

Eversley Care Home Limited

Eversley Rest Home

Inspection report

38 Bramshall Road
Uttoxeter
Staffordshire
ST14 7PG

Tel: 01889563681

Date of inspection visit:
13 July 2017

Date of publication:
22 August 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 13 July 2017. This was an unannounced inspection. Our last comprehensive unannounced inspection took place on 29 October 2015 and the provider was meeting all the regulations that we checked relating to the Health and Social Care Act 2008.

Eversley Rest Home provides accommodation and personal care for up to 28 people who may be living with dementia. There were 23 people living at the home on the day of our inspection.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At this inspection, we identified that some improvements were needed; audits were undertaken and areas for improvement identified but timely action was not always taken to address these areas. For example, people's safety was not fully maintained as substances that were classed as hazardous to health were not always kept securely. Records regarding the management of medicines did not always demonstrate that people received their medicine as prescribed. Since the inspection the provider has taken action to address these areas.

We identified that the staffing levels in place did not always ensure people's needs were met in a timely way. Since the inspection the provider has confirmed they have increased the staffing levels.

Although people's care needs were met, improvements were needed to ensure care plans accurately reflected people's current needs. This had been identified by the provider and registered manager and actions were in progress to address this.

People felt safe with the staff and staff understood their role in reporting any concerns. Checks on staff were undertaken to ensure they were safe to support people. People's verbal consent was sought by staff before supporting them and people were supported to make their own decisions when possible. Where people were unable to make decisions independently they were supported in their best interests and in accordance with the Mental Capacity Act. People received food and drink that met their nutritional needs and preferences, and were referred to healthcare professionals when needed to maintain their health and wellbeing.

People's needs and preferences were understood by the staff that supported them and staff were caring towards them. People were supported to maintain their dignity and privacy and relationships that were important to them. People knew who the provider was and how to complain. When complaints were made these were responded to in line with the provider's policy. The provider and registered manager sought

people's opinions to enable improvements to be made in accordance with their wishes.

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 consistently safe.

Risks to people's safety had not always been managed in a proactive way to protect them from the risk of harm. The numbers of staff available to support people did not always ensure their needs could be met in a timely way. Medicine's records did not clearly demonstrate that people received their medicines as prescribed. Staff understood their responsibilities to report safeguarding concerns. The recruitment practices in place checked staff's suitability before they started work. Equipment used was serviced and maintained to minimise the risk of injury to people.

Is the service effective?

Good 

The service was effective.

People were supported by staff who received training to meet their needs. Assessments were in place to demonstrate that decisions were made in people's best interest when they were unable to make decisions for themselves. People's nutritional needs were met and they were supported to access healthcare services when they needed them.

Is the service caring?

Good 

The service was caring.

People received support from staff that knew them well and were friendly and caring towards them. People's privacy was respected and their dignity promoted by staff. People were supported to maintain their independence and relationships that were important to them.

Is the service responsive?

Good 

The service was responsive.

People and their representatives were involved in discussions about how they were supported to ensure their individual needs were met. The provider's complaints policy and procedure was accessible to people and their representatives and any complaints made were addressed.

Is the service well-led?

Requires Improvement 

The service was not consistently well led.

Care records did not reflect people's current support needs; however this had been identified by the provider and the manager who were taking action to address this. Audits identified where improvements were needed but they had not always been undertaken in a timely way. People were encouraged to share their opinions about the quality of the service to enable the provider to make improvements. People that used the service, their representatives and staff told us that the registered manager was approachable and available to them.

Eversley Rest Home

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.

This comprehensive inspection took place on 13 July 2017 and was unannounced. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public, the local authority and other relevant professionals.

We did not send the provider a Provider Information Return (PIR) prior to this inspection. 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. However, we gave the management team the opportunity to provide us with information they wished to be considered during our inspection.

We spoke with ten people who used the service and three people's visitors, two care staff, the cook, the activities coordinator and the registered manager. We spent time observing care in the communal areas of the home to see how staff interacted and supported people who used the service.

We looked at the care plans for two people to see if they accurately reflected the care they received. We also looked at records relating to the management of the service, including quality checks and staff files.

