

Heathcotes Care Limited

Eversley

Inspection report

10 Eversley Park
Chester
Cheshire
CH2 2AJ

Date of inspection visit:
11 January 2024
24 January 2024

Date of publication:
16 February 2024

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Eversley is registered to provide accommodation with personal care needs to eight people who have a learning disability or autistic spectrum disorder. There were 7 people living at Eversley at the time of this inspection.

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

There were a number of outstanding fire risks and repairs needed for the environment, such as a fire risk assessment identifying risks needing attention to improve fire safety.

The garden areas were in need of maintenance to help improve and enhance living areas for people.

Auditing of the service had not identified appropriate actions to show improvements to managing supervision of staff, improve training uptake of necessary topics and management of each person's one to one hours. Staff had not heard of CQC 's publication, 'Right are, right support, right culture.' The area manager and home manager were responsive and by day two of this inspection had taken some actions to manage training, supervision and responded to fire risks.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessment and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

People received care and support that was tailored to their individual needs and wishes. People and their relatives were actively involved in planning and reviewing their care plans. People and relatives shared very positive comments about the staff and the support they received. Staff knew people well and were responsive to changes in their needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People had the necessary capacity assessments and legal processes in place to ensure their rights were fully respected

People continued to receive care and support that protected them from the risk of harm and abuse. Staff knew how to recognise and report the signs of abuse and poor practice.

Staff monitored people's health and supported them to access and follow healthcare advice. People received their medicines as prescribed and accurate records were maintained.

Rating at last inspection

The last rating for this service was rate good published (27/9/2017). The service has been rated requires improvement at this inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service. We undertook a focused inspection to review the key questions of safe and well-led only. For those key question not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Eversley on our website at www.cqc.org.uk

Enforcement

We have identified a breach of the regulations in relation to lack of effective governance of the service and safe care and treatment.

Please see the action we have told the provider to take at the end of this report.

Follow up

Will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below

Eversley

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 1 inspector and 1 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.)

Service and service type

Eversley is a 'care home.' People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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 service did not have a registered manager in place.

Notice of inspection

This inspection was unannounced for day two and short notice was given for day one of this inspection to ensure people would be at the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with what they do well, and improvements they plan to make. This information helps support our inspections. We used

this information to plan our inspection.

During the inspection

We spoke with 4 relatives and 4 people living at the home about their experience of the support provided. We spoke with 6 staff that included the home manager and area manager.

We reviewed a range of records. This included 3 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found during the inspection and the evidence provided after the site visit.



Is the service safe?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management;

- The environment was not always well monitored. We found a fire risk assessment dated February 2023 with a number of fire risks and no evidence they had been actioned.
- By day two of the inspection the home manager had taken responsive action to ensure the fire development plan had been updated in their emergency file. The area manager did submit evidence of fire maintenance certificates however there was no evidence some of the highlighted fire risks had been actioned.
- There was a lack of risk assessments in place to minimise risks for concerns in the fire risk assessment, for example, the external fire escape was not well maintained to help reduce risks. There was no risk assessment in place for the use of and access to this fire exit. Only the manager was trained as a fire warden. We made a referral to the local Fire Service regarding these issues.

At this inspection we found that due to lack of evidence to minimise and address fire risks, the provider was in breach of regulation 12. The provider had failed to operate effective systems to ensure the service was safely managed to reduce risks to people at the service. This is a breach of Regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personal Emergency Evacuation Plans (PEEPs) were in place and described how staff should support people to evacuate the building in the event of an emergency. Risk assessments covering people's needs were detailed and regularly reviewed and included support plans to help support people with behaviours that challenged. Staff took action to mitigate any identified risks.
- A sample of health and safety maintenance checks and certificates were reviewed and showed appropriate maintenance of systems such as gas, electrical installation and fire alarms.
- People, relatives and staff we spoke with expressed that safe care and support was provided. Relatives told us, "I definitely feel that my [relative] is receiving safe care. They go above and beyond where he is; it's great. I couldn't ask for better" and "I feel certain that my [relative] receives safe care. They keep me up to date with what I need to know about."

