Elizabeth Finn Homes Limited

Eversfield

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 06 April 2018 and was unannounced.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained Good.

Eversfield is a residential home providing care and support to up to 36 older people. Some people at the home were living with dementia. At the time of our inspection, there were 32 people living at the home.

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

Risks to people were routinely assessed with clear plans to keep people safe. Where incidents had occurred, staff responded appropriately and the provider analysed incidents. Staff understood their roles in safeguarding people from abuse. People's medicines were managed and administered safely. The provider had robust systems in place to reduce the risk of infection. There were enough staff to safely meet people's needs. The provider had carried out appropriate checks on staff to ensure that they were suitable for their roles.

People were supported to access the healthcare they needed and staff worked alongside relevant agencies to meet people's health needs. People received a thorough assessment before coming to live at the home and individual needs and choices were documented and met. People told us they enjoyed the food and it met their dietary needs. People were supported by staff that had received appropriate training to carry out their roles with confidence. The building was adapted to meet people's needs.

People were supported by kind and caring staff that they got on well with. People were routinely involved in their care and staff offered people choices each day. People's privacy and dignity was respected by staff. People's cultural, spiritual and religious needs were catered for with access and links to a local church. Visitors were welcomed and encouraged to become involved in the care home through activities and care.

People had access to a range of activities' that reflected their interests. People's care was planned in a person-centred way. People's wishes regarding end of life care were documented. People were informed about how to raise a complaint and the provider regularly asked people for feedback.

Regular audits were undertaken to measure the quality of the care that people received. The provider regularly implemented improvements to the service. There was clear leadership at the home and staff told

us that they felt supported by management. The provider had developed links with local organisations and agencies and people benefitted from these.

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 remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

Eversfield

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 was planned to check 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 inspection was carried out on 06 April 2018 and it was unannounced.

The inspection was carried out by two inspectors 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.

Before the inspection we gathered information about the service by contacting the local and placing authorities. In addition, we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

We used reviewed the information the provider sent us in their Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of our inspection we spoke with nine people and three relatives. We also observed the care that people received and how staff interacted with people. We spoke with the registered manager, the deputy manager and six care staff. We read care plans for six people, medicines records and the records of accidents and incidents. We looked at mental capacity assessments and applications made to deprive people of their liberty.

We looked at three staff recruitment files and records of staff training and supervision. We saw records of quality assurance audits dated February 2018. We also looked at records of menus, activities and minutes of meetings of staff and residents.

Good

Is the service safe?

Our findings

People told us they felt safe living at Eversfield. One person said, "I know I am looked after. I am secure. Security and comfort are the main things." Another person said, "When you ring the bell someone always comes even if they have to say they will be back." A relative told us, "I am pleased he is here where he is safe."

People were helped to stay safe because staff understood their roles in safeguarding people from abuse. All staff had been trained in safeguarding and demonstrated a good understanding of the signs of abuse, as well as the procedures for escalating any concerns that they might have. One staff member said, "I'd listen to them and I would have to report it to a manager. If they don't deal with it I can call the police or the safeguarding team."

Risks to people were assessed and considered safely. Risk assessments were carried out regularly in response to individuals needs in specific areas such as falls. For example, one person was at high risk of falls due to their general mobility and a medical condition. To manage the risk staff had documented in their care plan that they needed a walking stick to move safely around the home. The care plan also documented that staff needed to be patient and allow the person time to move safely using their stick. When we asked staff about the person's mobility they knew information about the person. This showed the risk of this person falling was being managed in a way that promoted their independence whilst keeping them safe.

There were sufficient staff present to safely meet people's needs. One person said, "They came immediately when I fell." We witnessed staff responding swiftly to call bells throughout the day. Staff told us that call bells had to be responded to within five minutes. We observed throughout the day that no response time was longer than four minutes. One staff member told us, "There are enough of us. We always get enough time to do what we need."

The provider carried out checks to ensure staff were suitable for their roles. Checks included a full work history, references and a check with the Disclosure & Barring Service (DBS). The DBS keeps a record of potential staff who would not be appropriate to work in social care.

People's medicines were stored safely at correct temperatures in locked cabinets. The organisation of the medicines was tidy and clear in separate boxes with people's names and photos displayed.

People received the medicines they required as medicine administration records (MARs) were correctly filled out with no gaps. Where people were prescribed 'as required' (PRN) medicines, we noted there were no clear protocols in place for staff. The potential risk from this was minimised because staff knew people well and the people who received PRN medicines were able to inform staff verbally if they required them. After the inspection, the provider submitted evidence to show that this had been addressed and PRN protocols were now in place.

