

Mrs Tabitha Angela Twidale

Eleighwater House Retirement Home

Inspection report

Eleighwater House
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Chard
Somerset
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Tel: 0146067532

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This was an unannounced inspection on 29 March 2018.

Eleighwater House Retirement Home is a care home for up to 5 older people. The family run home provides personal care in a pleasant rural environment. The home is located in a traditional house and is arranged over two floors. The service provides personalised care and supports people with many different care requirements. At the time of the inspection there were 5 people living in the home.

At the last inspection in December 2015 the service was rated Good.

At this inspection we found the service remained Good.

People told us they were looked after very well at Eleighwater. They said it was, "Overall a nice place to be." People enjoyed the small, informal environment. The registered manager and their family lived in the grounds of the home. Their regular contact with people and the size of the home contributed to relaxed family style care and support.

People's comfortable and personalised life-style was supported by the registered manager's knowledge of good care practice and sound administrative systems.

People felt safe at the home and with the staff who supported them. They had no worries and were confident they could talk to staff. They had confidence any concerns they had would be promptly addressed by the staff.

The provider had systems and processes in place to keep people safe and minimise the risk of abuse. People were supported by sufficient numbers of staff to meet their needs in a relaxed manner.

The registered manager and staff were very pro-active in arranging for people to see health care professionals according to their individual needs. Staff noted changes in people's health and requested GP visits when required.

People were supported by kind and caring staff. One person said, "Staff are always very attentive and kind."

Another person said, "This is an excellent place. Lovely atmosphere." A member of staff said, "This is the best place I have worked by far. We are able to give good all round care here."

People were able to make choices about all aspects of their day to day lives. Their care was responsive to their needs and personalised to their wishes and preferences

There were formal and informal quality assurance systems in place to monitor care and plan on-going improvements. There were audits and checks in place to monitor safety and quality of care.

The service was well run by a registered manager and staff manager who had the skills and experience to run the home so people received high quality person-centred care. The manager led a team of staff who shared their commitment to high standards of care and clear vision of the type of home they hoped to create for people.

Further information is in the detailed findings below

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remained Good.

Is the service effective?

Good ●

The service remained Good.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service remained Good.

Is the service well-led?

Good ●

The service remained Good.

Eleighwater House Retirement 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 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.

This inspection took place on 29 March 2018 and was unannounced. It was carried out by an adult social care inspector.

Before the inspection took place the provider completed a Provider Information Return (PIR). This asks the provider to give key information about the service, what the service does well and improvements they plan to make. We reviewed this and other information we held about the service. This included previous inspection reports, statutory notifications (issues providers are legally required to notify us about), other enquiries from and about the provider and other key information we hold about the service.

At our last inspection of the service in December 2015 the service was rated as Good overall. Since that inspection no concerns have been identified and the service remains Good.

At the time of this inspection there were 5 people living in the home. During the inspection we met with 5 people in their own rooms or in the sitting room. We spoke with the manager and their family, assistant manager, two members of staff and two relatives.

We observed lunch being served and saw how staff interacted with the people. We looked at a sample of records relating to the running of the home and to the care of individuals. These included the care records of two people who were staying at the home. We also looked at records relating to the management and

administration of people's medicines, health and safety and quality assurance.



Our findings

People continued to receive care that was safe. All the people told us they felt safe in the home and with the staff who supported them. One person said "I have no complaints or worries. We are fine here"

The provider had systems and processes in place to keep people safe and minimise the risk of potential abuse. There was a recruitment system designed to ensure all new staff were suitable to work with vulnerable people. All new staff initially completed a probation period where their practice was closely monitored to make sure they had the skills and values required.

People were safe because staff had received training in how to recognise and report abuse. Records confirmed this. Staff had an understanding of incidents and issues that may be termed abuse and the action to be taken. They understood the importance of reporting any concerns and were confident that they would be listened to. The manager confirmed concerns would be fully investigated and action would be taken to make sure people were safe. The manager was knowledgeable and confident with their safe guarding responsibilities. They gave us an example when they had sort advice and guidance regarding a possible safeguarding issue.

Accidents in the home were recorded and audited. The records included details of any action taken to minimise future risks. For example some people were always offered assistance to use the stair lift. When one person had a fall appropriate action was taken and a staff member stayed beyond their shift time to ensure they were safe and there were sufficient staff to care for the other people.

Care plans contained risks assessments regarding people's moving and handling needs and risk of falling. Individual risk assessments enabled people to continue with activities they enjoyed. People who were able were encouraged to walk outside and go out with their friends and families. The manager and staff were able to tell us about the ways in which people's risks were assessed and the action taken to overcome hazards and reduce the risk of harm.

People's records were accurate and up-to-date. There was a computerised care planning system supported by paper care files. Staff accessed this information in order to provide knowledgeable, safe care.

People were supported by sufficient numbers of staff to meet their needs in a relaxed manner. People said there were enough staff and they had never felt neglected. Staff told us they did "a bit of everything." They cooked and completed the domestic duties. They said this was "fine." They said if they ever needed extra

help they could ask the registered manager who was very supportive.