Staffing and recruitment

- The home manager ensured there were enough staff, with the right training and skills, to meet people's needs. However, there was a lack of oversight to monitor and audit compliance with training and staff supervision. Some staff had told us they didn't have much supervision in the last 12 months. Supervisions had not been carried out in line with the providers policy.
- A supervision matrix had been developed for 2024 but did not have dates to show how often people would

expect a supervision session.

- There was a lack of understanding about the number of one to one hours people were receiving. This meant we could not be sure if people were receiving the right care. Immediate action was taken to address this.
- People and relatives told us they were happy with the staff and shared comments such as, " I can't praise Eversley staff enough, they worked exceptionally to support [my relative] to get to the hospital for his treatment" and " Yeah I do I like the staff."
- The provider had effective recruitment processes. Recent records showed staff being recruited safely, with appropriate checks completed.
- The provider carried out Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong; Preventing and controlling infection; Visiting in Care Homes

- The provider had appropriate systems in place to safeguard people from abuse. Actions were taken by the provider to keep people safe and to share any lessons learned to help prevent recurrences.
- Staff had been trained in their responsibilities for safeguarding adults and knew what action to take if they witnessed or suspected abuse. The training matrix showed low uptake in safeguard training and in other topics. The home manager advised they had asked their learning and development team to review the figures as it included a lot of former employees who had left and wasn't accurate.
- The provider had systems in place to support staff reporting and recording any accidents and incidents. The home manager ensured lessons were learned and had improved practices at the service to reduce incidents of altercations and behaviour that challenges for some people.
- People were protected from the risk of infection as staff were following safe infection prevention and control practices.
- People were able to receive visitors without restrictions in line with best practice guidance.

Using medicines safely

- The provider had safe processes in place to support people with prescribed medicines. The home manager ensured staff received up dated medicines training and audits were in place to assess their competency to administer medicines safely.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. The rating for this key question has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The governance systems in place to monitor the quality and safety of the service was not always effective.
- We identified areas during the inspection which had not been addressed during the provider's quality monitoring. This included their fire safety, supervision and training of staff, overseeing peoples funded one to one hours and ongoing maintenance.
- The home manager provided some feedback regarding actions already taken during the inspection and showed positive steps in improving the ongoing monitoring and auditing of the service. However, the provider had no confirmed plans to show to people and relatives when work would be completed to improve their service.
- Staff were not aware of CQC 's publication, 'Right care, right support, right culture.' Following feedback the home manager had started to take action to address this with staff.
- The service did not have a registered manager. The manager advised they had submitted an application to apply to CQC to be the registered manager.

At this inspection we found that due to the concerns highlighted in this report, the provider was in breach of regulation 17. The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service to ensure good governance. This is a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management team had worked hard to improve the service and reflected and implemented some changes by day two of this inspection.
- Staff were clear about their roles and their level of responsibility in keeping people comfortable and safe.

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

- There was a positive and open culture at the service.
- We observed caring and supportive interactions between people living at the service and staff.
- People spoke positively about the service. Comments included, "Love it here, love the people here " and " Like the staff and the other residents."
- We shared some feedback and suggestions from staff for example, they suggested that seniors managing

finances could transfer the overall management to an electronic system to better help them to reduce time managing cash each day. One staff felt one person would really like and would benefit from support with their own cash card. Staff responded positively to this feedback and arranged further staff meetings to discuss and update people.

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

- People and relatives were kept up to date in the running of the service. Some people attended the meetings and relatives met with staff directly during their visits. One relative told us they hadn't met the new home manager yet.
- Staff told us they felt supported by the management team. Staff shared comments such as, " The staff team are fantastic, we all help each other out and work well together and utilise one anothers skills. The manager is great she's a do-er so will help out and spend time with the people using the service " and " I met the Positive behaviour support (PBS) lead, I love learning, so it was good to attend the full day for (PBS) training."
- Staff were fully aware and supportive to each person's individual needs and characteristics.
- The provider understood their responsibilities under the duty of candour.
- Staff ensured they had effective working relationships with outside agencies such as local authorities, specialist practitioners and GP practice.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>There was a lack of evidence to minimise and address fire risks, The provider had failed to operate effective systems to ensure the service was safely managed to reduce risks to people at the service.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to operate effective systems to assess, monitor and improve the quality and safety of the service to ensure good governance.</p>