

EWH Investments Ltd

# Eleighwater 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

### About the service

Eleighwater House is a residential care home registered to provide personal care to 8 people aged 65 and over. Accommodation is arranged over two floors. A stair lift gives access to four bedrooms on the first floor and there are four bedrooms on the ground floor.

The home is set in extensive grounds in a rural location.

### People's experience of using this service and what we found

People felt safe and well cared for at the home. They told us they felt comfortable and relaxed with the staff who supported them, and our observations reinforced this view.

Risk assessments were carried out to make sure people received their care safely in a safe environment.

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 told us they could make choices about their day to day lives. Staff knew how to support people who lacked the mental capacity to make decisions for themselves.

People were cared for by staff who were kind and caring. Staff treated people as individuals and respected their values, beliefs and lifestyle choices. People were involved in planning their care and support.

People were supported to maintain contact with friends and family and visitors were always made welcome at the home. People told us friends and family were provided with meals and refreshments when they visited.

The home was well managed by the registered manager who was also the provider. The registered manager worked alongside other staff which enabled them to constantly monitor standards and listen to people's views. People said they would be comfortable to raise any issues or worries with the registered manager.

The registered manager listened to feedback and was committed to making changes and improvements to ensure people received a high standard of care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 6 December 2019 and this is the first inspection since it was registered to the current legal entity.

The last rating for this service was Good (published March 2018). Since this rating was awarded the provider has altered its legal entity. The home has also increased the number of people they are able to accommodate from five to eight. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the date of registration.

#### Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Eleighwater House

## 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.

#### Service and service type

Eleighwater House 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 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.

The registered manager was also the provider. They lived in part of the home with their family who were also involved in the running of the home.

#### Notice of inspection

This was an unannounced inspection

#### What we did before the inspection

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 looked at the information supplied at the time of registration and all information received from and about the provider since the registration.

We used all of this information to plan our inspection.

During the inspection-

We spoke with four people who used the service and three members of staff. The registered manager was available throughout the inspection.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. We also looked at records relating to health and safety monitoring.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- Risks of abuse to people were minimised because the provider had systems and process to protect people. There was a robust recruitment process which made sure all new staff were thoroughly checked before they began work with people.
- Staff received training on how to recognise and report abuse. Staff spoken with said they would be comfortable to report any concerns and were confident that any issues raised would be fully investigated to make sure people were protected.
- There were sufficient numbers of staff to keep people safe and to meet their needs. Staff said they had time to spend with people and people told us there were always staff available to support them. The provider used agency staff when needed to make sure staffing levels were maintained.
- People looked comfortable and relaxed with the staff who cared for them. One person said, "I've never heard any staff say an unkind word. I feel totally safe here."

Assessing risk, safety monitoring and management

- Individual risks to people were assessed and measures were put in place to make sure people received their care with minimum risk to themselves or others. Where specific risks were identified, such as a high risk of pressure damage to skin, suitable equipment was made available to minimise these risks.
- Environmental risk assessments were carried out to ensure the premises were maintained to a safe level. This included risk assessments regarding fire and water quality which had been carried out by outside contractors. We noted that control measures outlined in the risk assessments were not always clear. For example, the fire risk assessment stated staff should receive training and all fire detecting equipment should be regularly tested. However, the frequency of this was not formalised. We discussed this with the registered manager who gave assurances they would address this.
- The registered manager told us each person had a personal evacuation plan. This would ensure people could be assisted safely in the event of an emergency such as a fire.

Learning lessons when things go wrong

- The registered manager had oversight of all accidents and incidents which occurred at the home. They used their analysis of accidents to make sure people received appropriate care and had the support they needed. For example, one person had a fall. With the person's consent, a pressure mat was provided to alert staff when they were moving around their room. This meant staff were aware the person was up and about

and allowed them to promptly support them and minimise the risk of further falls.

- The registered manager always looked for ways to make improvements to the care and support people received. Following the extension of the home and new people moving in, they had made changes to their pre-admission assessment to ensure information was more comprehensive. This would ensure staff had good information about people's needs and behaviours when they first came to the home.

#### Using medicines safely

- People received their medicines safely from competent staff. All staff who administered medicines undertook training and a competency check before they took responsibility for people's medicines administration.
- People received their medicines as prescribed. One person told us, "I take a lot of tablets. Staff make sure I have them all." Another person said, "They are very efficient with the tablets."
- Some people were prescribed medicines, such as pain relief, on an as required basis. There were no protocols in place to tell staff when these medicines should be administered. However, due to the size of the home, staff knew people well and people were able to ask for these medicines when they needed them. We discussed this with the registered manager who told us they would put individual protocols in place.

