Care Quality Commission

Central England Healthcare (Wolverhampton) Limited

Eversleigh Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

We carried out an unannounced comprehensive inspection of this service on 7 and 15 January 2015. A breach of legal requirements was found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to safe care and treatment, regulation 12 of the Health and Social Care Act (RA) Regulations 2014.

During our inspection on the 9 and 10 February 2016, we found that the provider had not fully followed their plan which they had told us would be completed by the 31 July 2015 and legal requirements had not been met.

Since the last inspection the registered manager had left the service and a new manager has been appointed. The manager advised that following our visit they would be applying to CQC to become the 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 2008 and associated Regulations about how the service is run.

People did not always receive their medicines on time because medication rounds took longer than required. People's medical conditions were not always treated appropriately by the use of their medicines because given in the prescribed dosage and some medicines were not being stored correctly.

People were cared for by staff who had a good understanding of protecting people from the risk of abuse and harm. Staff knew their responsibility to report any concerns and were confident that action would be taken.

Staffing arrangements need to ensure there were enough staff who were organised in the right way to meet people's needs effectively.

Staff were able to demonstrate they had sufficient knowledge and skills to carry out their roles effectively and to ensure people who used the service were supported.

The manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS). However records were not detailed to show which decisions the person would require help to make. People told us that staff sought their consent before providing care and they could choose the support they received.

People's nutritional needs were met. People were given a choice of meals, however they felt the quality of the food they received could be improved. People were supported with a choice of drinks throughout the day. The manager was working with the chef to improve people's dining experience.

People were supported to access health care professionals and staff were responsive to the advice received in providing care to people.

Relatives were positive in their feedback about the service and confirmed they were involved in making decisions about care and treatment. Relatives told us people's privacy and dignity was maintained by staff and we made observations that supported this.

People received care that met their individual needs. Relatives and staff said managers listened to them and they felt confident they could raise any issues should the need arise.

The management team had systems in place to check and improve the quality of the service provided and take actions where required. Some improvements had been implemented but further action was required to ensure that changes were embedded and also further improvements made in a timely way. Staff felt the new management team had made positive improvements to care provided.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

People's medicines were not always available and administered to them as prescribed to meet their health needs.

Staffing arrangements need to ensure there were enough staff who were organised in the right way to meet people's needs effectively.

People told us that they felt safe and they were supported by staff who knew how to keep people safe from harm.

Is the service effective?

Good

The service was effective.

Staff were knowledgeable about people's support needs and sought consent before providing care.

People's nutritional needs were met and they were supported to have drinks throughout the day.

Input from other health professionals had been used when required to meet people's health needs.

Is the service caring?

Good

The service was caring.

Staff provided care that took account of people's individual needs and preferences and offered people choices.

People were supported by staff who respected their privacy and dignity.

Is the service responsive?

Good

The service was responsive.

Staff were knowledgeable about people's care needs and preferences in order to provide a personalised service.

Staff were responsive to the advice of external healthcare professionals in providing care to people.

People and relatives knew how to make complaints and were confident that any concerns would be listened to and acted upon.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

There were systems in place to check and improve the quality of the service provided and take actions where required. Some improvements had been implemented but further actions were required to ensure the changes were made in a timely way.

Staff felt the new management team had made positive improvements to care provided.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We undertook an unannounced comprehensive inspection of Eversleigh Care Centre on 9 and 10 February 2016. The inspection team consisted of two inspectors, a special nurse advisor and a pharmacist. As part of this inspection we looked to see that improvements to meet legal requirements planned by the provider after our 7 and 15 January 2015 inspection had been made.

As part of the inspection, we reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also asked the local authority and Clinical Commission Group (CCG) if they had any information to share with us about the home. The local authority is responsible for monitoring the quality and for funding some of the people living at the home.

During our inspection we spoke to eight people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We also spoke with eight relatives of people living at the home. We also spoke to four healthcare professionals who were visiting the home on the days of our inspection.

