

C.N.V. Limited

Eversleigh Residential Care Home

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 6 and 7 June 2016 and was unannounced. When we last visited the service on 1 and 2 June 2015 we found the service was meeting the regulations. However, it was rated as Requires Improvement as we were unable to monitor the full effectiveness of some of the providers newly established systems and processes that were implemented to address areas of concern at our previous inspection on 10 and 13 October 2014.

Eversleigh Residential Care Home provides personal care support and accommodation for up to 30 older people. At the time of our inspection there were 18 people using the service. There was a registered manager in post and a newly appointed manager was due to register with the CQC. A registered manager is a person who has registered with the CQC to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy. Medicines were managed, administered and stored safely. There were arrangements in place to deal with foreseeable emergencies. There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm. Accidents and incidents were recorded and acted on appropriately. There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

There were processes in place to ensure staff new to the home were inducted into the service appropriately. Staff received training that enabled them to fulfil their roles effectively and meet people's needs. There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves. People's nutritional needs and preferences were met and people had access to health and social care professionals when required.

People were treated with respect and were consulted about their care and support needs. Staff respected people's dignity and privacy. People were supported to maintain relationships with relatives and friends. People's support needs and risks were identified, assessed and documented within their care plan. People's needs were reviewed and monitored on a regular basis. People were provided with information on how to make a complaint. The service worked with health and social care professionals to ensure people's needs were met.

There were systems and processes in place to monitor and evaluate the service provided. There was a registered manager in post at the time of our inspection and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. People's views about the service were sought and considered through residents meetings and satisfaction surveys.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good 

The service was safe.

Risks to the health and safety of people using the service were identified, assessed and reviewed in line with the provider's policy.

Medicines were managed, administered and stored safely.

There were arrangements in place to deal with foreseeable emergencies.

There were safeguarding adult's policies and procedures in place to protect people from possible abuse and harm.

There were safe staff recruitment practices in place and appropriate numbers of staff were deployed throughout the home to meet people's needs.

Is the service effective?

Good 

The service was effective.

There were processes in place to ensure staff new to the home were inducted into the service appropriately.

Staff received training that enabled them to fulfil their roles effectively and meet people's needs.

There were systems in place which ensured the service complied with the Mental Capacity Act 2005 (MCA 2005). This provides protection for people who do not have capacity to make decisions for themselves.

People's nutritional needs and preferences were met.

People had access to health and social care professionals when required.

Is the service caring?

Good 

The service was caring.

People were treated with dignity and respect and were consulted about their care and support needs.

Staff respected people's privacy.

People were supported to maintain relationships with relatives and friends.

Is the service responsive?

Good ●

The service was responsive.

People's care needs and risks were identified, assessed and documented within their care plan.

People's needs were reviewed and monitored on a regular basis.

People were provided with information on how to make a complaint.

The service worked with health and social care professionals to ensure people's needs were met.

Is the service well-led?

Good ●

The service was well-led.

There were systems and processes in place to monitor and evaluate the service provided.

There was a registered manager and new manager in post at the time of our inspection and they were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014.

People's views about the service were sought and considered through residents meetings and satisfaction surveys.

Eversleigh Residential Care 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 was 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.

The inspection was carried out by an inspector on 6 and 7 June 2016 and was unannounced. Prior to the inspection we reviewed the information we held about the service and the provider. This included notifications received from the provider about deaths, accidents and safeguarding. A notification is information about important events that the provider is required to send us by law. We also contacted the local authority responsible for monitoring the quality of the service and other health and social care professionals to obtain their views. We used this information to help inform our inspection.

There were 18 people using the service on both days of our inspection. We spoke with four people using the service and looked at the care plans and records for five people. We spoke with nine members of staff including the registered manager, newly appointed manager, the provider's compliance manager, team leaders, care staff, temporary cook and domestic workers.

Not everyone at the service was able to communicate their views to us so we used the Short Observational Framework for Inspection (SOFI) to observe people's experiences throughout the inspection. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

As part of our inspection we looked at records and reviewed information given to us by the registered manager and members of staff. We looked at care plans and records for people using the service and records related to the management of the service. We also looked at areas of the building including communal areas and external grounds.

Is the service safe?

Our findings

People told us they felt safe living in the home and staff were kind and supportive. One person said, "The staff make sure I'm ok and safe". Another person commented, "The carers are lovely. I have lived here a while and always feel safe." A third person said, "They are always very supportive and I do feel safe".