#### Preventing and controlling infection

- Risks of infection were minimised because staff had received training and knew how to minimise the spread of infection. Staff had access to personal protective equipment such as disposable gloves and aprons, which helped minimise risks to people.



# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Eleighwater House provided comfortable and homely accommodation for people. Adaptations had been put in place to support people to maintain their independence. These included assisted bathing and showering facilities and a stair lift.
- Three new ground floor en-suite bedrooms had recently been built. The rooms were spacious and had level access showers to meet the needs of people who may have mobility difficulties.
- People were able to personalise their rooms with ornaments, pictures and small items of furniture. This gave bedrooms an individual homely feel.

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

- People had their needs assessed before they moved to the home. This helped to make sure their needs and expectations could be met.
- Care plans were created from initial assessments to make sure people received care to meet their needs and preferences. Care plans were comprehensive and gave staff all the information they needed to provide personalised care to people.
- People received care in accordance with their care plans. For example, one person's care plan said they liked to listen to classical music. When we met this person, they were listening to classical music in their room. Another care plan stated the cushion the person needed to minimise the risk of pressure damage. We saw this cushion was in position for the person.

Staff support: induction, training, skills and experience

- People were supported by staff who were competent and received training to make sure their practice was in accordance with up to date legislation and good practice guidelines. One person told us, "I can't fault them [staff]. I feel very well looked after."
- Staff felt well supported by the registered manager and said they received training to help them to provide a high standard of care to people. One member of staff said, "They are really good at encouraging you with training." Another member of staff said "No issues with training. It's very good and varied."

Supporting people to eat and drink enough to maintain a balanced diet

- People had their nutritional needs assessed and met. The staff sought, and followed, advice from appropriate professionals where concerns were identified with a person's nutrition or weight. This included providing meals at a specific texture and fortifying food to increase calorie intake.
- People received the support they required to eat their meals. One person's care plan stated they needed adapted cutlery to eat and we saw this was provided. Another person required physical assistance to eat their meal and at lunch time we saw they received full support in a dignified way.
- People were very happy with the food provided. One person told us, "Good food is important to me and the food here is good." Another person said, "I always like the food."

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

Staff working with other agencies to provide consistent, effective, timely care

- Staff monitored people's health and well-being. They worked with other professionals to make sure people received the care and treatment they required to manage long term conditions and periods of acute illness. District nurses visited the home regularly to provide treatment and ensure people had the equipment they required.
- People told us staff recognised when they were unwell and made sure they were seen by a medical professional. One person said, "They always get the nurse or doctor to you. They would never see you suffer."
- People had care plans outlining the support they required with oral health and this support was provided. On the day of the inspection one person was being seen by a visiting dentist.

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.

- The majority of people who lived at the home had the mental capacity to make decisions and give consent to their care and support. People had signed to say what areas of their care they were happy to consent to and this was respected.
- People's legal rights were protected because staff had received training and understood the Mental Capacity Act. Staff told us about one person who lacked capacity to make some decisions. They said, "Day to day we make best interests decisions. If it was something more serious we involve family." The person's care plan showed their family had been involved in a best interests decision regarding medication.

- The registered manager understood the process of applying for people to be deprived of their liberty but no one at the home at the time of the inspection required this level of care.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were well treated by staff who respected them as individuals. One person told us, "The best thing about here is they treat you like an intelligent human being. Never patronising."
- Care plans contained information about people's lives and the people that were important to them. This helped to make sure staff had the information they required to provide care and support which respected people's values, beliefs and lifestyle choices. One person said, "They totally accept me for who I am. A good place to live."
- Interactions between people and staff were warm and friendly. People and staff described the home as being like 'a big family.' One member of staff said they loved working at the home because, "It's so homely and so much like family." A person told us, "I do feel very at home here. It's small and intimate which I like."

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

- The registered manager worked in the home and provided personal care to people. This enabled them to seek people's views and ensure care was provided in accordance with their wishes.
- People were involved in their care plans to make sure they were reflective of their needs and preferences. One person told us, "They do a care plan and ask you about everything."

Respecting and promoting people's privacy, dignity and independence

- People were able to live their lives as they chose. One person told us they liked the privacy of their room and staff respected their wish not to join in with other people. At the time of the inspection, another person had gone away with a friend.
- People received support in a dignified way. All personal care was provided in private and people told us staff were kind and gentle when they helped them. One person said, "They are very nice when you need help. Very respectful."
- People were encouraged to be independent and staff made sure people had the equipment they required to support their independence. For example, the staff had ensured two people had suitable walking aids to help them to mobilise independently and safely.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received individualised care and support because staff knew them well and how they liked to be supported. Care plans gave information about people's likes, social histories and lifestyle choices. This helped to make sure staff had the information they needed to provide person centred care.
- People told us they were able to make choices about their day to day lives. One person said, "You can definitely do what you like. I never feel driven." Another person said, "I pretty much please myself but it's lovely to know help is on hand when I need it."
- Staff adapted care and support to meet people's changing needs. For example, one person had become more physically dependent on staff for their needs. Staff had ensured they provided additional support to the person to continue to meet their needs.

