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# Eboracum 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

This inspection took place on 25 and 31 January 2019 and was unannounced. This meant the staff and provider did not know we would be visiting.

Eboracum House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Eboracum House is registered to provide accommodation and personal care for up to 18 people. Accommodation is provided over two floors, accessed by stairs or a passenger lift. Communal lounges and dining areas are provided. The home is a detached period building with a large garden close to local amenities. The care provided is for people who have needs associated with those of older people. On the day of our inspection there were nine people living at the home, two people were living on the first floor the remainder living on the ground floor and two people were staying having respite. Respite care is a short-term stay, often around one to two weeks, in a care home.

Our last inspection at Eboracum House took place on 2 and 7 November 2017. We found the service was in breach Regulation 12, of the Health and Social Care Act 2008 (Regulated Activities) 2014; Safe care and treatment and the service was rated requires improvement overall.

Following the last inspection, we asked the provider to complete an action plan to show what they would do, and by when, to improve the key question asking if the service was safe, to at least good.

The registered provider sent us an action plan detailing how they were going to make improvements.

At this inspection we checked the improvements the registered provider had made. We found sufficient improvements had been made to meet the requirements of the regulations.

There was registered manager at the service. 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 and associated Regulations about how the service is run.

People living at Eboracum House told us they felt safe and they liked the staff. Staff confirmed they had been provided with safeguarding vulnerable adults training, so they understood their responsibilities to protect people from harm.

We observed that many areas of the home required refurbishment, however the provider had a maintenance programme in place which showed clear timescales of how and when the works were to be completed.

People gave us mixed feedback in relation to staffing levels. We found there were enough staff to provide basic care, but limited time was available to engage with people.

The staff recruitment procedures and checks in operation promoted people's safety.

We found systems were in place to make sure people received their medicines safely.

Staff were provided with relevant training and supervision to make sure they had the right skills and knowledge to support people.

People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service support this practice.

People had access to a range of health care professionals to help maintain their health. People and health professionals, we spoke with made positive comments about the care provided by staff.

People were treated with dignity and respect and their privacy was protected; a range of activities were available to provide people with leisure opportunities.

People were confident in reporting concerns to the registered manager or staff and felt they would be listened to and their concerns would be addressed.

There were effective systems in place to monitor and improve the quality of the service provided. Regular checks and audits were undertaken to make sure full and safe procedures were adhered to.

Staff told us they felt they had a very good team. Staff and people said the registered manager was approachable and communication had improved within the service.

We carried out this inspection to check whether the necessary improvements had been made to the service and found appropriate action had taken place in most areas.

## 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 was safe.

People gave us mixed feedback about the staffing levels. We found there were enough staff to provide basic care for people, but limited time was available to engage with people.

Risks to people had been appropriately assessed and guidance given on how to reduce or manage risks.

Peoples medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff understood the requirements of the Mental Capacity Act (MCA) and considered people's best interests.

People continued to be satisfied with the meals they received.

Staff received effective support through supervision and training.

### Is the service caring?

Good ●

The service was caring.

Staff were kind, caring and compassionate towards people who lived at the service.

Staff maintained peoples privacy and dignity.

People were encouraged to be as independent as possible.

### Is the service responsive?

Good ●

The service was responsive.

Care plans were person centred and included important

information about how people wished to be supported.

Complaints were recorded and we could see these had been investigated and resolved.

Peoples equality, diversity and human rights were respected.

### **Is the service well-led?**

The service was well led.

People and relatives told us the service was well led

A programme of audits and a home improvement plan showed oversight of the service.

Statutory notifications had been submitted and sensitive information was securely stored.

**Good** ●

# Eboracum 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 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.

We undertook an unannounced inspection of Eboracum House on the 25 and 31 January 2019. The inspection team consisted of two adult social care inspectors and an Expert by Experience with a background in care for older people. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the registered provider had completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to help plan the inspection.

Prior to the inspection, we reviewed all the information we held about the home. We contacted the local authority, local infection control team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with four people who lived in the home as well as four friends and relatives who were visiting the home at the time of our inspection. We also spoke with the registered manager, the operations manager and four members of staff. We observed care interactions in communal areas of the home. We spent some time looking at documents and records relating to people's care and the management of the service. We looked at three people's care plans in full and a further two care plans regarding specific areas of care.

# Is the service safe?

## Our findings

People were safe and protected from avoidable harm. Legal requirements were met. At the last inspection the service was rated 'requires improvement' in this domain because improvements were required in the safe management of risk. At this inspection, the provider had ensured all actions were taken in relation to the management of risk and this domain was therefore rated as 'good'.

