Country Retirement and Nursing Homes Limited

Eversley Nursing Home

Inspection Report

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Summary of findings

Overall summary

Eversley Nursing Home is a home providing accommodation for up to 18 older people. The service states that it specialises in palliative and end of life care. There were 17 people living in the home when we visited. The service provides residential and nursing care to adults who have a physical disability or live with dementia. Eversley Nursing Home has a manager who is registered with the commission.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005, Deprivation of Liberty Safeguards (DoLS), and to report on what we find. The DoLS are a code of practice to supplement the main Mental Capacity Act 2005 Code of Practice.

We looked at whether the service was applying the DoLS appropriately. These safeguards protect the rights of adults using services by ensuring that if there are restrictions on their freedom and liberty these are assessed by professionals who are trained to assess whether the restriction is needed. The registered manager told us there was no one living in the home currently who needed to be on an authorisation. We saw no evidence to suggest that anyone living in the home was being deprived of their liberty. We found the location to be meeting the requirements of the DoLS.

People told us they felt safe in the home and there were policies and procedures in place to protect people from harm. People told us they received safe and effective care which met their needs and promoted their well-being through staff who were trained and understood their requirements.

People's care and support needs were recorded but information about their risks was not detailed. This meant people's risks were not managed appropriately and staff could not follow effective risk assessment management policies as they were not in place. You can see what action we told the provider to take at the back of the full version of the report.

There were 15 people who lived in the home who required two staff to assist them with their care during the day and night. There were not always sufficient staff on duty to make sure that practice was safe, nor that they could respond to unforeseen events. You can see what action we told the provider to take at the back of the full version of the report.

The service followed current and relevant professional guidance about the management of medicines, and staff had sufficient training to enable them to manage people's medicines safely.

Eversley Nursing Home stated it specialised in end of life care and palliative care. They had completed a three year accreditation with the National Gold Standard Framework (NGSF) on best practice in end of life care and staff had also undertaken specialist training.

We observed that people were treated with dignity and respect by staff who were caring and considerate. One person said, "I can go to the lounge but I don't choose to and that's fine with everyone. The care here is all good".

People's nutrition and hydration needs were identified and monitored where necessary, through records and observations made during the inspection.

The provider had asked for the views of people in the home, their relatives, staff and other professionals through annual questionnaires. Some relatives and staff had commented about the home not providing meaningful occupation and opportunity for people to engage in activities. During the inspection we were not aware of any activities that took place. Minor improvements were needed to improve the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Are services safe?

People were protected from abuse because staff had been trained and knew the procedures in place that had to be followed. One person we spoke with said that although they felt well looked after in Eversley Nursing Home and felt safe, their wish was to be at home in their own bungalow.

The service was consistently managing medicines in a safe way. Medication was administered to people by the nurse in the home and as prescribed by the GP.

Although some relatives felt the assessed risks had been minimised for their family members, we found that the information provided in the risk assessments for other people, lacked the necessary details to enable staff to manage those risks effectively.

Most people said there were enough staff to provide the necessary care for them. Minor improvements were needed to ensure people had the level of care they needed.

Are services effective?

We saw that staff had undertaken specialist training in end of life care so that people chose how their experiences were managed. There was evidence that people who lived in the home, and their relatives, had provided different levels of information about their individual plans of care at the end of their life.

Most care plans had been written with the person and/or their relative, which meant their preferences and choices were recorded and respected. Staff we spoke with were able to tell us about individual people's care and support needs.

Records showed that people's hydration and nutrition had been monitored and where risks were found other health professionals had been involved to minimise those risks.

Staff had the skills and knowledge to meet people's needs and told us they were supported through induction, regular supervision and ongoing training. One member of staff said, "I completed my induction then had one week shadowing a (senior) member of staff."

Are services caring?

We saw that staff, people in the home and relatives spoke with kindness and respect with each other. One person in the home said,

Summary of findings

"I am very happy here and feel cared about". A relative said, "They are genuinely caring people". We noted that the home was quiet with no raised voices or unnecessary noise. The TV in the lounge was only put on when requested by a person who lived in the home.

Staff we spoke with were able to tell us about people, their needs and preferences. Care was individual and centred on the person and the staff were flexible and worked round the person's needs. One person we asked about what it was like when the staff administered personal care said, "It's great. When they wash me they let me hold the soap, and then the towel. It makes me feel part of things and they keep me covered up".

Are services responsive to people's needs?

People told us there were some activities that took place in the home, and although the registered manager said there were individual activities available, there was no evidence of this during the inspection.