End of life care and support

- The registered manager told us they aimed to care for people until the end of their lives if they were able to do so. This helped to make sure people remained in familiar surroundings cared for by staff they knew.
- People could be confident that at the end of their lives they would receive care in accordance with their wishes. People were consulted about what they would like to happen at the end of their life and where they would like to be cared for. Information we saw was very comprehensive and personal.

Meeting people's communication needs

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.

- People had their communication needs assessed and met. Care plans gave information about needs and the home used different methods to communicate. For example, one person communicated with the assistance of a tablet computer. They told us, "They [staff] all deal really well with my needs."
- Staff understood the importance of good communication. One members of staff said, "Sometimes it is about approach and tone of voice that helps people to understand." Another member of staff commented they used pictures or showed people things to help them to make their wishes known.

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

- People's family and friends were welcomed into the home which helped them to maintain their relationships. One person said, "They look after visitors really well. Always meals and drinks available." Another person commented, "My family are always made to feel welcome. They tell me how much they enjoy coming here."
- Staff provided social stimulation and activities for people who wanted it. There were visiting musicians and other entertainers which people said they enjoyed. One person told us how much they enjoyed singing. They said, "A lovely lady comes to sing. I do so enjoy that." Another person told us they enjoyed arts and crafts and on the afternoon of the inspection we saw people making Christmas cards with staff.
- Some people told us they preferred to follow their own hobbies. One person said they enjoyed crossword puzzles and said, "The girls [staff] will come and do the crossword with me. Some are quite good, others not so, but I appreciate the effort they make."

Improving care quality in response to complaints or concerns

- People were confident that any concerns or complaints would be listened to. One person said, "I could talk to [registered manager's name.] She sorts out most things." Another person told us, "I can't imagine needing to complain. They are always asking if you are happy with everything. If you had any worries they would soon sort it."
- Where people had made complaints, the registered manager had listened to their concerns and looked for ways to resolve issues where possible.

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 registered manager promoted a positive culture within the home. Staff felt supported and were happy in their jobs. This helped to create a happy atmosphere for people to live in. One person said to us, "In the circumstances you couldn't find anything better."
- People felt valued and included in decisions about their care. People said they had opportunities to talk with the registered manager on a daily basis. One person told us, "I feel at home, comfortable and welcome."
- Staff respected people's individuality and their right to choose how they lived their lives. People told us they continued to make choices about all aspects of their day to day lives. People told us they felt contented and well cared for.
- People and staff said the registered manager was open and approachable. We saw people were comfortable and relaxed with the registered manager. Staff said they could always ask for advice and support.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager worked alongside other staff to constantly monitor standards and listen to people's views. This helped them to identify any shortfalls in the service and make adjustments to improve the care people received. One member of staff said, "It's good management that makes the home what it is. They know everyone. You can ask for help anytime."
- The registered manager was committed to ensuring the service continually improved and changed to meet people's needs. At the time of the inspection they were in the process of changing the care plan format to make it more user friendly for people and staff. The registered manager had made contact with the company who provided the system and they had worked together to ensure the care plans were right for the home. One member of staff told us, "The new care plans are really good. You can see everything at a glance."
- The registered manager responded to changes and took action to meet needs. For example, as the home had expanded a deputy manager had been employed. This had strengthened the management team and ensured good oversight of care practice was in place at all times.

- Risks to people were minimised because the registered manager ensured safety checks were carried out by outside contractors. Equipment was regularly serviced and inspected to promote people's safety.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were consulted on a daily basis and were therefore able to share their views and make suggestions. Satisfaction surveys were also carried out to enable people to comment on the service they received. The results of the most recent survey showed a very high level of satisfaction with the care provided.
- Due to the nature and size of the home there was on-going social stimulation and companionship for people. People felt fully engaged with all members of the staff team. One person said, "I like them, and they seem to like me. I love the company."
- Staff worked in partnership with other professionals to make sure people received care and treatment to meet their needs. The registered manager told us they had good relationships with the local medical centre. This relationship meant staff and people were able to discuss issues and ensure their needs were monitored, and medicines were regularly reviewed.