

Shadowsource Limited

Eaton Court

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

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, and to provide a rating for the service under the Care Act 2014. There was a registered manager in post at the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider. This was an unannounced inspection. Eaton Court provides

short term intermediate care and accommodation for up to 26 people over the age of 18 who require short term and long term residential care and support. Access to the service of Eaton Court is by referral from community services or by individuals and their relatives.

Staff working at the service understood the needs of the people they supported and we saw that care and support was provided in a respectful caring manner. People who used the service told us they were happy with the care delivered.

Summary of findings

The service provided a comfortable environment for people to live. However, during our visit we saw that improvements were needed to some areas of the environment.

Regular visits from local GP services and other healthcare professionals helped ensure that people's health and support needs were assessed and met.

There were no Deprivation of Liberty Safeguards (DoLS) in place for people at the time of our visit. A policy and procedure in relation to the Mental Capacity Act 2005 was easily accessible within the home.

During the previous inspection of the service on 20 November 2013 we found that an improvement needed

to be made in relation to temperature control systems on the water heaters situated on the top floor of the home. At the time of this visit the rooms on the top floor were not in use. The manager confirmed that action had been taken to improve the safety of the temperature control systems.

People knew who to speak to if they were unhappy. A complaints procedure was in place and available around the building. This helped ensure that if a person wished to make a complaint the information was readily available to them or their representative.

Staff were fully aware of their role and purpose of the service delivered at Eaton Court.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Improvements were required to make the service safe. A number of areas around the building required improvement to help ensure the safety of people. We saw that there were a number of rips in a carpet and another carpet on the ground floor was sticky when walked on. A number of areas of wall paper were scuffed and on occasion ripped.

A safeguarding policy and procedure was in place and staff demonstrated a good awareness of what they would do in the event of a person being at risk. Individual risks to people were considered when planning their care and support.

CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The home had a procedure in relation to the MCA. Staff demonstrated an awareness of the MCA and training for all staff on the subject had been planned for the near future.

Requires Improvement



Is the service effective?

The service was effective. The majority of people told us that they enjoyed the food provided in the home and they all told us that they had a choice of what they wanted to eat.

People's needs and wishes were considered when planning their care which helped ensure that people received an effective service that ensured their lifestyle choices were planned for.

People received regular support from local health care professionals.

Good



Is the service caring?

The service was caring. We saw that staff were kind and supportive to people who used the service. Staff supported people with empathy and in a manner that respected their privacy and dignity.

People told us that the staff were caring or very caring. Information around the home clearly stated the purpose of the service was to promote people privacy; dignity; independence; choice; rights and fulfilment.

Good



Is the service responsive?

The service was responsive. There was a clear process for the service to manage referrals from the local community service which enabled people to access the service quickly.

People knew who to speak to if they were unhappy. A complaints procedure was in place and available around the building. This helped ensure that if a person wished to make a complaint the information was readily available to them or their representative.

Good



Summary of findings

Is the service well-led?

The service was well-led. People who use the service told us they felt listened to by the manager

Quality assurance systems were in place to monitor people's care planning; medicines and the environment.

Staff were fully aware of their role and purpose of the service delivered at Eaton Court.

Good



Eaton Court

Detailed findings

Background to this inspection

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' section sections of this report.

We inspected Eaton Court on the 5 August 2014. This was an unannounced inspection which meant that the staff and provider did not know we were visiting.

The inspection was carried out by an adult social care inspector who was accompanied by an expert by experience. An expert by experience is a person who has personal or professional experience of using or caring for people who uses this type of service.

We spent time observing care being delivered in the communal areas. We looked at some areas of the building including people's bedrooms. We spent time looking at records which included people's care records and records relating to the management of the home.

Before our inspection we reviewed all of the information we held about the service. This included information that the manager of the home had submitted to the Care Quality Commission (CQC). This information included safeguarding referrals and notifications about incidents that may have occurred at the service. We contacted the local authority and health care professionals involved with the service. They told us that they had no concerns regarding the home.

On the day of the inspection we spoke with 12 of the 14 people in residence. In addition, we spoke with the manager of the service and five members of staff.

Is the service safe?

Our findings

People who used the service told us that they felt safe. Their comments included “I feel safe”, “I definitely feel safe here”, “Of course I’m safe, visitors must ring the bell to come in” and “They’ve got a good security system.” One person told us that the one of the reasons she chose the home was that “It felt very safe.”

People told us that they were able to access the local community independently. One person told us “I can go out, there’s no restriction” whilst another added “I used to go out but I don’t want to anymore.” Two people told us “We often go out together and this is allowed.” They had been out that morning. When it got close to lunchtime and they had not returned a member of staff went out to meet them to check they were ok.