People were protected from the risk of abuse because staff had received appropriate support and training which enabled them to identify abuse and take appropriate actions to report and escalate concerns. Staff demonstrated they were aware of the signs of abuse and knew what action to take and told us they felt confident in reporting any suspicions they might have. One staff member said, "I have worked here a long time and know people well. If I had any concerns whatsoever I wouldn't hesitate to report it." Staff were aware of the provider's whistle blowing policy and knew how to report issues of poor practice. There were policies and procedures in place for the safeguarding of adults from the risk of abuse and a copy of the local authorities safeguarding policy available for staff reference. Information was displayed in the home for people to access regarding safeguarding issues and who to contact if people had any concerns.

People told us there were enough staff available to meet their needs and to respond to their requests in a timely manner. One person said, "If ever I need help I press my buzzer and staff always come". Staff told us they felt staffing levels were appropriate to meet people's needs. One member of staff said, "There has been lots of changes in staff but we are a good team now and work well together. We are busy but there is always enough of us around to make sure people are safe and well looked after". Staffing rota's we looked at showed that staffing levels were suitable to ensure people's needs were met and observations during our inspection confirmed there were sufficient staff available to support and meet people's needs at all times.

There were safe staff recruitment practices in place and appropriate recruitment checks were conducted before staff started work to ensure they were suitable to be employed in a social care environment. Staff records confirmed that pre-employment and criminal records checks were carried out before staff started work. Records included application forms and interview records, photographic evidence to confirm applicant's identity, references and history of experience and or professional qualifications.

Risks to the health and safety of people using the service were assessed and reviewed in line with the provider's policy. Risk assessments assessed levels of risk to people's physical and mental health and included guidance for staff in order to promote people's health and safety. Risk assessments were completed relating to people's individual needs for areas such as manual handling, falls, call bell, skin integrity, mental health, physical health, nutrition and behaviour. Staff demonstrated an understanding of the risks people faced and the actions they would take to ensure people's safety. For example, one care plan documented how staff supported the person to reduce their sugar intake and promote a healthier diet. Another care plan documented that the person was at risk of pressure sores. We noted there was a pressure ulcer action plan in place which provided staff with guidance on the promotion of good skin integrity and the use of equipment that was in place to reduce the risk. Risk assessments were reviewed on a regular basis to ensure people's well-being and care plans documented further intervention and support from health professionals where required. People's weight was regularly monitored and risk assessments were in place

where people were considered to be at risk of malnutrition.

Accidents and incidents involving the safety of people using the service and staff were recorded, managed and acted on appropriately. Accident and incident records demonstrated staff had identified concerns, had taken appropriate action to address concerns and referred to health and social care professionals when required to minimise the reoccurrence of risks.

There were arrangements in place to deal with foreseeable emergencies. People had detailed personalised evacuation plans in place which detailed the support they required to evacuate the building in the event of an emergency. Staff we spoke with knew what to do in the event of a fire and who to contact. They told us that regular fire alarm tests and evacuation drills were conducted and records we looked at confirmed this.

There were systems in place to monitor the safety of the environment and equipment used within the home minimising risks to people. We saw equipment was routinely serviced and maintenance checks were carried out on a regular basis. Hoists, wheel chairs, beds, gas appliances, electrical appliances, legionella testing, fire equipment tests and maintenance were routinely completed. The home environment appeared clean, was free from odours and was appropriately maintained.

Medicines were managed, administered and stored safely. We observed medicines were administered correctly and safely to people by senior staff trained to do so. Staff said they had received suitable medicines training. We looked at medicine training and competency assessments completed for staff who administered medicines. These confirmed staff received training on a regular basis to ensure safe best practice. People's medicines were stored in individual dosette boxes and at required times medicines were administered by staff. We looked at medication administration records (MAR) which listed people's medicines and doses along with space for staff to record when medicines had been given. MAR's we looked at were completed correctly with no omissions recorded. People's photographs and known allergies were recorded on MAR's to ensure safe administration. Medicines were locked in secure medicines trolleys that only staff who were trained to administer medicines had access to. We also found controlled drugs were safely stored. Staff told us medicines which required refrigeration were stored appropriately in a medicines refrigerator. Refrigerator temperatures were checked and recorded on a daily basis and temperature readings for medicine trolleys were also recorded to ensure medicines were fit for use.

Is the service effective?

Our findings

People told us they thought staff were knowledgeable and skilled to support them appropriately. One person said, "They [staff] are lovely. They know me very well." Another person commented, "Yes they know what they are doing alright."

There were systems in place to ensure staff new to the home were inducted into the service appropriately. Newly appointed staff undertook an induction period which included completing the provider's mandatory training and shadowing experienced colleagues. One member of staff relatively new to the service, told us, "The induction I had was very good. It helped me to know the job and to get to know the people who I support well." The registered manager told us they were in the process of implementing the Care Certificate for all newly recruited staff. The Care Certificate sets out learning outcomes, competences and standards of care that are expected of all care workers. Staff records we looked at confirmed that new staff received an appropriate induction.

