

Anchor Trust

Eagle House Nursing Home

Inspection report

43 Stalker Lees Road
Sheffield
South Yorkshire
S11 8NP

Website: www.anchor.org.uk

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19 February 2016
24 February 2016

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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

The inspection was unannounced, and the inspection visit was carried out on 19 and 24 February 2016. The home was previously inspected in January 2014, where no breaches of legal requirements were identified.

Eagle House is a 41 bed service providing residential and nursing care to people with enduring mental health support needs, who may also have a diagnosis of learning disability.

The home is located in Sheffield, South Yorkshire, close to the city centre. It is in its own grounds close to numerous retail and leisure facilities. The service comprises a 26 bedded unit for people requiring nursing care, and four discrete bungalows for people requiring residential care.

At the time of the inspection the service had a registered manager. 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 and associated Regulations about how the service is run.

We found that appropriate steps were taken to ensure that the service was safe. There were up to date risk assessments and these were followed by staff. Staff had received training in safeguarding, and there was appropriate guidance for staff to follow in the event of suspected abuse.

Activities were plentiful at the home. There was a dedicated, full time activities coordinator, and other staff were also involved in supporting people to participate in activities both within the home and in the wider community. A shop had recently been opened in the home, which people told us they valued.

The provider ensured that legal requirements were met in relation to people giving consent to their care and treatment. Where people lacked the capacity to consent, best interest arrangements were made, in accordance with The Mental Capacity Act. The registered manager had a good knowledge of the requirements of this legislation, and records within the home showed that where people were deprived of their liberty, this was only done in accordance with the appropriate authorisation.

People received care and treatment that met their needs, and care was regularly reviewed to ensure it remained suitable and effective. When people required the attention of external healthcare professionals this was sought quickly, and care plans showed that the guidance of external healthcare professionals was followed by staff.

Staffing numbers were sufficient to ensure that people received the attention and support that they required. Staff numbers were reviewed on a monthly basis, and our observations showed that people received support whenever they required it. Staff told us they enjoyed their work and felt well supported in their roles.

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. Staff were knowledgeable about how to keep people safe from the risks of harm or abuse, and were trained in relation to this. CQC records showed that appropriate action had been taken by the provider where incidents of suspected abuse had occurred. Medicines were stored and handled safely.

Where people were at risk of injuring themselves or others, staff had the training and understanding which enabled them to address this. There were appropriate assessments and procedures in place to help reduce the risk of harm people presented to themselves or others.

Is the service effective?

Good ●

The service was effective. Staff understood the Mental Capacity Act and the procedures to follow should someone lack the capacity to give consent. Appropriate applications had been made in relation to the Deprivation of Liberty Safeguards where required .

Meals were designed to reflect people's preferences, and people were encouraged to contribute to meal planning, where possible. Choice was offered in relation to meals and people told us they enjoyed the food available.

Is the service caring?

Good ●

The service was caring. We found that staff spoke to people with warmth and respect, and day to day procedures within the home took into account people's privacy and dignity.

Staff had a good knowledge of people's needs and preferences, and were passionate about providing a caring and supportive service to people.

Is the service responsive?

Good ●

The service was responsive. There were arrangements in place to regularly review people's needs and preferences, so that their care could be appropriately tailored.

Activities at the home were imaginative and person-centred, and people we spoke with told us there was plenty to do at the home.

Is the service well-led?

Good ●

The service was well led. There was a registered manager in place and staff told us they felt well supported and that the manager was approachable.

The manager had a thorough system in place for monitoring the quality of service people received, and a clear plan for future improvements.

Eagle House Nursing 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.

The inspection was unannounced, which meant that the home's management, staff and people using the service did not know the inspection was going to take place. The inspection visit was carried out on 19 and 24 February 2016 and was undertaken by an adult social care inspector.

During the inspection we spoke with five staff, the registered manager, and five people who were using the service at the time of the inspection. We also checked the personal records of six of the 38 people who were using the service at the time of the inspection. We checked records relating to the management of the home, team meeting minutes, training records, medication records and records of quality and monitoring audits carried out by the home's management team and members of the provider's senior management team. We observed care taking place in the home, and observed staff undertaking various activities, supporting people to make decisions and express their views.

Prior to the inspection, we reviewed records we hold about the provider and the location, including notifications that the provider had submitted to us, as required by law, to tell us about certain incidents within the home.

Is the service safe?

Our findings

People we spoke with told us they felt safe at Eagle House. One person said: "I'm very safe here, as safe as can be." Another said: "The staff keep us all safe, and people can't just walk in off the street, they have to be let in by one of the staff, so we know who's coming and going. There's no problem with being safe here." We asked one person about what they would do if they didn't feel safe, or if they didn't like something that was happening in the home. They told us that it was important to report concerns about safety to the staff, and said that they would be confident to do so.

During the inspection we observed that there were staff on duty in sufficient numbers in order to keep people safe. The registered manager carried out a dependency assessment every month, which looked at people's changing needs and the number of staff required to meet each person's needs and keep them safe. Staff were deployed in numbers higher than the minimum amount set out by the assessment.