A policy and procedure in relation to safeguarding people was available within the home. Staff spoken with demonstrated a good awareness of what actions and practices would constitute abuse and what they would do if they felt that a person was at risk from harm. This meant that staff had the knowledge and understanding of what to do if they suspected abuse was taking place. No safeguarding alerts had been raised by the service since our previous inspection.

We looked at the staff rotas for the previous four weeks. We saw that care staff, a cook and two domestic staff were on duty throughout the day. We spoke with the manager about how they decided on the number of staff that needed to be on duty to support people. They told us that they used a dependency tool to calculate the number of staff on duty to meet people’s needs. The manager demonstrated a flexible approach to ensuring that sufficient staff were on duty at all times. For example, they told us, and we observed that if a person had a medical appointment an extra member of staff would be on duty to support them to the appointment. Staff spoken with told us that four people living at Eaton Court required the support of two members of staff on occasions. Staff told us that sometimes there was not enough staff to do what you wanted they do. The manager told us that they reviewed the number of staff on duty on a weekly basis to ensure that there were sufficient staff available to meet people’s needs. Throughout our visit we observed call bells being answered promptly when people were requesting assistance.

Identified risks to people who used the service were assessed and planned for. For example, prior to a person being admitted to the home their needs and wishes were assessed. This assessment ensured that the home had the facilities to meet the person’s needs. We saw that people’s care planning documents contained individual risk assessments which had been developed when a specific risk to a person had been identified. For example, we saw risk assessment relating to moving and handling and falls.

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. At the time of this inspection no DoLS had been applied for or were in place for the people using the service. The manager demonstrated an awareness of the Mental Capacity Act and had developed a policy and procedure for staff to follow in relation to the Act. The manager told us that staff were in the process of undertaking training in relation to the Mental Capacity Act via a training DVD. Staff spoken with demonstrated knowledge of the Act and when and how people may require support in making decision in their day to day lives. At the time of our inspection the people living at the home were able to make their own decision.

A handy person was employed to work at the service two days a week. We saw that they were in the process of renovating a ground floor bedroom which had received damage due to a leak. A number of areas around the building required improvement to help ensure the safety of people. For example, we saw that there were a number of rips in a carpet and another carpet on the ground floor was sticky when walked on. A number of areas of wall paper were scuffed and on occasion ripped. During lunch, the inspector sat next to an unguarded radiator that was very hot. People touching hot unprotected radiators may be at risk from burning themselves. The manager confirmed that radiators were not guarded around the building and a risk assessment had not been completed to consider the risks of unprotected hot radiators. We saw that one communal toilet on the first floor was out of use and awaiting repair. The manager told us that she had planned to meet with the provider in the near future to discuss and plan further refurbishment of the home and décor.

We saw that a number of bedroom doors had been fitted with ‘star’ locks and staff had access to the key for these locks. These locks enable the doors to be locked from the

Is the service safe?

outside only and therefore there was a potential risk of people not being able to exit their bedroom if the locks were engaged. We saw that no privacy locks were available on people's bedroom doors. Staff told us that if a person wished to have privacy lock on their door one would be fitted. The provision of privacy locks on doors helps to promote people's privacy and dignity.

During our visit we observed that a walking aid; a chest of drawers; a carpet cleaner and hairdressing equipment were being stored close to designated fire exits on the ground floor. We brought this to the attention of the manager who arranged for the equipment to be moved immediately to ensure that the exits were clear and not putting people at risk in the event of emergencies and needing access to the fire exits.

Is the service effective?

Our findings

People's care and support needs were reviewed on a regular basis to ensure that any changes to their needs were planned for.

The manager ensured that people's needs and wishes were sought when they were admitted to the home which helped ensure that that people received the support they required. For example, we saw that people's care planning documents contained information relating to people's preferred name, preferred GP, wishes at the time of their death and who they wished to be contacted if there was a change in their needs or health.

Care planning records demonstrated that people had regular access to local health care professionals, with a number of local GP surgeries being used by people living at Eaton Court. We spoke with one of the GP's who visited the home on a regular basis. They told us that they felt the service offered a good standard of care and contacted the surgery whenever it was appropriate to do so. They also commented that they thought the staff were friendly and empathic and that staff know they people living at the home very well.

We observed on person talking to a member of staff about a hospital appointment. The staff member explained the reason for the appointment. The staff member did not tell the person that they should attend but by giving the person the information they agreed they would attend the appointment. This demonstrated that the member of staff was supporting the person to make their own informed choice about attending the appointment as well as offering reassurances.

Nine people spoken with described the food they were served as good or ok. People told us that they always had a choice at mealtimes. Their comments included "If I don't like whats on the menu I go and see the chef and she'll do me something different" and "Even when the meal is served if I don't like it the chef will always find me something different." We spoke to the chef on duty who told us that people always had a choice of what they wished to eat. When people go to live at Eaton Court they are asked their likes and dislikes in relation to food and

drink. Food was ordered on a weekly basis from a local supermarket and bread and milk was delivered daily. At the time of this inspection one person required a diabetic diet. The chef demonstrated a good awareness of specific dietary needs and food allergies and where to find additional information if required.