We found systems were in place to identify and reduce risks to keep people safe. We looked at three people's care records and saw they included detailed risk assessments. The risk assessments were person centred and provided staff with clear guidance on how to support people to manage the identified risks. Care plans and risk assessments promoted people's independence and freedom whilst minimising risks. We saw risk assessments were reviewed by senior care staff each month or more frequently if a person's needs changed.

People living at Eboracum House told us they felt safe. Comments included, "I love it here, there's always someone to talk to. I have a good family, but it gets lonely when you live alone," "Staff here listen to me, I've never had an accident or fall." One visiting relative told us, "My relative is so much safer here, they have a lovely little room, all clean and tidy, not like where they were living before. Staff at this care home are lovely, they treat everyone like family."

We asked people living at Eboracum House and visitors if they felt personal property was safe and respected. Comments included, "Property's safe here I have never lost anything" and "I've never lost owt."

Some people felt that there were enough staff to meet their needs and others felt that there were not enough staff at night. Comments included, "Yes there's enough staff here. You never have to wait long if you need help, "There's always someone around if you need help and someone to talk to" and "I don't think there is enough staff on an evening, there needs to be more staff."

Staff told us that they felt that the staffing levels were sufficient to meet people's needs. During the inspection we observed people received care in a timely manner and staff were visible around the home.

Throughout the day of our inspection we observed there to be sufficient staff to meet people's needs. However, we found limited time was available to engage with people, particularly when people needed extra support to do this.

Relatives told us that there were always staff members around. A visiting health professional told us that there were always adequate staff when they had visited and that the service had improved greatly.

We spoke to the registered manager and the operations manager about our concerns in relation to staffing levels. The registered manager told us that they always ensured there was sufficient staff on duty and that shifts were always covered. They said that staffing levels were determined by people's dependency levels and occupancy of the home.

Following the first day of the inspection the provider had taken immediate and responsive action to review their staffing levels. This included a review of people's needs alongside the dependency tool, consulting with people about choice and location of their bedrooms and the introduction of assistive technology where necessary.

Safe recruitment practices were followed. We looked at three staff files to check how staff had been recruited. Each file contained an application form detailing a person's employment history, two references, proof of identify and a Disclosure and Barring Service (DBS) check. A DBS check provides information about any criminal convictions a person may have. This helped to ensure people employed were of good character and had been assessed as suitable to work at the home. This information helps employers make safer recruitment decisions.

The service had appropriate systems in place to safeguard people from abuse. We saw the service had a safeguarding vulnerable adult's policy and procedure. The staff had been trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed poor care practices or abuse. Staff said they would always report concerns to the senior staff on duty and they were confident the management of Eboracum House would take appropriate action. The registered manager was aware of their responsibility to make safeguarding referrals.

Medicines were obtained, stored, administered and disposed of safely by staff. The provider had a comprehensive policy in place regarding medicines administration. This provided detailed guidance to staff to help ensure people received their medicines safely. People were receiving their medicines as prescribed by their GP. We observed the staff member administering people's medicines to be patient, calm and reassuring. They supported people at an appropriate pace and provided appropriate explanations about the medicines they were being offered.

Eboracum House was clean and there was an effective infection control system in place. The system was regularly audited to check it was effective and implemented correctly. Staff followed cleaning schedules and had access to personal protective equipment such as gloves and aprons.

Regular checks of the building were carried out to keep people safe and the home well maintained. We found personal emergency evacuation plans (PEEPs) were kept for each person for use in an emergency to support safe evacuation. We saw a fire risk assessment had been undertaken to identify and mitigate risks in relation to fire. There were weekly fire checks and regular fire drills conducted. The provider maintained a schedule of annual safety checks of the fire system and extinguishers which were carried out by external professionals.

The provider had a system in place to learn from any accidents or incidents to reduce the risk of them reoccurring. The registered manager analysed accident and incident records every month to identify any trends and common causes. The management team promoted a culture that encouraged learning opportunities if issues were raised or if anything went wrong.

## Is the service effective?

### Our findings

People were consistently positive about the care they received at Eboracum House. One person we spoke with told us, "They [care staff] are brilliant, they helped me get walking again."

People's needs were assessed, and a detailed support plan was written for each person which guided staff in how to care for them. People and their relatives were involved in this process. They were asked to provide important information about their likes, dislikes and life history, so care could be delivered in accordance with their needs and preferences. This was kept under regular review.