We found that staff received annual training in the safeguarding of vulnerable adults. The home's training records showed that the vast majority of staff had received this training in the previous 12 months. There was information related to safeguarding in the public areas of the home, and the provider's own policy in relation to safeguarding was available on the premises. We checked the provider's induction records and saw that safeguarding and the signs of abuse was an area discussed within each staff member's induction programme.

We checked six people's care plans, to look at whether there were assessments in place in relation to any risks they may be vulnerable to, or any that they may present. Each care plan we checked contained up to date risk assessments which were highly detailed, and set out all the steps staff should take to ensure people's safety. They were regularly reviewed to ensure that they remained fit for purpose and reflected the best way to keep people safe. Notes within each care plan we checked showed that staff were following the steps in each risk assessment. Some people using the service exhibited behaviours which could cause harm to themselves or others. Care plans showed that this was well understood, and that the provider had taken appropriate steps to manage risk and reduce harm.

We observed a team meeting taking place within the home. This was attended by care and nursing staff from the nursing part of the service. During this meeting, staff discussed risks to people, and contributed ideas of how to minimise risk while promoting independence. Staff demonstrated a good knowledge of people's needs and how they contributed to risk and risk management.

Recruitment procedures at the home had been designed to ensure that people were kept safe. Recruitment records we checked showed that all staff had to undergo a Disclosure and Barring (DBS) check before commencing work, in addition to providing a checkable work history and two referees.

There were appropriate arrangements in place to ensure that people's medicines were safely managed, and our observations showed that these arrangements were being adhered to. Medicines were only handled by

qualified nursing staff or trained senior care staff, and the staff member we spoke with about medication had a good knowledge of the arrangements in the home for managing medication.

Medication was securely stored, with additional storage for controlled drugs, which the law says should be stored with additional security. We checked records of medication administration and saw that these were appropriately kept. Each medication administration record included photographs of each person to reduce the risk of administration errors, and the photographs were checked annually to ensure that they bore an accurate likeness of the person. There were systems in place for stock checking medication, and for keeping records of medication which had been destroyed or returned to the pharmacy. Again, these records were clear and up to date.

Is the service effective?

Our findings

We asked people about the food in the home. They told us they enjoyed the food and that there was plenty of choice. One person told us: "I always get what I like. If I want something else I only have to say and it's done." During the inspection we observed people being supported to make choices about food, and staff took time to ensure people understood the options available. One person indicated, when they started eating a meal, that they no longer wanted that option. Staff acted quickly to offer and provide other choices, which the person then ate.

We spoke with staff about the food available in the home. They told us that food was plentiful and people were encouraged to be involved in devising the menu. Some of the people using the service had specific dietary needs; we spoke with a member of kitchen staff about this and they demonstrated a good understanding of people's dietary requirements.

We checked six people's care records to look at information about their dietary needs and food preferences. Each file contained up to date details of people's food preferences, or where people experienced specific support needs in relation to food or mealtimes. We noted that one person's file indicated that they had episodes of low appetite, and was subsequently at risk of malnutrition. However, there was no record of each meal taken, which we raised with the registered manager on the first day of the inspection. On the second day of the inspection the registered manager confirmed that a food chart had been implemented for this person.

The provider's records showed that around half of the staff team had received Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) training. 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 (DoLS)

We found that appropriate DoLS applications had been made, and staff were acting in accordance with DoLS authorisation. Records of DoLS applications and authorisations were closely monitored by the home's management team, and the registered manager spoke with knowledge about which people were subject to DoLS authorisations and the implications of this. We did not identify anyone who was being inappropriately deprived of their liberty at the home.

Care records we checked contained details of mental capacity assessments and, where appropriate, records of best interest decisions. A best interest decision is something which is undertaken when a person cannot give consent to an aspect of their care, to assess whether the care given is in the person's best interest. Staff we spoke with displayed a good knowledge of the processes of reaching best interest decisions, and the

reasoning behind it.

People's care records showed that additional support from external healthcare professionals was readily available. Where an external healthcare professional had been involved in someone's care, relevant care plans and risk assessments took into account the healthcare professional's guidance. Daily notes in each file we checked showed that this guidance was being followed. When we spoke with staff, they demonstrated a good knowledge of external healthcare professionals' advice, and how it had an impact on how people should be cared for.

Is the service caring?

Our findings

We asked five people using the service about their experience of the care and support they received. They all praised the service and gave positive examples of the care provided to them. One person said to us: "They are all so kind, so lovely." Another person told us: "It's pretty good here, I can't complain, they sort everything out for me which I need." We asked two people about the staff team's approach to them. One person described the staff as "perfect" and another said: "We have a laugh – you've got to laugh haven't you? I like them all, I couldn't pick a bad one out"

During the inspection, emergency call bells sounded from time to time. We observed staff responded quickly to ensure that people received the care and support they needed. We observed a morning in one of the communal lounges. During this time people asked for various things, including food and drink or assistance. Staff responded immediately each time, and supported each person appropriately.