A number of people chose to eat their meals in the conservatory and others in the dining room. During lunch we observed laughter and jokes being told in the conservatory. We observed a more formal quiet environment in the dining room where a number of people chose to eat. One person told us that he liked to go to his room and watch TV after his evening meal. They told us that staff never forgot him but checked on them and brought their supper to their room. We observed that dining tables were set with cutlery and condiments and people were offered a selection of flavoured water to have with their meal.

Information provided by the manager of the service demonstrated that the majority of the staff team had completed a National Vocational Qualification (NVQ) level two or three in relation to their role. Training records and staff spoken with confirmed that they had undertaken training in relation to food safety; health and safety; infection control; risk assessment and medicines. Four staff had also recently completed training in relation to dignity in care and falls, trips and funny turns. The manager demonstrated that further training for staff had been arranged over the next few months in relation to fire; safeguarding; slips trips and falls and stroke awareness. Staff spoken with told us that they felt they had sufficient training to carry out their role.

A system for supporting and supervising staff was in place. This helped ensure that staff had the opportunity to discuss their role and plan any further learning they required. Records demonstrated that staff received a formal supervision with their manager approximately every eight weeks. Staff spoken with confirmed that they received an annual appraisal for the role. At the time of this inspection there was no provision in place in which the manager of the service received regular supervision for their role.

Is the service caring?

Our findings

We spoke with 12 people who lived at Eaton Court and a visiting relative. People who were living at the service told us that they felt cared for and that they were happy with the care they received. The majority of people spoken with described the staff as very caring or caring and that “Staff listen.”

We spoke to a visiting relative. They told us; “they treat her like their own mum and are very caring.”

A number of people told us that they were able to choose when they got up and went to bed. In addition, a number of people told us that they were treated as individuals. For example, one person told us “Staff are excellent; I’m treated as an individual. If they see I need something they do it.” Another person told us “They act on what you say if they can.”

Care planning documents contained up to date care plans that were personal to the individual. The plans contained people’s likes and dislikes and lifestyle preferences. The plans contained information as to what the person was able to do and what they needed support in doing throughout their day. A document titled ‘My life So Far’ gave the opportunity to record people’s family and working life history, who was important to them and who they wished to see. The document also gave the opportunity to record how the person saw themselves now. People who used the service told us that the service met their needs. Their comments included “Homely, and the staff and residents are like a big family.”

One person told us that they had not been feeling well over the last few days and that staff had really looked after her and brought their meals to their room. They had also checked on them on a regular basis. Two people talked to us about staff helping them to bathe. They both said that they could choose a bath or shower and they were not pressured. They said that they did not feel rushed when staff were helping them and that staff always treated them with respect.

We observed staff treating people who used the service with dignity and respect. For example, we saw staff

speaking to people in a respectful manner and ensured that when delivering personal care, bedroom and bathroom doors remained closed. Staff knew people well. They were able to tell us about people’s likes and dislikes and their personal choices of how they received their care. It was evident from conversations we heard and observations that positive relationships had been formed between people who used the service and the staff team.

Policies and procedures available within the home outlined the aims and objectives of the service. Information available, which included the service user guide and statement of purpose, clearly stated that people’s privacy; dignity; independence; choice; rights and fulfilment was the aims and objectives of the service. A copy of the statement of purpose and service user guide was readily accessible to people who use the service, staff and visitors to Eaton Court. The manager told us that every person who lived at the service was given a copy of the service user guide to ensure that they were aware of the standards of care and support to expect.

At the time of our visit two members of staff were undertaking an end of life course in order to ensure that people coming to their end of life had the appropriate support around them.

Staff spoken with told us that were proud of the support they offered to people who used the service. Their comments included “We look after people and give them what they want and ensure that their dignity is there” and “the environment is not that good but the care is very good.”

Two members of staff had recently taken on the roles of dignity and dementia champions within the service. They told us that they were in the process of gathering information and making contact with local facilities in order to carry out their roles. Staff with the role of a champion take the lead for the service in a specific area of practice. They obtain up to date guidance and share it with other staff to help ensure that best practice guidance is included when planning and delivering care and support to people.

Is the service responsive?

Our findings

People who used the service told us that “When I ask staff to do something they usually do it if they can” and “They act on what you say if they can.” Other comments included, “Well looked after, can’t do enough for us”; “They look after everyone very well”; “Staff pretty nice, I’m pretty fortunate” and “Staff treat everyone the same, no favouritism.” One person told us “I like it here because the staff aren’t bossy.”