Staff were supported to deliver care and treatment safely and effectively. Staff told us they were supported in their roles through regular supervision and an appraisal of their work performance. One member of staff said, "Since the new manager arrived things have really improved. I feel very supported and get regular supervision." Another member of staff commented, "All the staff are supportive of each other. Supervision is good and regular but I feel I can go to the manager at any time if I need support which is good." Staff files demonstrated supervision was conducted on a regular basis in line with the provider's policy and staff received an appraisal of their work performance.

Staff received training that enabled them to fulfil their roles effectively. Training records showed that staff received up to date training appropriate to the needs of the people using the service and which also meet the needs of staff and their development. One member of staff told us, "The training we get is very good. Its class based which is what I like and I always find it helpful." Another staff member said, "Training is good. We get lots of it and for different subjects." We looked at the home's training matrix which showed a range of training provided including manual handling, first aid, mental capacity, person centred care, food hygiene, diversity and equality and fire safety amongst others. We also noted that staff were supported to undertake other training and professional development qualifications such as National Vocational Qualifications or Diplomas in health and social care.

Staff demonstrated good knowledge and understanding of people's right to make informed choices and decisions independently and where it was necessary for staff to act in someone's best interest. Staff were knowledgeable about people's individual needs and understood when people wished to make choices about their care and support. 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. The application

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

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. We saw that where required, people's care plans contained mental capacity assessments and records from best interests meetings. These demonstrated that decisions were made in people's best interest and the service was working within the principles of the MCA. Staff had received training in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People told us they enjoyed the meals on offer and they had enough to eat and drink. One person said, "The food is nice and it's always hot." Another person commented, "I enjoy my lunch. We get a choice of what we want and if there's something I don't like then they will make me something else I want. They are very good." Kitchen staff were knowledgeable about people's specific dietary requirements and planned their meals appropriately, for example, by ensuring low sugar options were available where required. Menus were discussed with people to ensure their preferences were met. We observed the lunchtime meal in the dining room. Whilst people had selected their choice of meal from the menu that morning, we saw people were able to change to another option at short notice if they so wished. Suitable cutlery was available for people to help maximise their independence when eating. Most people did not require any support during mealtime but we saw staff were available if requested. On the second day of our inspection we observed that people were supported to eat their lunch in the garden if they so wished to enjoy the fine weather. Peoples' weights were regularly monitored and risk assessments were conducted where people were considered to be at risk of malnutrition.

People had access to health and social care professionals when required. Care plans and records showed that where appropriate staff worked effectively with health and social care professionals to ensure people were supported to maintain their physical and mental health. Care plans included records of people's appointments with health and social care professionals and outcomes of meetings were documented to ensure staff were aware of people's on going needs. Staff were able to explain people's physical and mental health care needs and were familiar with local health and social care professionals who visited the home on a regular basis.

Is the service caring?

Our findings

People told us that they were happy with the support they received and staff were caring. One person said, "The carers are friendly and kind." Another person told us, "Staff are always willing to help." A third person commented, "The carers are great. They always make sure I am ok."

We observed that communal areas were welcoming and relaxed and staff gave people encouragement and support with activities of daily living. Staff respected people's choice for privacy and knew people well and understood their needs. We observed staff knocked on people's bedroom doors before entering and doors were closed when people were supported with their personal care to promote dignity. People who chose to spend time in their rooms were visited frequently by staff to ensure they were well. We observed staff actively listened to people and supported them to express their views. Staff addressed people by their preferred names and answered people's questions with understanding and patience.

Care plans detailed people's histories, preferences and expressed wishes with regards to the care and support they received. Staff were knowledgeable about people's needs with regards to their disability, physical and mental health, race, religion, sexual orientation and gender and supported people appropriately. Care plans demonstrated that where appropriate staff supported and enabled people to practice their faith and to attend services held in the home that reflected people's cultural or religious needs. Care plans also demonstrated that people had been involved in the development of their care and when appropriate people's relatives were involved and invited to review meetings and events. People and their relatives were also notified about any significant events or visits from health and social care professionals and these were recorded within people's care plans. People's end of life care needs and wishes were documented and contained within their care plans to ensure their wishes and choices were respected.

People were supported to maintain relationships with their families and friends and visitors were seen throughout the course of the inspection with no restrictions placed upon them. People were provided with information about the service and external health and social care services upon admission into the home. For example notice boards displayed information about relevant health and social care issues and local community services.

Is the service responsive?