Relatives were encouraged to visit people in the home and those we spoke with were very positive about the welcome they received. One relative said, "You get coffee straight away, and not just because you're here." There was an open door policy so that relatives could visit at any time, which meant people could maintain their relationships with family and friends.

People who lived in the home and their relatives knew how to raise a complaint but there had not been any formal complaints since 2012. One relative said, "We'd soon say if there were any problems". None of the people we spoke with had any concerns they wanted to raise.

People who lived in the home said they, or their relatives, had been involved in their care and given all necessary information to make choices and note preferences. One person said, "I only mentioned once that I like ham and chips and ever since then they get it for me. Don't you think that's lovely?"

Are services well-led?

Three staff we spoke with said they felt the registered manager treated them fairly and listened to them. People who used the service and their relatives were able to speak with the registered manager at any time, as we observed this during the inspection. This meant the culture in the home was open and inclusive.

There were checks in the quality of care provided by the service through annual questionnaires, audits and regular visits from operations staff. This meant people had the opportunity to discuss the service they received.

Summary of findings

Most people and their relatives thought there were enough staff, however minor improvements were needed as there were no formal systems in place to monitor and assess the sufficient numbers of staff to ensure people's needs and levels of dependency could be met.

Summary of findings

What people who use the service and those that matter to them say

We asked people about the care they received and they told us the staff were very caring and provided the care they needed in a dignified and safe way. One person told us, “The care is very good”.

Relatives we spoke with said they talked to the staff about their family member and they were knowledgeable and were, “…absolutely brilliant”. One relative said, “We can’t thank them enough. How they have kept [their relative] alive I don’t know”.

Information from the 2013/14 quality assurance questionnaires detailed in the responses from those who lived in the home showed 100% that they felt able to talk freely, receive affection, felt loved and supported and enjoyed meals.

We asked people and their relatives if they knew how to raise concerns if they were unhappy with the care they received. Most people we spoke with said there were no issues that needed to be raised. They said they talked with staff and that the registered manager was always available to speak with if they wanted.

Eversley 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 was planned to check whether the provider is meeting the legal requirements of the Health and Social Care Act 2008. It was also part of the first testing phase of the new inspection process CQC is introducing for adult social care services.

We visited Eversley Nursing Home on 16 April 2014. This was an unannounced inspection, which meant the provider was not informed that the inspection was to take place. The inspection team consisted of a lead inspector and an expert by experience for older people. An expert by experience had personal experience through using or caring for someone who used this type of service.

Prior to our inspection we reviewed historical data we held about notifications and reviewed incidents that the provider had informed us about.

We began by talking with the registered manager about the new inspection process and outlined the key questions that would be inspected during the visit.

During the inspection process we talked with nine people who lived in Eversley Nursing Home, spoke with four relatives, spoke with six staff and the registered manager. We looked at three people's care plans and other supporting documents. We observed staff when they interacted with and provided care to people. We looked at information about people's medication and the way medication was administered. We checked information about the mandatory and specialist training that staff had received. We looked at the communal areas, including the garden and bathrooms. We looked at the 2013/14 quality assurance questionnaires from people who lived in the home, relatives and staff.

Are services safe?

Our findings

We saw evidence that staff had undertaken training in the Mental Capacity Act 2005 (MCA), Mental Health Act 1983 (MHA) and the Deprivation of Liberty Safeguards (DoLS) in conjunction with the local authority social services department. All staff we spoke with during the inspection were able to tell us about how the Acts could affect people who lived in the home..

The provider protected people who lived in the home because medication was administered by nurses in line with people's prescribed medications. We checked the numbers of tablets and other prescribed medication, including controlled drugs, and found they reconciled. There was information in three files we looked at, that showed people had signed that they wanted the nurse in the home to administer their medication. The partner of one person said that the staff, with agreement of the GP, administered medication in a way that ensured the person could swallow their tablets. There was information on the person's file that showed the risks and plan of care to ensure their needs were met. This meant there were arrangements in place so that the person's prescribed medication could be administered safely.

The provider had made suitable arrangements to identify the possibility of abuse and prevent it before it occurred. Staff training records confirmed that staff had received training in safeguarding vulnerable adults. Care staff we spoke with demonstrated a good understanding of what constituted abuse or poor practice, and they knew what they should do if they became aware of any abusive practices. The staff we spoke with understood people's behaviour and explained to us how they protected people and others if they were at risk. Two people and one relative told us they felt safe from abuse or harm. One visitor said: "We never have to worry, we know when we're not here he's being looked after." This meant people were protected from avoidable harm and potential abuse.