Staff were competent, knowledgeable and skilled. They carried out their roles effectively. New staff received an induction when they started working at the service. This included shadowing more experienced staff, so they could get to know people and develop the right skills. All staff received an ongoing programme of training which provided them with the knowledge and skills they needed to care for people effectively. We observed staff were suitably skilled during this inspection. For example, we observed two members of staff correctly supporting a person with moving and handling.

One person told us, "All the staff are well trained" and one visiting relative told us, "Staff here are brilliant, all well trained. We are over the moon with the progress our relative has made since coming here. They have come on so well."

All staff were regularly supervised by senior staff members and received an annual appraisal to review their competence and discuss areas of good practice or any improvements that were needed.

People told us staff worked closely with other organisations to deliver effective care and support to people. They sought advice from community health professionals such as the GP, district nurses and speech and language therapists. This process supported staff to achieve good outcomes for people and to help people maintain their health.

People we spoke with told us, "If you need a doctor just tell the staff and they get you one," They are usually quick to get a doctor." A visiting relative told us, "A member of staff accompanied my relative to the hospital, went in the ambulance with them to see the specialist."

People were supported to maintain a balanced and varied diet that met their nutritional requirements. Staff were knowledgeable about people who required a special diet. If people required a specialist diet due to health or cultural reasons, this was clearly recorded in their support plan. We observed people enjoying the food served during this inspection. People were offered a range of food and drink options and they told us the food was 'Really good.' Comments included, I enjoy my food, I never leave anything. It's all good" and "Food here is really good, you can choose something different if you want."

Staff worked together as a team to provide consistent care to people. They had regular opportunities to discuss people's care at handover meetings which took place every day. This helped to ensure all staff were

informed of any changes to people's needs so they could provide the correct level of support to people.

We observed that many areas of the home required refurbishment. The premises had sufficient amenities such as bathrooms and communal areas to ensure people could receive the support they required. However, carpets on the corridors were stained and paintwork was chipped on skirting boards and doors. We spoke to the operational manager and the registered manager and they shared with us a home improvement plan which showed timescales of when and how the work was to be completed.

We observed Eboracum House has a secure, landscaped, enclosed garden with plenty of seating for service users to access. Grass had been cut, trees and shrubs were pruned and neat. However, we found paved areas and disabled access required improving. For example, the disabled access was restricted by a bush being in the way,

We spoke to the operations manager and the registered manager and they took immediate and responsive action to address our concerns. For example, they cleared pathways and removed the bush that was obstructing the disabled access.

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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met."

Staff developed support plans in consultation with people living in the service. People had signed consent forms to demonstrate they consented to the care and support described in their support plan. We observed staff seek consent from people throughout the day before providing any care.

People's capacity to make their own decisions had been considered, where appropriate. Where people lacked capacity to make certain decisions this was recorded within their support plan, and a full assessment of capacity was recorded. We found best interest decisions had been made and these had been recorded in people's support plans.

The registered manager applied for DoLS authorisations when appropriate. Any conditions placed on a person's DoLS authorisation were recorded in the person's support plan so staff were aware of them.

## Is the service caring?

### Our findings

People were supported and treated with dignity and respect; and involved as partners in their care. Staff were kind and compassionate. They had formed strong relationships with people and clearly knew them well. They used their knowledge of people's personal preferences to care for them in the way they liked.

People were supported to have choice and control in their day to day lives. We observed staff asking them what they wanted to do during the day and where they would prefer to spend their time. One person told us, "You can do what you want to here."

People and their relatives were involved in reviews of their care. People were asked about their likes, dislikes and preferences so they could be recorded in their support plan.

People's care records showed they were encouraged to maintain their independence by making it clear what they could do for themselves and what they needed staff to support with.

People told us staff treated them very well. Comments included, "Staff are kind and helpful," "They look after you, if you need help and they help you to stay independent too. They will help you have a bath but let you dress yourself."

Where people experienced periods of distress or anxiety staff knew how to respond effectively. This was because they knew people's preferences and what approach worked to enable the person to relax.

We asked people living at Eboracum House and visitors if everyone was treated equally. They told us, "Everyone is treated equally and without discrimination here." Through talking to staff and reviewing people's care records, we were satisfied care and support was delivered in a non-discriminatory way and the rights of people with a protected characteristic were respected. Protected characteristics are a set of nine characteristics that are protected by law to prevent discrimination. For example, discrimination based on age, disability, race, religion or belief or sexuality.

Staff were respectful of people's privacy. They knocked on doors and called out before they entered bedrooms or toilet areas. When staff discussed personal matters with people we observed staff got down to their level and spoke discreetly, to maintain confidentiality and privacy.