We spoke to the manager, three nurses, five care staff, the activities co-ordinator and the chef. We also spoke to the operational manager. We looked at records relating to the management of the service such as, care plans for five people, the incident and accident records, medicine management and three staff recruitment files, quality check records and questionnaire reports.

Requires Improvement

Is the service safe?

Our findings

At our comprehensive inspection of Eversleigh Care Centre on 7 and 15 January 2015, we found that people's medical conditions were not always being treated appropriately by the use of medicines. This was a beach of the Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

At our inspection on 9 and 10 February 2016 the Pharmacist inspector reviewed the management of medicines including the Medicine Administration Record (MAR) charts for nine people. We also observed three nurses complete a medication round for eleven residents. We saw that some improvements had been made. For example, records had improved and we saw medicine management was discussed at team meetings to ensure all staff aware of any changes or actions.

However, we did find that some areas still required improvement. For example, some people did not always have access to their medication on time. We saw four people whose medication was not in stock. One person had not had their medication to control blood pressure for at least five days. When we asked the nurse about this they were unable to demonstrate that the medication had been ordered.

We observed the timings for three medication rounds and saw that one round finished at the time that the next medication round was due to start. We saw one person receiving medication late in the morning when they should have received them when they first woke up. Another person was not given their morning medication because the nurse did not have enough information available to them to know how to administer it.

We found that people's medicines were not always available and administered to them as prescribed to meet their health needs. This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

The operational manager acknowledged that medication management needed improving. They advised the issue of medication rounds timing had already been identified and showed us that a new system had been agreed for implementation.

People we spoke with told us they were satisfied with their medication support. One person said, "They look after my medicines – no problems." One relative told us, "I have no concerns with medication; it's all looked after for [relative's name]."

We heard mixed views from people about the length of time they occasionally had to wait for care and support. One person said, "If I call the bell it can take a bit of time because they are seeing to someone else." Another person said, "There are not enough staff you have to wait." Two other people commented that staff were busy and that they sometimes had to wait.

A number of the staff we spoke with also commented that although they felt people were safe there was not always enough staff to be able to provide care in the individual ways people preferred. One staff member

told us, "There is not enough staff. It would be nice to sit down and have a conversation (with people), but we are very busy." Another staff member told us, "People are safe but there's not always enough staff, people have to wait."

We observed a lunchtime meal and saw that people were left waiting for support. For example, one person asked for help to move away from the table, staff gave assurances they would be, "Right back in one minute." However the person was left waiting for a further 15 minutes. When we advised staff of this and they immediately gave assistance. The member of staff apologised but told us they had been busy elsewhere.

When we spoke to the manager they advised that she had assessed the needs of people who used the service when deciding how many staff were needed to ensure their care and support needs where met. The registered manager acknowledged the issues over the lunch period but stated were more an issue of efficiency. Following our inspection they planned to monitor the dining experience daily and develop an improvement plan.

People told us they felt safe at the home. One person said, "I'm safe, staff look after me." People were comfortable when staff were with them and when they became upset staff offered reassurance. We saw staff offer guidance and support to help people. We spoke to three relatives all of whom told us that they felt their family member was safe at the home.

People were cared for by staff who recognised the types of abuse people could be at risk from. Staff told us they had received training in safeguarding and identified the different types of abuse. One member of staff said, "I'd be the first to challenge bad practice." All the staff told us of the actions they would take and were confident that action would be taken by the management team.

Staff we spoke with were clear about the help and assistance each person needed to support their safety. We spoke to staff who told us of the risks they needed to be aware of when providing care and the actions they would take to keep the person safe.

People's risks had been assessed and had been reviewed regularly and were recorded in peoples care plans. Staff told us they followed the guidance to make sure they provided care with the least amount of risk. During then inspection we saw staff helping people with their mobility; this was done safely with staff giving reassurance throughout.

Good

Is the service effective?

Our findings

People we spoke with felt staff had the knowledge to support people with their needs. One person told us, "Staff know what to do."   A relative we spoke with commented, "Staff are knowledgeable."