People told us that they were able to choose when they got up and went to bed. In addition, people told us that they were treated as individuals. For example, one person told us “Staff are excellent; I’m treated as an individual. If they see I need something they do it.”

A visiting relative told us that “Staff know what mum likes, plus they have fun” and “it has a homely feel, like home from home.” They told us that they had completed a form prior to their relative being admitted to Eaton Court regarding their likes and dislikes. They said “staff are aware of their likes and dislikes.”

We looked at three people’s care plans and records. The care plans were well written and contained up to date information about the person. A handover book was in use to record information for the staff team. It was suggested that people’s names were not used in this communal record book in order to protect their personal information.

We observed people being offered choices throughout the day. For example, we saw people being offered a choice of activities that they could participate in independently, choices in relation to food and drink. One person told us that he’d asked for a salad for lunch as he was due to attend an appointment later in the afternoon. They told us that having a salad slightly earlier than lunchtime gave them the time to get ready and prepare for their appointment. This demonstrated that staff had responded to the individuals’ needs and wishes.

We saw that activities were planned throughout the week which included a quiz; bingo; manicures; music and interactive Wii games. A large screen was in place in the lounge areas which were used to show films. People who used the service told us that they played snakes and ladders, bowls and exercises in a chair. We observed a

member of staff giving manicures to people whilst they were sitting watching TV in the lounge. We observed the staff member trying to engage with residents who appeared to be less involved with others.

Staff spoken with told us that they felt the service could make improvements in the activities they supported people with. They told us that if they had more time they would be able to support people with more varied activities.

The manager stated that people were encouraged to bring any furniture and personal effects with them when they moved into Eaton Court. This enabled people to feel at home more easily with their own personal effects around them. A relative who we spoke with told us that they had been able to personalise their relative’s bedroom prior to them moving in.

We observed a visiting relative discussing their relative’s needs with a member of staff. We saw that the staff member offered advice on mobility aids. The member of staff demonstrated that she was well aware of the person’s needs and the local provision of aids.

People told us that if they were not happy they would speak to the manager of the service. One person told us “If I wasn’t happy; I’d go to the boss.” The service had received two complaints since we last visited which had been dealt with by the manager. No concerns or complaints had been submitted directly to the Care Quality Commission. Information relating to the services complaints procedures were readily available around the building. Staff spoken with, demonstrated that they knew how to record any concerns they were made aware of and to forward them onto the manager. They told us that in the event of the absence of the manager all staff had access to the contact telephone numbers of the provider.

A healthcare professional spoken with as part of this inspection told us that they thought the service was very responsive. They told us that the service responded quickly in situations when people required a place to live at short notice. They gave an example of people arriving at the service with no personal effects due to their circumstances and they said that the staff team would always ensure that clothing and other personal items were sorted out very quickly for the person. They told us that they had not received any complaints or concerns from people who use the service or their relatives.

Is the service well-led?

Our findings

At the time of this inspection the manager of the service had been registered with the Care Quality Commission for several years. She had worked at the home for many years. During the visit and our discussions, we found that the manager had a good knowledge of the people who used the service, their needs and the staff team.

Staff spoken were fully aware of their role and the purpose of the service delivered at Eaton Court. They told us that they felt supported in their role by the manager and their comments included “You can go to her with anything” and “I love it working at the home. The manager is approachable and you are listened to.” Two staff described the home as “Just like a big family, it’s good to work here.”

People who use the service told us they felt listened to by the manager. Their comments included “She [the manager] is very approachable and listens to us” a further three people agreed with this statement and “Yes, she [the manager] is approachable.” Observations during our visit demonstrated that the manager knew the people living at Eaton Court and the staff team well. The manager was able to tell us about the needs, likes and dislikes of the people living at the home.

We spoke with two healthcare professionals who told us that they felt the service was well led by the manager and they thought the service provided met people’s needs.

A file containing policies and procedures to guide and support the staff team to deliver and support people who use the service was readily available. We saw that the policies and procedures had been reviewed in January 2014. Information on the documents however referred to the National Care Standards and Care Home Regulations 2001 and not the current regulations. We saw that the service had a procedure in relation to restraint failed to consider the Mental Capacity Act 2005. It is important that people who use the service and staff have access to policies and procedures that contain the most up to date guidance, legislation and best practice. This helps ensure that people receive the support they require within the current legal framework. We spoke with the manager who told us that she would update the policies and procedures to ensure that they contain the appropriate information and guidance.

There were systems in place to monitor and review the service provided to people. These included regular checks on people’s care planning documents, medicines and health and safety. Accident and incidents were recorded and where necessary people’s planned care was discussed and changed to maintain their safety.

The Care Quality Commission had been notified of relevant incidents since the last inspection. These are incidents that a service has to report and includes deaths or injuries. Information on the notifications demonstrated that we had been notified in a timely manner.