We looked at the risk assessments in the files of three people who lived in the home and discussed the risks with two other people. One family told us they felt their relative was safe because the risk when the person smoked had been assessed and minimised. In the three files we looked at we saw that although there were assessments to identify areas of risk, there was a lack of clear plans in place to ensure the risks were reduced and managed. We saw that one person had a behavioural management strategy which stated, "…can be predicted and managed by trained staff", but there was no information to show how it could be predicted and what staff should do. One member of staff said that they had been involved in an incident when the person became annoyed. The staff member had not been aware of the issue that caused the behaviour, although they had been able to de-escalate the situation.

There were other areas such as personal care, mental health and mental capacity where risks were not addressed. This showed people's risks were not recorded appropriately. This meant there had been a breach of the relevant legal regulation (Regulation 20) and the action we have asked the provider to take can be found at the back of this report.

We observed that six people in their rooms had emergency cords positioned close to them so that they were safe and could call for help if needed. Another person used a device to summon help which they wore on a cord round the neck. If the cord became tangled or tight there was a mechanism to ensure that the cord broke to avoid them being strangled. However at the time of the inspection the cord had broken and it was knotted. This meant that the mechanism to avoid strangulation could not function . Although the registered manager had been made aware of the issue, the cord had not been replaced and it posed a risk to the wellbeing of the person. We were informed that the cord had been replaced following our inspection. Improvements were needed so that people's risks were managed and their welfare was maintained.

During the inspection we saw the staff rota and noted that there was a nurse, three care staff, an apprentice and other domestic staff on duty during the day. The registered manager said there was one nurse and one care staff during the night. One family member commented, "When we visit we can always find a nurse or member of staff to give us an update". However one family member told us that there were often no care staff in the communal areas during the afternoon when people needed to be assisted to the toilet. Three staff we spoke with during the inspection told us that there were not enough care staff on duty because 15 people in the home required two staff to assist them with their care. One member of staff reported that when there were three care staff on duty some people in

Are services safe?

the home were assisted by one member of staff instead of two. Improvements were needed to ensure that there were sufficient numbers of staff to meet people's needs at all times.

Are services effective?

(for example, treatment is effective)

Our findings

Eversley Nursing Home stated it specialised in end of life care and palliative care. The home had completed the National Gold Standard Framework (NGSF), which provided accreditation processes that enabled the home to demonstrate sustained best practice in end of life care. This was completed in 2013. Three staff we spoke with said they had undertaken specialist training so that people's individual needs could be met. They told us about people who lived in the home and the way they wanted to be cared for at the end of their lives. The staff members told us they had been on specific training at the local hospital for end of life care. One member of staff said, "It was really good training. There were leaflets and new information coming out." One person we spoke with said, "They have the skills here to look after me and my needs." We saw that information about end of life care had been recorded in the files of three people, together with information about out of hours palliative care for staff to access. There were different levels of information recorded by individuals about their end of life care, but the manager said some people and their families wrote basic information whilst others provided much more.

We looked at three care plans and saw there was information about people's needs, choices and preferences. When we spoke with three members of staff and they were able to tell us about the people who lived in the home and how they provided care so that people's needs could be met. What they told us was in line with the information reflected in the people's plans.

People's nutrition and hydration needs were identified and monitored where necessary. One family commented that the cook and other staff had encouraged their relative, who refused to eat most of the time. Over the past few days their relative had begun to eat a little. The family said, "It's great. We feel it was down to the patience of the cook in tempting her with small portions, as well as the number of choices. Food supplements have been and are being tried, but she mostly refuses them". We saw records of people's food and fluid which showed people who were at risk of malnutrition or dehydration were protected because staff monitored and reviewed their intake. There was evidence that healthcare professionals such as the speech and language therapist, district nurse, dietician and GP were involved to make sure people's needs were met. The cook was able to tell us about individual people's dietary needs as well as the foods they enjoyed. They told us that they were involved with other health professionals to make sure people were protected from the risk of poor hydration and nutrition.

People we spoke with talked about the home's registered nurses as being the key people in relation to their health. We saw that during the afternoon of the inspection, one person's health condition deteriorated. The person and their relative asked that they be admitted to hospital. Staff contacted the GP and an ambulance was ordered by the surgery. The home provided information for the person when they were admitted to hospital. This meant people chose to be as independent as possible, and when their health and wellbeing deteriorated, their wishes were listened to and they were supported to access other services.