Is the service safe?

Our findings

Although we saw that people's assessed risks were managed well; one practice we observed meant we could not be confident that proactive measures were always put in place to keep people safe. This was because some substances that were hazardous to health were accessible to people, such as toiletries in bathrooms and a cleaning product on a high shelf. This meant that vulnerable people such as people living with dementia were at unnecessary risk of harm. Since the inspection the registered manager has confirmed that all substances that are hazardous to health are now correctly stored.

The provider used a tool to calculate the staffing levels in place. This tool determined that the numbers of staff available exceeded those required to meet people's needs. Even though this tool determined that there were enough staff available, we found that the staffing levels in place throughout the day did not always ensure people's needs were met in a timely way. This was identified through observations and discussions with people, their visitors and the staff team. People confirmed that staff were diligent in ensuring their needs were met but several people told us that due to the numbers of staff, this could not always be achieved as and when people wanted the support. For example one person said, "They need more staff as they don't have an awful lot of time. If you buzz, they are pretty good at replying but not so good at doing. They come to see what is wrong and say I will be back but you often have to wait some time for them to come back and see to you." A relative told us, "They could do with more staff. I know people have to wait at times. I often come in to get [Name] up and dressed as I like to do this and it helps staff as well." We saw one person needed the support of two staff, every two hours, to reposition themselves in bed and support them with personal care as needed. This left one member of the care staff team available to support 22 people living at the home. We saw that for two hours in the afternoon only two members of care staff were on duty. The registered manager told us that this was due to this time being identified as a quiet period during the day. However, we did not observe this period to be any quieter than the rest of the afternoon as staff were busy throughout the day. Staff told us that the people's complete needs were not always met. One said, "We are rushing all the time and people deserve better than that. We don't have time to stop and chat with them." Another member of staff said, "When someone needs the bathroom they shouldn't have to wait until one of us is available, it's uncomfortable for them." Although we did not observe this happening during the inspection, we did hear call bells ringing throughout the day and staff were not always available to respond to these promptly. Since the inspection the registered manager has confirmed that the staffing levels have increased by one member of staff throughout the day. This had been planned prior to our visit as a new person was being admitted to the home on the day following this inspection. A further staff recruitment drive has also taken place to ensure sufficient staff are available to cover staff leave and to support people to access the local community.

We observed staff administering people's medicines. People were given a drink and time to take their medicines. The staff member stayed with them to ensure medicine had been taken before recording this. We saw that medicines were stored appropriately; however, the records in place did not clearly demonstrate that people received their medicines as prescribed. Some gaps were seen on two people's medicine administration records where medicine from pre dispensed blister packs had been given. Some medicines

were supplied in the original packaging from the pharmacist. No records were held regarding the balance of these medicines in stock. This meant we could not be assured that people received their medicine as prescribed as no audit trail was in place to demonstrate this. Since the inspection, the registered manager has confirmed they are in process of changing their pharmacy provider. The new pharmacy provider's medicine administration records included a space for staff to record medicine stock balances. The registered manager confirmed that until this was in place they would be undertaking a weekly stock check on all medicines to ensure accurate records were maintained.

The staff we spoke with knew about people's individual risks and explained the actions they took and the equipment they used to support people safely. We saw that when staff assisted people to move using equipment, this was done with consideration towards the person and in a safe way. One person confirmed this when they told us, "I have to be hoisted but they talk to me through it and explain every time." Staff confirmed they had all the equipment they needed to assist people, and that the equipment was well maintained. The maintenance records demonstrated that all of the equipment used was serviced and maintained as required, to ensure it was in good working order and safe for people to use.

People told us they felt safe with the staff that supported them. One person said, "When I came here I was full of fear and trembling about what it would be like. No need for that at all. They put me at ease straight away, they take care of me and I feel safe with all the staff." Another person told us, "I feel safe here and although I like my own company it's good to know that you aren't alone and you don't have to be by yourself if you don't want to be." The staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. One member of staff told us, "If I had any concerns I would report them to the manager or provider. I know we can go to the local authority if we need to." Staff told us they were aware of the whistleblowing policy and knew they could contact external agencies such as the local authority or the care quality commission. Whistle blowing is the process for staff to raise concerns about poor practice.

Plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person's individual needs.

The provider had checked staff's suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed. We looked at the recruitment checks in place for two staff. We saw that they had Disclosure and Barring Service (DBS) check in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place, which demonstrated the provider had checked staff were suitable to work with people.

Is the service effective?

Our findings

We received positive comments about the staff team. One person said, "The staff seem pretty good to me. They are knowledgeable and know what they are doing to look after me properly." A relative said, "Staff have the skills and knowledge in my view. New ones 'shadow' and I always make sure that they are made aware of my relative's needs."

Staff told us that there was an effective induction process in place to help them understand their role. We saw that new staff completed the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. Staff confirmed they received the training they needed to care for people effectively and confirmed they received regular supervision to support them in their professional development. One member of staff said, "The training is good, it covers everything we need to support people." Another member of staff recently employed told us, "Everyone's been amazing, really supportive."

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. We saw that where people lacked capacity, assessments were in place that clearly identified their capacity to make decisions and the support that they needed to ensure decisions were made in their best interests. We observed the staff gaining people's verbal consent before assisting them. One person told us, "The staff always knock even if the door is open. With personal care I only need help with a bath but they not only ask if I would like a bath, they do nothing without explaining and asking if it is ok. That's things like before they clean, put away the laundry, give me a drink or whatever it is they want to do." This demonstrated staff respected people's rights to make their own decisions when possible and provided them with support when needed.

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. The application procedures for this in care homes and hospitals are 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 were being met. At the time of this inspection the registered manager confirmed that no one had DoLS authorisations in place; however applications had been made to the Supervisory Body that were awaiting an outcome. We saw that where applications had been made people were supported in their best interests whilst awaiting the outcome of these applications. This demonstrated that where people were being restricted in their best interests, this was done in accordance with the MCA.

The majority of people told us they enjoyed the food provided. One person said "The food here is just "like mother used to make" so what could be better." Another person said, "The food is good. It's a weekly menu but that is not a problem as that is what most people would do at home and a choice. Plenty of it as well but

not too much. So no complaints at all." One person said they didn't always like the meals on the menu. We fed this back to the cook who confirmed individual dishes were provided for this person to ensure they received the food they enjoyed. The cook told us they spoke with people every day to check with them that they had enjoyed their meal and we saw this happening. We saw that people were given a choice of hot drinks and a snack of fruit during the morning and again in the afternoon. There were two kitchenette areas, which staff and visitors used throughout the day to make additional drinks. We observed staff offering drinks to people throughout the day. People were also seen to have cold drinks by their chairs. One person's visitor told us, "I am here regularly at different times and staff do make sure people get plenty of drinks. Visitors can make a drink for themselves and the person they are visiting at any time in the bar." This demonstrated that people were provided with sufficient drinks to maintain their hydration needs. We saw that people were supported to maintain their nutritional health as nutritional risk assessments had been carried out and people's weight was monitored regularly. We saw that any decline in weight was referred to the person's GP as needed.

People's health was monitored and referrals were made to the appropriate health care professionals when needed. People we spoke with confirmed this, one person said, "If I was unwell they would get the GP in but would always ask me first. I am very independent despite all my health problems." Another person told us, "I can only get up for meals now, as the district nurse says I have to stay in bed but the staff come and check on me and make sure they keep moving me."

Records demonstrated that people had access to health care services and received ongoing healthcare support. One person told us, "I see the chiropodist and I think they will arrange for the optician if needed." Another person said, "You get help if it's needed. They have arranged for me to have my ears syringed at the surgery." Visitors said their relative's health care needs were met and health care professionals were contacted as required. One visitor told us, "If [Name] is unwell they get help straight away. For example they were on aspirin and had a bleed in bed and the paramedics were called straight away and [Name] was taken to hospital." Visitors told us they were kept informed of any changes in their relative's health.