All staff we spoke with told us that they received training that helped them to do their job. All staff were able to give an example of how training had impacted on the care they provided. For example, one member of the care staff told us how recent training on skin care and been beneficial to all staff. They advised it made clearer on what to look out for and had improved support to people. When we spoke to the Clinical Commission Group (CCG) prior to the inspection they advised skin care had improved at the home and there had been a reduction in sore skin issues.

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.

The operational manager demonstrated a good understanding of when they would need to assess capacity and the steps they would follow to make a decision in the person's best interest, for instance involving a person's family or advocate. All care staff we spoke with understood people's right to choose or refuse treatment and we saw staff listen and responded to people's day to day decisions and choices, for example how they wanted to spend their day and where they choose to be within the home.

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 checked whether the service was working within the principles of the MCA and saw that the applications had been submitted applications where it was assessed that people were potentially receiving care that restricted their liberty. Once an application was made a care plan was put in place and reviewed month.

Staff respected people's right to refuse support and one person told us, "I only do what I want." Another person told us, "Staff kept asking me to join in activities but I didn't want to. They give me the choice but respect it when I say no." One staff member told us where people are unable to give verbal consent they look for facial expressions and hand gestures to gain consent and enable people to communicate choices. We saw staff asking for people's consent before providing care.

People told us they were given a choice of meals.   One person said, "They always ask what I like." We saw one person had a later breakfast. They told us, "Staff are getting me toast because that's what I want. I choose when I get up"   We heard mixed views from people about the quality of the meals they received. One person told us, "It's okay but could certainly be better." We saw a lunchtime meal on the day of our

inspection; the meals looked appetising and we observed people enjoying their food. Where two people refused their meals they were both offered alternatives.

We saw that people were supported to have drinks throughout the day. People were given a choice of hot or cold drinks and we saw staff encourage people to have a drink and offer alternatives if the first drink was not finished.

We spoke to the chef and they told us how they worked together with the person and staff to ensure that people's individual needs were catered for. The chef told us that people's preferences and dietary requirements were recorded in care plans and updated if required when the chef spoke to the person.

When we spoke to the manager, they had identified the need for improvements at meals times and advised they were taking action to address people's dining experience. They told us they had already spoken to the chef about creating a better lunchtime for people. The chef confirmed to us that new table linen had been ordered and they were looking to buy new crockery to improve the presentation of meals.

We saw that people were supported to access healthcare professionals and attend a range of medical appointments including GP and optician. One person told us, "The doctor comes when we ask for them."

Good

Is the service caring?

Our findings

People we spoke with told us staff were caring and they were well looked after. One person said, "Staff do care about me," and, "They (staff) are all good to me." One relative commented they felt their relative was well cared for and that, "Nothing is too much trouble for staff." Another relative told us, "I can't speak highly enough of them (staff)."

We heard and saw positive examples of communication throughout our inspection and people were relaxed around the staff supporting them. One relative told us that in their view staff were caring and said, "All staff are friendly and pleasant – it's a good atmosphere." We spoke to four external healthcare professionals who visited the home during our inspection, two of whom confirmed staff were friendly and approachable.

During our conversations, staff we spoke with had a good knowledge of people's individual needs. Staff were knowledgeable about the support people required and gave choices in a way that people could understand. We saw that staff understood the different ways that people expressed how they felt. We also saw staff responded to the body language of one person and offered support in a timely way.

One person told us that staff supported them to retain their own level of independence. They said, "Staff let me get on with things myself, they only help if I need them to." However, one relative told us they felt their relative should be encouraged to do more themselves. We saw that at meals times some people were encouraged to eat their meals themselves before being offered assistance if required.

People's friends and relatives visited when they chose. Relatives we spoke to said they felt welcomed at all times and could visit freely. For example, we saw that one relative visited over the lunchtime period and assist their relative with their meal. One relative told us, "I can visit whenever and I have always been made welcome." They went on to say they had experienced a period where they were unable to visit the home, they said staff understood and kept them informed, they said, "Staff don't just care for the people here, they have provided support to me too."