All the staff we spoke with said they received supervision and were supported by the registered manager. One member of staff said, "The [registered]manager is really good. I get one–to-one supervision every three months." One new member of staff told us they had received an induction and completed shifts where they 'shadowed' a more experienced member of staff. All the staff we spoke with during the inspection, which included three care staff, one nurse, cook and handyman, had undertaken e-learning on the computer as well as training in house to make sure they had the skills and knowledge to meet people's needs. Training records confirmed this.

The environment enabled staff and people who lived in the home to access all areas. The corridors and doorways were wide enough so that wheelchairs and hoists could be used and there was a lift to access all floors. People we spoke with who were in their bedrooms told us they enjoyed being there. Some preferred the door open and others liked to be alone with the door shut. One bathroom we inspected contained a spa/relaxation bath. The bathroom was large enough to accommodate people into a hoist and into the bath. One person told us, "I've just had a bath. It's lovely." There was some signage and adaptations that allowed people to remain independent. The registered manager said that there was due to be a major refurbishment in the home but was unable to confirm when that would be.

Are services caring?

Our findings

During the inspection we saw that staff, people who lived in the home and their relatives talked together and showed kindness and respect towards each other. The staff supported people in a quiet and dignified way, and encouraged people to remain independent. We saw that staff knocked before they entered a person's bedroom so that people's privacy and dignity were respected. We heard and saw how people were treated with kindness and spoken to in a caring and gentle way. We saw that one person was crying quietly in the lounge and complained they were feeling, "…really down". The registered manager spoke calmly, reassured the person and stroked their hand. This meant people were understood and their individual needs could be met.

We noted that the home was peaceful and quiet with no raised voices or unnecessary noise. The TV in the lounge was only put on when requested by a person who lived in the home. One person told us that they liked it in the home but did not like noise, so preferred to sit quietly upstairs and not go to the lounge. They said, "I can go to the lounge but I don't choose to and that's fine with everyone. The care here is all good".

We asked two staff about privacy and respect and they were able to tell us how they ensured this for the people who used the service. One said, "People can choose when to have their meals, they can have their dessert before their main course. They can have meals in their room or the dining room". Another member of staff said, "We offer people anything they want. We treat people the way we would like to be". The staff member was able to give an example and that the family had recognised how positive this had been for the person. We spoke with one person in the home who told us that the staff were always sensitive to their privacy when they assisted with personal care. The same person said that they liked it that their family could pop in and that they felt welcome and were always offered tea and biscuits and private time together.

The registered manager told us that care was individual and centred on the person and staff we spoke with confirmed this. For example, breakfast time was very flexible because some people in the home took time to wake up and did not want to be rushed with personal care. In many cases pain relief had to be administered and be given time to work before it was possible for staff to assist people. On the day we visited we saw that no-one was in the lounge when we arrived at 9:15am, although there were some people in their bedrooms. When we spoke with two people they said that they had chosen to get up but wanted to remain in their rooms. One person told us, "The care here is very good."

Are services responsive to people's needs?

(for example, to feedback?)

Our findings

People we spoke with and their relatives, told us they had been involved in their care and support. One person told us they had a close relationship with one of their relatives, who visited regularly and was involved with their care. The person told us they understood and had made their own decisions about whether or not to return to their own home. They had been given the information necessary to make the decisions, and the time to do so. One relative told us, "We have a meeting each month to discuss things. The staff ring straight away if the GP is called and let us know what has been said". During the inspection we saw that families were open with staff and were heard to make suggestions about the care of their relative. One example during the inspection was when one person wanted to be admitted to hospital and their relative asked that this was done. Staff immediately made contact with the GP and made sure the person was ready to be admitted to hospital, with information available to the ambulance team for onward transport to hospital.

The registered manager said that people were encouraged to take part in activities so that they were not at risk of isolation or loneliness. They said there was no organised plan of activities as the staff tried to ensure people had personalised and individual time. There were however arranged activities such as seated tai chi and aromatherapy massages.. Most people we spoke with said the visits from relatives were their main activities that took place in the home. Two people we spoke with said they were happy to remain in their rooms. One person we spoke with told us they would like, "… a bit more exercise", but wasn't interested in activities. Two staff we spoke with said they would like to spend more time with people. One staff member said: "We have no time to do activities. Most of the day they are sat in the lounge with just the TV on as we are just too busy." The maintenance person told us they sometimes sat with people or played the guitar in the lounge if people wanted it. During the inspection we were not aware of any activities that took place. Minor improvements were needed to ensure that people had activities available on an individual basis and that this should be recorded to provide evidence.