We observed the way that staff respected people's privacy and dignity. When we asked staff about people's support needs, they responded discreetly and respectfully to minimise causing any distress or lack of dignity to the person they were discussing. We saw that staff addressed people with warmth and kindness, and understood people's needs extremely well. Staff we spoke with told us they enjoyed their work and this was reflected in the way they approached people. Whenever we asked staff about any of the people using the service, they demonstrated a comprehensive knowledge of each person's support needs, preferences and views.

Two of the staff we spoke with told us that they had undertaken "dementia friends" training. This is training provided by an external body which teaches staff how to understand the needs of people who are living with dementia. Staff told us they had enjoyed this training.

The provider had its own programme which benchmarked how each service was meeting people's needs in relation to dignity and respect. The home had been assessed against this benchmark, and a programme was underway to further develop the service. When we spoke with staff they were knowledgeable about the development plans, and we saw that they were discussed in team meetings so that staff could contribute ideas.

The six care plans we checked showed that care was tailored to each person's individual needs, with details set out for staff to follow, to ensure that people received care in the way they had been assessed as needing. Care reviews in each person's file showed that the suitability of the way people were receiving care was monitored regularly to ensure it continued to meet their needs.

Is the service responsive?

Our findings

We asked people using the service about activities available. They told us that there was lots to do. One person said: "There's [the activities co-ordinator] but all the others [other staff] do plenty of stuff as well; there's usually something going on." Another person told us they liked going shopping with staff, and that this support was usually available whenever they wanted. During the inspection we observed people being supported to go out by staff, and activities taking place throughout the home.

One person told us that a special newspaper was delivered to them by staff within the home everyday. We looked at this and saw that the home produced a daily internal paper, which featured national and local news stories, information about what was happening in the home, TV and weather information and puzzles. We spoke with the activities co-ordinator who told us they produced this every day, and feedback was that people enjoyed it.

A new feature had recently been added to the home in the form of a small shop. This provided snacks and drinks, toiletries and other useful items. People we spoke with told us they valued this facility, and during the inspection we saw that people made good use of it. We observed a team meeting where staff discussed aspects of the shop and made suggestions for additions, showing that the staff team were responding to people's needs and preferences.

We checked care records belonging to six of the 38 people who were using the service at the time of the inspection. We found that care plans were highly detailed, setting out exactly how to support each person so that their individual needs were met. They told staff how to support and care for people to ensure that they received care in the way they had been assessed as requiring.

Care records showed that people's care was formally reviewed regularly to ensure it met people's needs. Involved professionals and, where relevant, people's families were invited to these reviews so that their views about care and support could be incorporated into people's care plans. Where required, changes were made to people's care as a result of these reviews.

There was information about how to make complaints available in the communal area of the home, and a complaints policy. We checked records of complaints received, although there had only been a small number received. Where complaints had been received, we saw that the home's manager had responded quickly. We noted that one person gave regular feedback and suggestions for changes in the form of memorandums to the management team. These had not been processed through the complaints procedure. We discussed this with the management team who said that they would do this in future to ensure this person's concerns featured in future complaints analysis.

Is the service well-led?

Our findings

The service had a registered manager, as required by a condition of its registration. The registered manager was supported in their role by a deputy manager, and by senior managers within the company.

Staff told us that they found the management team within the home to be very approachable. One staff member described the manager as "always there for you." Another told us they felt supported to do their job, which they described as a job they enjoyed. Staff we spoke with were confident in their knowledge about how to raise concerns or give feedback to managers.

We observed a team meeting in the home. These meetings took place regularly, and issues around people using the service and developments in the home were discussed. We observed that staff could contribute ideas and be involved in decisions about the service people received. One new staff member took the opportunity of the team meeting to thank colleagues for the support they had received settling in to their role.

We observed members of the management team carrying out their roles within the home. They were highly visible and appeared to know people well, exhibiting a good knowledge of people's needs and preferences. People using the service spoke highly of the management. One person told us that the home's manager was "smashing" and another said: "They are all great, the bosses and the rest of them."

There were regular meetings for people using the service to give their feedback about the home and be involved in decision making. Minutes of these meetings showed that people discussed menus, the laundry service within the home and ideas for activities.

There was a quality audit system which was used within the service. It comprised monthly checks carried out by the management team, looking at areas including the quality of care records, management records, infection control and health and safety arrangements. In addition to this, a senior manager visited the home to carry out a regular audit. We checked records of audits and found that, where any issues were identified, there were records of actions taken to address them.

We checked a sample of policies and procedures in the home. They were all up to date and regularly reviewed. They reflected current best practice and legislation, and the registered manager was familiar with their requirements.

The provider had a system in place for formally seeking feedback from people using the service. We looked at the most recent survey's findings and found that the majority of the respondents were positive about their experience of receiving care and support from the provider. The management team had a good understanding of the findings of the survey and the registered manager was devising an action plan based on the survey results.