People were protected against the risk of the spread of infections. The home environment was clean with no

malodours. The provider employed cleaning staff and they were observed cleaning the home during our visit. The provider conducted regular audits of infection control which resulted in appropriate action plans. People's linen was regularly cleaned and systems were followed that reduced the risk of cross-contamination. Staff were observed consistently washing their hands before and after supporting people. Staff were observed using personal protective equipment (PPE), such as aprons and gloves, before providing care to people. Hand sanitizer was also available throughout the home and we observed people making use of it.

Staff responded appropriately to accidents or incidents and the records supported this. For example, four people had recently sustained minor injuries. In response to each incident staff provided first aid, took the person to hospital if necessary and reviewed each person's care plan. The registered manager held records which analysed and reviewed incidents which meant that they could respond to any trends that they identified.

Good

Is the service effective?

Our findings

People told us they liked the food. One person said, "The food is very good here as there is always plenty of choice, everyone is catered for." Another person also commented whilst eating lunch that it was, "Very good." In the dining room, we saw a food feedback book that had compliments in it. There had been three positive comments in March. One said, "A very enjoyable lunch; especially the parsnips baked in parmesan."

People's needs and choices were assessed before they came to the home with regards to their personal care and preferences. Admission assessments also detailed people's medical conditions and any needs associated with these. This gave staff the guidance they needed to support people to experience good outcomes in relation to their healthcare needs.

People's care plans contained detailed food preferences. For example, in one person's care plan it stated that they liked an egg in the morning and fish for lunch. The daily notes from the last month showed that they had eaten eggs at breakfast regularly. There was a daily option of fish and we saw that this person was often choosing to have this for lunch. The menu at lunch included three options (meat, fish or vegetable). In the morning we observed coffee and biscuits being offered to residents in their rooms. Snacks were also available for the residents in the lounges throughout the day. People were weighed monthly to monitor any changes in their health.

Staff were adequately supported and trained to ensure they had the knowledge and skills to deliver care. Staff told us that they were happy with the training that they received. One said, "We do e-learning for some of it and they always make sure our mandatory training is up to date." Another staff member also told us they got regular supervision. They said, "We talk about our personal development and any things we'd like to know or improve." Another staff member told us they had had a recent appraisal. They told us, "They asked me if I wanted to go further with training. They support us so much, I am so grateful for it." Staff had completed the care certificate; the care certificate is an agreed set of standards in adult social care.

We saw records for daily staff meetings used to discuss tasks for the day. This allowed staff to know where and when they were most needed in the home and for which residents. People had allocated keyworkers on both day and night so staff could oversee their care. The role of the keyworker is to take a holistic approach towards a person, looking at their care needs overall, supporting them to reach goals and taking a specific interest in the person. We observed staff interacting with each other professionally and carrying out tasks that were allocated to them.

We saw evidence of people being supported to access healthcare professionals when needed. Where one person had recently become unwell, we saw a daily note to show the GP had been contacted immediately. After the inspection, the provider updated the person's care plan to reflect the change in their care need. All care plans showed evidence of visits to the dentist and optician as well as podiatrist.

The adaptations and design of the home met people's needs. People had enough space to move around the home with walking aids. We observed people using walking frames, wheelchairs and walking sticks. Rails

and bars were installed throughout the home to provide people with something to hold onto for balance. There were lifts in place to enable people to get upstairs. The home was well lit and signage to help people with a visual impairment or those living with dementia was normally in place although it had been temporarily removed for refurbishment. Signage helped people with orientation around the home.
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 people 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People's legal rights were protected because staff followed the guidance of the MCA. We spoke to staff who were able to explain and describe essential parts of the MCA and its application in the home. For example, one staff member said, "If someone couldn't make a decision then we must look at their best interests." They then described how they assessed people's capacity day to day. Records contained evidence of decision specific mental capacity assessments, identifying where people were unable to make decisions themselves. Where people lacked capacity to make a decision, a best interest decision was documented. Best interest decisions were made in consultation with people's relatives, healthcare professionals and staff. Where restrictions were to be placed upon people in order to keep them safe, an application was made to the local authority DoLS team.

Good

Is the service caring?

Our findings

People told us that they were supported by kind and caring staff. One person said, "The staff are patient and friendly." Another said, "They look after you very well here." One relative told us, "They don't mind whenever relatives walk in, staff always have time to listen and like to be involved."
Interactions between people and staff that demonstrated kindness and compassion. In the morning we observed care taking place as people got out of bed and prepared for the day. We saw and heard people laughing and chatting with staff in their rooms whilst being supported and cared for.

Feedback received by staff demonstrated that people and their relatives were happy with the care provided. The home had received six compliments so far this year and comments included, "Thank you and your team most sincerely for the excellent care you gave to my mother during her time with you". Another said, "Thank you for all your kind and cheerful attention during my stay with you".