One person said their relatives were encouraged to visit often and that they were welcomed when they did. The person liked the fact that visiting hours went on all day and, "…even in the evening", which meant their relatives were able to come to visit them after work. Two families we spoke with reported feeling welcomed and being part of the care team for their relative. The registered manager said the home was always open for the relatives of those who lived in the home and would accommodate them overnight where possible where possible. Since the home was intended to provide end of life care the registered manager said the service ensured people's emotional support in accordance with their wishes and families could stay with the person throughout. We saw some of the end of life records on file and the registered manager said they were ongoing as some had little information and others changed in line with people's choices and wishes. This meant people received care that was responsive to their needs.

Staff we spoke with were aware that one person in the home did not leave without either staff or relatives to accompany them. The registered manager said the person was able to make decisions but had requested staff or family to accompany them as they become fearful when outside the home. During the inspection we heard the registered manager calmly explain that it was safer for them to be accompanied by a family member or friend. The person, together with the care team and family had agreed that they be accompanied at all times for their wellbeing.

We checked the complaints records but there had been no formal written complaints made since 2012. There was a complaints policy and process in place and one relative told us it was available at the entrance of the home. Another relative said they would have no hesitation to make a complaint and knew how to if necessary. People we spoke with said they did not have any concerns about the home or staff. One relative said, "I know where the information is about how to complain, but I haven't taken any notice as I have no complaints".

Are services well-led?

Our findings

There was a registered manager in post at Eversley Nursing Home. Leadership was visible and the registered manager was available in the home and was approached by staff, relatives and people who lived in the home for support and information. Staff had clear lines of accountability and understood their roles and responsibilities.

Three staff we spoke with said they felt the registered manager treated them fairly and listened to what they had to say. One member of staff said: "X [the registered manager] is the best manager I've ever had. If I ring her she solves things. She has time for everyone". Three staff we spoke with said they knew about whistleblowing and how to report poor practice and there were telephone numbers available for staff to do so outside of the provider if necessary. One member of staff said, "The communication in the home is good". One staff member said they had recently undertaken training about whistleblowing as part of their induction. They said they were aware of the policy and procedure in the home and how to make a report if they ever needed to. A relative told us that: "The manager here is very approachable". This meant there was a culture that was open and inclusive, and where staff were supported in their roles.

We saw evidence that the provider conducted a quality assurance questionnaire each year to check the quality of the service. We saw that there had been a separate questionnaire for 2013/14 for people who lived in the home, relatives and staff.

Information from questionnaires completed by people's relatives showed that most people were very happy with the care provided by the staff and that the running of the home was tailored to meet the individual needs of the people who lived there. However the partner of one person who lived in the home said he had made various suggestions but felt they had not been acted upon. We spoke with the registered manager who was aware of the suggestions. They told us that people who lived in the home and their relatives had individual meetings on a monthly basis and were encouraged to speak to any member of staff about any concerns. We saw that some events and activities were detailed so that people could attend if they wished.

We looked at how the service was monitored. There were monthly audit summaries completed by the registered manager and evidence of what had been done in relation to, for example falls prevention. We saw evidence that the provider had visited each month to check compliance audits and was in the home during the inspection.

The registered manager told us there was a gold standard framework dependency scale that looked at the level of staff required to meet people's needs. We spoke with staff at the 'Gold Standard Framework for End of Life Care' accreditation who said the dependency scale was not a scale to calculate the day to day levels of staff, but indicated where there may need to be an increase in staff on duty for the support of a person at the end of their life. Minor improvements were needed because no other formal systems were in place to ensure that there were sufficient numbers of the right staff to meet the needs of people at all times.

Discussions with staff, and evidence provided on training records, showed that they had been provided with the training necessary to meet the needs of people who lived in the home. One staff member told us they had been part of a scheme to promote care services and had spoken to young people about the work. They had been into schools, colleges, universities and work fairs and as a result people had become apprentices in the care sector.

We saw evidence that there were plans in place for emergency events, for example if a fire were to break out. Staff were aware of the role they played and were able to tell us about it. The maintenance person showed us evidence of the fire safety checks made to keep people who lived and worked in the home safe.

This section is primarily information for the provider

Compliance actions

Action we have told the provider to take

The table below shows the essential standards of quality and safety that were not being met. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	**Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010. Care and welfare of people who use the services** The registered person did not ensure accurate records nor comprehensive risk assessments are in place.