us they were bored, one person said, "Activities are not regular, about a month and half ago had visit from singer and someone with pets but that's about it. Rest of the time I make my own entertainment like watching TV or reading." Another person said, "It's boring, I need more stimulation. In the summer it was good as I went into the garden and the greenhouse and did planting and grew tomatoes. I really enjoyed that but now the summer has gone it's got boring. Like today I will mostly sit here and just watch television."

- The registered manager told us they did regular activities, and they had taken people out on day trips. We did see that they had recently done a Christmas activity, however, people told us they were bored and we did not observe any type of activity during the inspection. We would recommend that a more structured approach is introduced to the planning and facilitation of activities.

- People's support plans were not sufficiently personalised and did not consistently detail people's preferences. This meant that staff were left unaware of people's likes and dislikes. Following the inspection, the registered manager told us they were going to review peoples plans and ensure peoples preferences were taken into account and documented. We will check this has taken place at the next inspection.

End of life care and support:

- People were not activity supported to plan for their end of life preferences. The registered manager said, "We have to make sure that everyone is in agreement, because people want to spend their last days here. There is a paper in the care plan if they are willing to talk about it, but I find it difficult". These plans had not consistently been completed and this meant that people were not always supported to have their final wishes at the end of life. Following the inspection, the registered manager told us that they will be updating the paperwork to capture peoples end of life wishes. We will check this has taken place at the next inspection.

Improving care quality in response to complaints or concerns:

- The home had not received any complaints but people and relatives understood how to make a complaint if they wished and stated they would speak with staff or the manager.
- There was a complaints procedure in place which was freely accessible to people and visitors.

# Is the service well-led?

## Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

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 registered manager has failed to notify CQC of the outcomes of DoLS applications as required by law. When we spoke to the registered manager about this they stated they were unaware that CQC should be notified. Following the inspection, the registered manager told us they had submitted the authorised DoLS and would ensure they would continue to notify CQC. We will check this has taken place at the next inspection.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People's records relating to MCA and DoLS were confusing and were contradictory. For example; two of the people's records viewed stated that they were not being deprived of their liberty but their records indicated they were. Following the inspection, the registered manager told us that peoples MCA and DoLS have been addressed and all relevant paperwork has been reviewed and updated. We will check this has taken place at the next inspection.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on duty of candour responsibility:

- People's support plans lacked sufficient person-centred information, staff knew about their support needs but did not always know their personal information.
- People's Malnutrition Universal Screening Tools (MUST) were not being completed fully, the systems in place failed to identify this despite staff updating these monthly.
- The register manager understood the concept of duty of candour and promoted a culture of honesty and openness.

Engaging and involving people using the service, the public and staff:

- Staff stated they felt supported by the management team.
- The service encouraged feedback from relatives and visitors, and had received numerous positive

feedback from relatives and visitors.

Continuous learning and improving care:

- The registered manager carried out spot checks to ensure care was being appropriately carried out.
- The registered manager carried out annual audits which looks at people's care records and has made changes in order to improve how information is documented, however, shortfalls remain in this area.

Working in partnership with others:

- The registered manager and staff team work well in partnership with health care professionals and ensures the advice given regarding the care of people is documented and followed.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The registered manager had not submitted statutory notifications to the commission when DoLS authorisations had been granted.

### **The enforcement action we took:**

We have issued a fixed penalty notice for failure to notify.