Information was also in place regarding the support a person would need in the case of an emergency hospital admission. This included information regarding any allergies the person had, their prescribed medicines and their medical history. The registered manager confirmed a separate pack was available for paramedics to take with them to ensure they had all the required information they needed.

Is the service caring?

Our findings

We saw staff treated people in a kind and caring way. One person told us "The staff are very caring and have always got a smile for you." Another person said, "I am very happy here even though I can't do much at the moment as I am in bed. The staff are kind, friendly and look after me well."

We saw that staff were respectful towards people and this was confirmed by the people we spoke with. One person told us, "The staff always speak to you in a proper manner. They ask you rather than tell you. They are very respectful and they treat everyone fairly. I have heard how they talk to other residents who can be difficult. They try to reason with them and are very patient." Another person said, "We enjoy a bit of a joke and banter with the staff as well, but it's never nasty and I have never come across any staff talking about each other or about the people living here. They are all respectful to everyone."

People were supported to be as independent as they could be. One person told us, "I can do most things myself apart from a bath. I can be a bit unsteady so they supervise in the morning having a wash and dressing and check my skin to make sure it is alright."

People were supported to maintain their dignity. One person said, "They are very good when they are supervising my bath. We have a natter so I don't feel embarrassed at all and they make sure everything is on hand so that I can cover myself as soon as I am finished. They just supervise me to make sure I am safe." We saw that when staff supported people to use the bathroom this was done in a discreet way.

People confirmed they were asked for their preference in staff gender for providing personal care and confirmed this was respected. One person told us, "I was asked. I told them I don't want a male carer to help me with bathing and I manage the rest myself." Another person said, "I can't remember if I was asked but when I buzz and a male carer comes they always give me a choice and ask if I prefer a female carer."

We saw that people's privacy was respected. Staff respected when people chose to stay in their room. We observed staff knocking on bedroom doors and asking permission to enter before going in. This demonstrated that staff were considerate and respected people's privacy.

People were supported to keep in contact and maintain relationships with their family and people that were important to them. One person's visitor told us, "I can come and go as I like any time." People were supported to celebrate special occasions. Another person's visitor told us, "They will spoil people and do something special for their birthdays, not just a cake or a tea party but something personal. On [Name's] last birthday they did smoked salmon and scrambled eggs which is a favourite of theirs."

Is the service responsive?

Our findings

People confirmed their individual preferences were met. One person was given their own china cup, hot water in a pot, a small jug of milk and a tea bag to make their tea as they liked it; rather than just being taken a cup of tea. They told us, "I do like my china cup and they make sure I get it." Another person told us, "They look after me how I like it and I am very happy here."

People told us that staff were responsive to their needs. One person said, "I am not 100% at the moment so I have stayed in bed for the past couple of days. I'm not sure what is wrong but I just don't feel like getting up. I told the carer when they came to ask if I was ready to get up. They have said it was ok and that they would come back later. They are looking after me and keeping an eye on how I am. I usually go down to the lounge and enjoy the activities, so hopefully I will be back to that soon." Another person told us, "I need help to get into bed as I have a leg raiser but often I am uncomfortable and decide to sleep in my recliner half the night. Staff never complain if I get them to come and help me get into my chair, even though they have put me to bed once."

An activities coordinator was employed to provide and support people to participate in recreational activities. One person told us, "We do all kinds of things like quizzes, playing scrabble and ball games. We have singers come in and have keep-fit classes. A hairdresser comes in and we have manicures." Another person told us, "We have a lot of entertainers coming in which I like and we go out to the park, garden centres and places like Amerton farm. I go out in the garden myself, as I enjoy it." The garden area was being developed alongside the new extension of the home, which provided a pleasant accessible area with tables and chairs for people and their visitors to use. A children's play area was also available for young visitors to enjoy. Refurbishment had been undertaken within the home. Bedroom doors had been painted in different colours with themed corridors to support people living with dementia to distinguish differences. Each corridor had been given a street name so that each person had their own individual addresses within the home which promoted independence. Shop fronts in one corridor also gave the allusion of an indoor shopping arcade.