Our findings

Staff knew how to meet people's individual needs and people spoke positively about the staff and the support they received. One person said, "The carers know me well. They know just what I like." Another person commented, "Sometimes I don't even have to ask for things to be done, they just know and do it."

People's needs were assessed and individual care plans were developed with people's participation to ensure their choices, safety and welfare were considered and respected. Care plans contained assessments that detailed people's needs for areas such as physical and mental health, behavioural needs and risks, nutrition, medicines, mobility, skin integrity and social and leisure activities amongst others. Care plans contained information on how people's needs should be met and recorded guidance for staff on how best to support people to meet their identified needs. Care plans were reviewed on a regular basis and in line with the provider policy and where people's needs had changed the home responded by consulting with relevant health and social care professionals to ensure accurate guidance was available to staff.

Care plans documented people's personal history, cultural and religious needs, communication needs and preferences. For example one care plan documented that the person liked to be supported to bed at a certain time and had a chosen tippie they enjoyed in the evenings. Another care plan detailed how the person was supported to attend religious services held within the home and a third care plan documented how the person had made an informed decision for staff not to check or disturb them during the night. People's diverse needs, independence and human rights were supported and respected. People had access to equipment which enabled greater independence, for example walking frames and wheelchairs. People were encouraged to personalise their bedrooms with personal belongings and furniture making it a familiar and comfortable environment for them.

Staff encouraged people to be as independent as possible and provided support to enable people to engage in activities that reflected their interests and met their needs. We observed the lounge was a warm environment which had a large television mounted on the wall to aid good vision and a music centre for people to use. There was a good stocked film library and people told us they often enjoyed watching old films. There was a large pictorial weekly activities board displayed in the lounge detailing activities that were provided within the home. Activities included games, arts and crafts, quizzes and exercises amongst others. External entertainers also visited the home and people told us they enjoyed this. One person said, "We have a man come and sing and play music. I really enjoy this." The registered manager told us that they had recently recruited a new full time activities coordinator and they hoped to further extend the range of activities on offer at the home. The home had access to a shared minibus which enabled staff to take people out on chosen outings.

There was a complaints policy and procedure in place and information on how to make a complaint was on display and accessible to all. Information provided guidance on the complaints handling process and how complaints could be escalated. People told us they knew how to make a complaint if they had any concerns. Complaints records we looked at showed when complaints were received they were responded to appropriately and in line with the provider's policy to ensure best outcomes.

Is the service well-led?

Our findings

People told us they thought the home was well run and staff were approachable and supportive. One person said, "Things seem to run well and there is always someone around to help." Another person commented, "Yes I think it's well managed. The staff know what they are doing." We observed the new manager encouraged feedback from people which promoted good practice and assisted in driving improvements. We saw the registered manager and new manager were available during our inspection and spent time with people using the service and staff. Staff we spoke with told us the new manager was supportive and open to any suggestions they had. One staff member said, "The new manager is very supportive and I feel I can approach them with anything." Another member of staff commented, "I'm very pleased we have a new manager. They are very organised and supportive."

At the time of our inspection there was a registered manager in post and a new manager had been appointed and was in the process of applying to register as the manager with CQC. They knew the service well and were knowledgeable about the requirements of a registered manager and their responsibilities with regard to the Health and Social Care Act 2014. Notifications were submitted to the CQC as required and the manager demonstrated good knowledge of people's needs and the needs of the staffing team.

There were systems and processes in place to monitor and evaluate the service. We spoke with the new manager and the provider's compliance manager who showed us audits that were conducted in the home on a regular basis. These included medicines, care plans, call bells, equipment and maintenance, health and safety, infection control, accidents and incidents, risk assessments, management daily checks and fire systems amongst others. Audits we looked at were conducted as required and were up to date. Records of actions taken to address any highlighted issues were appropriately actioned and documented.

The home encouraged involvement from people, their relatives where appropriate and health and social care professionals in monitoring and assessing the quality of the service. The registered manager and staff had regular contact with health and social care professionals and acted on feedback received to help drive improvements. People's views about the service were sought and considered through satisfaction surveys that were conducted on an annual basis. We looked at the results for the residents survey conducted in March 2016. Of the 12 responses received all said that they were happy with their rooms and the homes environment, that staff treated them with courtesy and respect and 11 people agreed that they were offered a choice of foods that they liked to eat. We also looked at the results for the staff survey which showed that out of 20 members of staff who participated all agreed that they were able to express their views and concerns to management in a safe and respectful manner and were provided with appropriate training to meet their needs.

People were also provided with the opportunity to provide feedback about the service and to be involved in the way the service is run at residents and relatives meetings that were held on a quarterly basis. We looked at the minutes for the residents meeting which was last held in May 2016 and saw issues discussed included menu options and activities.