People were involved in their care. People's preferences were documented in care plans and staff were knowledgeable about these. When the care plans were reviewed each month, people were involved in the review and their input, along with their relatives', was requested. One relative said, "Yesterday I was working out a care plan with staff and my mother after she has been here for a month, I was actively invited to contribute." People's cultural, spiritual and religious needs were also catered for with access and links to a local church. Visitors were welcomed and encouraged to become involved in the care home through activities and care.

People's privacy and dignity was respected as throughout the day we found personal care was delivered behind closed doors. One staff member described how they delivered personal care in a way that protected people's privacy. They told us, "I make sure the door is closed and close the curtains. If they need to use the toilet we allow them time on their own and wait until they need us."

Care plans documented people's strengths and the support they needed to remain independent. For example, some care plans recorded that some people liked to do their own make up or dress themselves. Staff were knowledgeable about how to promote people's independence. One staff member told us about a person who they supported to develop strength to walk after coming to the home with a history of falls and low confidence. The staff member said, "We tried to walk with her every day to help her gain independence and confidence. She soon started walking by herself."

Good

Is the service responsive?

Our findings

People told us that they liked the activities available at the home. One person said, "We are exceptionally lucky with the two activities people – they are truly excellent, they always come and speak to me." Another told us, "I only attend scrabble every week, that's the only activity I want."

During the day we observed two ponies being brought to the home to interact with the residents. There was a wide range of activities and events taking place at the home. We saw weekly activity timetables around the home and we heard about some recent events that had taken place from staff and residents. The weekend before our visit, an Easter Egg hunt had taken place with children from the local community. The events timetable also included resident's birthdays and drinks events to celebrate them. The activity schedule set out at least one or two activities each day which included from the cinema trips, exercises, lectures/talks and scrabble. One person told us, "There are quite a lot of activities. I do one or two regular things. There are lots of films and talks and we have trips out for tea and other things."

Care plans provided staff with a detailed description of people's needs as well as their preferences and routines. Each care plan included an, "All About Me" sheet which held detailed personal preference information for staff. These information sheets were being viewed by staff and then used in the care of residents and this could be seen from the daily notes. One person's care plan said that they liked to have their dinner in their room. It also documented that they liked poetry and reading. The daily notes for this person showed they had recently attended a poetry activity at the home and were frequently having their dinner in their room.

People received appropriate and sensitive end of life care. Care plans were in place that recorded people's wishes and preferences at this stage of their lives. Important information, such as people's religious needs or whether people wished to go into hospital or remain at the home were clearly documented. One relative told us, "They know to contact me if there is any deterioration in my mother's health."

People were able to raise a complaint if they wished. One person said, "I would be happy to speak to any of the staff about problems or concerns I had." There was a clear complaints policy displayed in reception at the home and people told us that they were aware of how to raise a complaint if they had any concerns. We looked at complaints and could see these were being recorded and responded to appropriately. For example, one person had complained that their cardigan had gone missing. This was investigated and the cardigan was found and an apology given to them.

Good

Is the service well-led?

Our findings

People told us that the service was well-led. One person said, "The management here are very good. She (the registered manager) is good at listening to complaints. If we have any problems they deal with it." A staff member told us, "I like working here, it's the best yet, it's like a family. You feel supported by them, supported by management and your colleagues."

The registered manager told us about plans being put in place to improve care and support in the care home throughout the next year. This included a new electronic system for medicines and care plans so that these processes and systems were made simpler and easier to review.

Regular audits were carried out to monitor and assure the quality of the care that people received. We saw records of regular audits of areas such as infection control, care plans, medicines and health and safety. Where improvements were identified, these were actioned by staff. There was a provider visit audit in February 2018 that focused on kitchen and catering. The provider documented that the kitchen floor needed to be fixed and we observed that this had been done. At another provider visit audit gaps had been found in medicines recording. In response, the provider met with staff and reminded them to ensure gaps were filled. We observed these to have been addressed and when we spoke with staff about this issue, they were knowledgeable about the importance of keeping accurate MAR charts.

The provider was involved local community organisations. The registered manager told us about links the home had with a local school choir, the recent Easter egg hunt and visits from the local church. Resident's meetings were held to discuss feedback, events and planning for specific events. We looked at meetings minutes which showed a lot of involvement from the residents. For example, at a meeting in December, residents were discussing arranging a pianist for a person's birthday.

The provider produced a monthly newsletter which included articles, photos and blogs about events in the home that have or would be taking place. We attended a meet and greet session for the new manager at the home with the residents. This was a friendly and open meeting which invited interaction from all of the residents.

People were supported by staff who were made to feel valued and this created a positive culture. The service engaged staff with regular meetings and staff told us they felt valued in their roles. We saw minutes of these meetings which showed that feedback from staff was being actioned. At a staff meeting in January 2018, staff discussed food and fluid charts for residents. Staff raised the point that one person required their food and fluid intake monitored. We saw that this was then added to that person's care plan.