Relatives said they felt their family members were respected by the staff and they said staff treated them with dignity. We saw staff knock on bedroom doors and wait for a response before they entered. Staff we spoke with were able to describe the actions they took to ensure that people's privacy and dignity was maintained while care was provided. We also spoke to one person who told us their appearance was important to them, this had been recognised by staff and the person told us they supported them to look nice and, "Get my hair done."

We saw that staff were respectful when they were talking with people or to other members of staff about people's care needs. For example, we saw that when staff spoke to each other regarding care they stepped out of the communal lounge area. We did note that some daily record files, which included peoples personal information were left in communal areas on the first day of our visit, but this was corrected on the second day when all files were locked away to maintain confidentiality.

We saw that the home had recently introduced a dignity programme and had appointed a number of staff to dignity champion roles. We spoke to one of them and they told us it was a new role but they were excited to be given opportunity to share ideas and support their colleagues. They said the role involved sharing best practice and leading by example. On the day of the inspection we were unable to determine how effective the programme was as it had not yet been fully embedded.

Good

Is the service responsive?

Our findings

Relatives told us they felt the service was responsive to people's on-going needs. One relative told us their family member had been unwell but their condition had improved since they had been lived at the home. People told us they felt that staff listened to them. One person told us that when they raised a concern, staff had listened to them and taken action. They said, "Things have improved…it's much better than before."

We found that care plans had been developed to include 'Getting to know me' information on people's social history and prompts on what they liked and what was important to them. Staff said this helped them know what was important to people. Staff told us of one person liked listening to music. When we later spoke to the person they said, "Staff know that I'm happy in my room. I enjoy sitting here listening to my music." We also saw a member of staff joking with one person about their favourite football team. One staff member told us that family was important to one person and she would speak to the person about her family to reassure her. One relative told us, "People's differences are respected."

People told us they were involved in their care. One person commented, "They do listen to us, we choose what we do. How we spend our day." Relatives told us they were involved in their family members care reviews and were involved in discussions about treatment. One relative told us, "I recently attended a review. They do listen and take note of what I say." Another relative told us, "I told them something and they wrote it on his care plan." Four relatives we spoke with about communication told us it was good. They was told us staff let them know when things changed in their family member's health. One relative commented, "They (staff) are good. They look after things and they keep us informed."

We saw several people for whom English was not their first language. Some staff were able to speak to people in their preferred language and they were able to assist other staff. For one person cards had been produced with some common words on to help staff communicate.

We spoke to four external healthcare professionals who visited the home during our inspection, three of whom confirmed that staff called them to the home when appropriate. One healthcare professional told us, "I've no concerns. Instructions are usually followed through. Staff are prompt." Another told us, "Staff follow through on actions; they are receptive and keen to act on advice."

We saw one person refuse any lunch. Staff advised the person had been off their food and they had contacted the person's family to ask if there was particular food that she would like and encourage them to eat. We also saw that a referral had been made for health advice on this.

We checked four people's care plan and saw that these were reviewed regularly and staff advised they reflected people's current care and support needs. One visiting healthcare professional told us, "Charts are clear and nicely filled out. They are helpful."

People told us different activities were available to them such as bingo and exercise to music. One person said, "I go the lounge for bingo or singing." On the second day of our visit a choir visited the home and we

saw people enjoying their singing and joining in. The provider employed two activities co-ordinators but only one was in work on the dates of our inspection. They told us they organised group activities but also spent time individually with people. This was confirmed by one person who told us they preferred to stay in their room reading a paper or watching TV but added the activity co-ordinator, "Pops in and chats to me."

We asked people living at the home and their relatives how they would complain about the care if they needed to. One person told us they had made a complaint and the issue had been resolved to their satisfaction and they would be happy to raise issues again if they needed. A relative also told us, "[Relative's name] had a problem. I asked them (staff) to look at it and they did." All other people we spoke to confirmed they had no complaints but if they had a concern they were happy to speak to the staff or the manager. One relative commented, "I am confident to raise issues."

We saw that the registered manager had a complaints folder in place. All complaints had been logged, investigated and responded to. The information showed actions taken by the provider which included contact with external agencies.