Some people told us that they preferred not to participate in the activities organised and confirmed that their wishes were respected and they were able to spend their time as they chose. One person said, "I like my own company and will watch TV, do jigsaws, play cards, do puzzles, listen to music. I sometimes walk to my daughters. If there is an event then I may join in but I am quite content."

People were supported to follow their faith and received visits from their preferred ministers. For example some people received communion provided by a local Anglican church. On the day of the inspection a person received communion from their Roman Catholic ministry. This demonstrated that people's preferences, wishes and beliefs were supported and respected.

People and their representatives confirmed they were consulted and involved in their care. One person told us, "They talk to you about your care but the only help I need is to supervise my bath and give me my

tablets." A relative said, "The care plan was reviewed with regard to me helping with personal care and is updated if there are any changes. They discuss any new changes with us both."

The provider had a complaints policy in place for people to use and people told us they would be comfortable raising concerns and confirmed these were addressed. One person said, "I have had concerns rather than complaints and spoken to the owner or manager and it has been sorted without any problems." A relative told us, "I do know who to complain to and if I was not happy about something or concerned then I would raise the matter but I am happy as long as [Name] is happy and that is certainly the case."

Is the service well-led?

Our findings

Although discussions with people confirmed their needs were met; the information in the care plans seen was limited. For example, one person's records stated that they could get a build-up of wax in their ears and that ear drops were prescribed and were to be administered when necessary. However, there was no guidance to inform staff of the signs this person may demonstrate, that would indicate when ear drops may be needed. We found that although reviews of care were undertaken, where people's needs had changed care plans had not been updated to reflect people's current needs. For example, one person's care plan stated that they used hearing aids and were able to change the batteries independently. The registered manager confirmed that this person was no longer able to do this. The provider had identified that improvements were needed to people's care records to ensure they contained sufficient detail and were up to date. The manager, who had recently registered with us, was taking action to address this and confirmed they were providing staff with guidance and training on record keeping, to ensure people's current needs were reflected in their care plans. One senior member of staff told us, "The manager is very good; she's sorting out the paperwork and working with us to get things right."

Audits were undertaken by the registered manager and by an independent consultant to monitor the systems in place and ensure they were effective. We saw that although areas for improvement were identified, actions were not always taken in a timely way. For example, it had been identified in March, April and May that substances that were hazardous to health were not always stored safely. At this inspection we identified this had not been addressed. A medicines audit had been undertaken by independent consultant in June 2017, which identified improvements, were needed. The registered manager confirmed they had identified this and were taking action with the homes pharmacy provider, to address the areas that required improvement.

To manage people's safety we saw a new fire panel was in place within the new build part of the home and all staff had undertaken fire marshal training. Plans were in place for fire evacuation practice to be undertaken in the near future. Falls diaries were maintained for people to ensure falls were monitored and we saw referrals were made to the falls team as needed.

Within the new build a hairdressing salon was provided. The registered manager confirmed this was also used as a beauty room and an external beauty therapist provided treatments. A new kitchen was incorporated within the new build along with a quiet lounge and activity area. The registered manager confirmed the new kitchen was going to be used as a therapeutic kitchen for people living with dementia to support their sensory stimulation and was also available to everyone that used the service and their visitors.

Other refurbishments included a new dining area and two new wet rooms in addition to the existing bathroom offering people more choice. The registered manager confirmed the kitchen had been renovated and a 5 star food hygiene rating awarded.

The views of the people living at the home were sought on a regular basis through relatives and residents

meetings and annual satisfaction surveys. We looked at the results of the surveys returned in January 2017 and saw that the majority of responses were positive with people confirming they were happy and the staff team were able to meet their needs.

Staff confirmed they worked well as a team and told us the registered manager was a good leader and supportive. All senior staff had a health and social care diploma at level three. One senior member of staff said, The manager is very good at empowering us to take responsibility. I am learning how to undertake supervisions with care staff. So far I have sat in on supervisions and watched. I have also been out with the manager a couple of times to assess people's need, so I am learning how to do that too."

The provider and registered manager understood the responsibilities of their registration with us. They had reported significant events to us, such as safety incidents, in accordance with the requirements of their registration.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. We found the provider had conspicuously displayed their rating in the home.