People were treated respectfully and with dignity. The staff we spoke with were committed to providing the best possible care to people living at Eboracum House. One staff member told us, "It's a nice place to work. Not too big, which gives staff a chance to get to know people."

We observed that people were clean and appropriately dressed and well groomed.

## Is the service responsive?

### Our findings

People's needs were met through good organisation and delivery. People spoken with told us they [care staff] were responsive to their needs. One person told us, "If there's anything you want you just ask and they will try and get whatever you want."

People's support plans were very person-centred and accurately described the support they needed from staff. They were reviewed monthly or sooner, if a person's needs changed. This helped to ensure they were up to date so people would receive the correct level of support from staff.

The care plans checked contained information on relevant health conditions and details of the actions required of staff to support any specific medical conditions, so that staff were aware of important information. This showed this aspect of people's individual and diverse needs were known and met.

Support plans clearly documented people's likes, dislikes and social histories and included a book called 'My life story.' They were personalised to each individual living at Eboracum House. They contained specific details about what made a person tick, such as what type of scented toiletries a person liked to use. This helped staff provide a more personal service to each person living in the home.

The registered manager and all other staff spoken with clearly knew the people they supported very well and could describe in detail their support needs, likes and dislikes. All staff we spoke with were well informed about the people they provided care and support to. They were aware of their likes and dislikes, preferences and interests, as well as their health needs, which enabled them to provide a personalised service.

People's communication needs were identified and recorded so staff knew whether people needed to be provided with information in a particular way. This helped to ensure people were given the information they needed to remain actively involved in making decisions about their care.

Eboracum House provided a range of activities for people living in the home. We observed a student assisting two service users to complete a word search in the main lounge. One person proudly showed us a large adult colouring in they had completed. We observed items of art work on display on the walls near the conservatory dining room.

We looked at the registered provider's complaints policy and procedure. It included information about how and who people could complain to. The policy explained how complaints would be investigated and how feedback would be provided to the person. There was also advice about other organisations people could approach if they chose to take their complaint externally. For example, CQC and the local authority.

At the time of this inspection the service had received four formal complaints in the last 12 months. The registered manager kept a log of the concerns raised and a summary of actions taken in response to the complaint.

People we spoke with told us they had no reason to complain however they all knew how to make a complaint should they need to.

The provider had systems in place to support people at the end of their life to have a comfortable, dignified and pain-free death. Staff had received training in this area and spoke about the importance of keeping people comfortable.

Throughout this inspection, the registered manager demonstrated a responsive approach and dealt with potential issues swiftly and effectively.

# Is the service well-led?

## Our findings

The service was consistently managed and well-led. Leaders and the culture they created promoted person-centred care.

The registered manager and provider were keen to promote the provision of high-quality, person-centred care. We observed a positive, welcoming and inclusive culture within the home which was driven by the registered manager.

A relative told us the management team were 'approachable and supportive' when their family member moved into Eboracum House. We observed the registered manager and senior staff were accessible to people, relatives and staff throughout this inspection. We saw the registered manager had a very 'hands on role' which gave people regular opportunities to discuss any issues with them or provide feedback about the service. People told us, "The manager here is good, she talks to us, tells us what is going on" and "The manager is alright, very nice, it's very well run here"

Staff we spoke with told us that both the registered manager and operational manager were approachable and that they would be able to raise any topic with them and that they would be listened to. Staff told us the home had an open and transparent culture. All staff were comfortable raising any concerns or ideas with the management. The registered manager and staff were clear about their roles, and understanding quality performance, risks and regulatory requirements. All staff felt well supported by the registered manager and they provided positive feedback about how the service was run.

We found a quality assurance policy was in place and saw audits were undertaken as part of the quality assurance process, covering all aspects of the running of the service. Records seen showed the registered manager undertook regular audits to make sure full procedures were followed. For example, they audited a sample of care plans every month and completed a detailed audit of the medication administration system. Where audits identified something could be improved, the registered manager created an action plan to help ensure the improvements were implemented.

We could see staff enjoyed their jobs. They were keen to achieve good outcomes for people. One staff member told us "I love working here, my mother has said that she would like to come here when her time comes".

People, their relatives and visiting professionals were asked to complete surveys to obtain their views of the service. The results were analysed by the provider and used to continuously improve the service. Action plans were created where necessary.

Staff welcomed community organisations and visiting health professionals into the home which enabled the service to work in partnership with them. One visiting health care professional said, "I can't tell you how different this service is now to what it used to be like, the difference is incredible. Staff are kind and patient and want to help."

The registered manager had submitted timely notifications for other notifiable incidents in accordance with the regulations.