Requires Improvement

Is the service well-led?

Our findings

During the previous inspection on 7 and 15 January 2015 we found that this question required improvement in particular in the systems and audits to monitor the people with pressure ulcers and their skin care to reduce the risk of people acquiring sore skin. We found that improvements had been made, the home had introduced a new system for recording skin care and all nursing and care staff had received training in the new procedures.

The manager told us the new ways of working for skin care were more effective and that all staff had worked hard to achieve the changes required. This was confirmed by two visiting healthcare staff who told us skin care had improved at the home.

Since our last inspection there had been several changes in the management of the home. The registered manager had left and a new manager had been appointed. The operational manager had also changed. The new operational manager told us they were working at the home full time to help introduce new systems of care, for example, skin care systems and training.

On the day of our inspection we met with the new manager. They had started in November 2015 and told us they had benefited from a period of handover from the previous registered manager. They advised this period had enabled them to understand and assess some of the areas within the home that needed to be improved. The manager advised that following our visit they would be applying to CQC to become the registered manager. A new post of care manager had also been introduced to support the manager in their role and provide clear leadership to the staff team. This person was responsible for working with care staff, leading on training to deliver better care and ensuring records were reflective of care.

We found that although the manager had introduced some improvements, further action was required to ensure the changes were embedded and also further improvements made. For example, although some improvements were noted in medicine management, a full audit of medication had not been carried out. When we spoke to the manager about this they advised a full medication audit was planned but not yet completed.

We found that DoL records were not detailed to show which decisions the person would require help to make. The operational manager acknowledged this was an area that needed improvement, they advised they were planning to introduce a more detailed record of assessment and all managers would receive training.

We found that although some improvements had been planned to improve people's dining experience further monitoring and action was required to ensure people got the level of support they required and to ensure the quality of food was consistent.

Staff we spoke with told us there had been a period of change within the management team but stated that communication remained good. Three members of staff that we spoke to said that the manager and the

operational manager were supportive and they could approach them at any time with any issues or concerns. All of the relatives we spoke to told us they had no concerns and felt the home was well managed. One relative told us although there relative had only been there a short time, "The home has lived up to my good expectations. He is happy here and I would like him to stay."

People knew who the manager and provider were. We saw that they talked to people and visitors, who all showed they were familiar with them both. One person told us, "I know the manager I see her around." A relative also commented, "I know the managers, if you want to see them I go to the office, one knock and you are in."

Staff were told us they could approach any one of the management team with any issues or concerns. They also advised they could raise issues in staff meetings or in supervision. We saw the minutes of one staff meeting recorded that staff had been thanked for their hard work and also gave an update on new staff appointments and recruitment.

The management team told us since their appointment they had drawn up a list of priorities and were pleased with the progress made but acknowledged there was still some areas that needed improvement, for example MCA recordings and people's dining experience. They told us the whole staffing team needed to work together and they had met with staff to share their long term vision for the home. One member of staff confirmed this and told us the whole team had met to discuss the manager's vision for the home and about team working.

We saw that the manager had introduced new some new initiatives, for example dignity champions, but on the day of the inspection we were unable to determine how effective these were as they had not yet been fully embedded.

There were checks in place to review the care provided. For example, one of the management team completed checks throughout the home and completed a 'walk around document.' Areas checked included cleanliness of the home and care records checks. Where issues were identified these were recorded and action taken. Care staff also confirmed that the care manager spent time each day out on the floor observing their practice. They advised she would call staff together in a 'huddle' to give feedback and suggest improvements.

The provider had sent a questionnaire to all relatives in January 2016 and responses were still being collected. On the day of the inspection, only nine responses had been received. Responses showed people were positive about the service, mentioning the clean environment and friendly staff. Three people had mentioned meals could be improved and one person said there could be more staff. The manager advised they would use the responses to help inform their action plan for the home.

The manager and operational manager took an open and responsive approach to the issues we identified at this inspection. They were honest and transparent about the areas that required improvement and how they planned to address them.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People's medicines were not always available and administered to them as prescribed to meet their health needs.