The home and the equipment used in the home was safe and records showed it had been maintained and serviced regularly. When manual handling equipment was required it had been serviced and maintained at the required intervals. When required people had adjustable profiling beds that enabled them to change their position in bed easily.

People's medicines were administered by care staff who had received appropriate training. There were safe systems in place for the storing, administration and recording of medicines. People were able to administer their own medicines if they chose to do so and could also be prompted by staff if this was required. There were systems and storage available for any medicine that required additional security and record keeping (controlled drugs.)

The home was very clean and free from all odours. This helped to protect people by preventing the spread of infection. Care staff received training in infection control and had adequate supplies of personal protection equipment such as disposable aprons and gloves. Staff received training in food hygiene.

Our findings

People continued to receive effective care.

Each person had their needs assessed before they moved into the home. This was to make sure the home was appropriate to meet the person's needs and expectations. The service offered a small amount of day care to local people. Some people got to know the home through coming there for day care and chose to stay when their health declined.

People received care from staff who were well trained and competent. New staff completed the Care Certificate. This is a nationally recognised initial care qualification. Staff had begun using an on-line care training system. Staff had completed training modules in safeguarding, food hygiene, fire safety, health and safety and first aid. The registered manager worked as part of the staff team and backed up the training with regular direct supervision and observation to ensure staff were competent.

People's health was monitored and it was clear from care records action was taken when people were unwell. People's care needs varied and the care planned and delivered in the home was effective. For example, there were strategies in place to prevent people developing pressure damage to their skin. They had pressure relieving mattresses and seat cushions and were monitored by the community nurse. Records showed they were assisted to change their position regularly. People's mental and emotional needs were supported with skill and kindness. Staff knew how to support people who were living with a degree of dementia. They supported people when they were anxious.

The home arranged for people to see health care professionals according to their individual needs. People received regular visits from GPs. Records showed short term health needs were addressed promptly. Long term health conditions were monitored and appropriate referrals and visits were made to consultants and specialist clinics. Opticians and chiropodists visited the home regularly. People who were able to were assisted to visit the dentist. One relative told us how their family member's health had improved considerably since they came to live at the home because they had been offered kind and appropriate support.

People were supported to have a balanced diet that promoted healthy eating. People were asked what they wanted to eat and spoke positively about the food served in the home. Wholesome family style meals were prepared by staff and served either in the dining room or in people's rooms if they preferred. One main meal was served at lunch time although individual preferences were accommodated. At supper time people

chose from a variety of hot and cold food options. One person was helped to choose their meals using pictures of food to be sure they understood what the options were. .

When there were any concerns about a person's appetite or weight loss there was evidence in the care plan that the person had been assessed and necessary action taken. Some people needed assistance to eat their meals. Care plans contained guidance regarding the need to encourage them to be independent and respect their dignity. One person had their fluid intake monitored to ensure they drank enough. Records showed that on one day the person had drank less than their target amount. The next day staff had encouraged them to drink more so that the average intake was sufficient.

People only received care and support with their consent. Throughout the inspection we heard staff consulting with people and asking them if they were happy with the support they were offered or had received.

Where people lacked the mental capacity to make decisions about their care staff acted in accordance with the principles of the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving the people who know the person well and other professionals when relevant. People's legal rights were protected because the registered manager and staff had received training and knew how to support people who may lack the capacity to make some decisions for themselves.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DOLS). The registered manager had knowledge and experience of the mental capacity act and worked in partnership with relevant authorities to make sure people's rights were protected. No one was currently being cared for under the Deprivation of Liberty Safeguards.

People's needs were met within the homely environment of the service. People were encouraged to maintain their independence and mobility. There was equipment available to help them if they needed it. Bedrooms were comfortable and sufficiently spacious to enable people to enjoy sitting quietly and enjoying the views of the garden.



Our findings

The home continued to be caring.

People said they were supported by kind and caring staff. Everyone we spoke with was very positive about the staff. People said staff were, "Kind and polite", "Friendly" and, "Absolutely wonderful."

One relative wrote in the most recent quality assurance questionnaire, "Life is better and happier than it has been for a while for my (family member) The care is excellent. Relatives are included and given information."

People's privacy and dignity was promoted in the home. All care was conducted privately and discreetly. Doors were always closed during personal care and staff spoke quietly to people when asking them about their support needs. One person commented in a recent quality questionnaire, "Letters are delivered unopened. Phone calls can be taken in private."

At night people were consulted about the frequency of times staff entered their room to check on their well-being. People were able to request less frequent checks subject to risk assessments.

People were supported to express their views informally on a daily basis and each month when their care and support was formally reviewed with their key worker. Regular meetings were held with the registered manager and people felt able to raise general issues about the home.

People's friends and relatives were made to feel welcome in the home. Relatives could have lunch in the home and were invited to activities and social events. One person's family member visited most days. They told us they were kept informed and involved. They were always pleased when they came to visit the home. They told us people were cared for as individuals and each expressed care need was addressed.

Our findings

The service continued to be responsive.

People received care that was responsive to their needs and personalised to their wishes and preferences. People were able to make choices about all aspects of their day to day lives. One person told us they were able to "please themselves" and "there were no restrictions." This included choosing where and when they got up and had breakfast. People had their own routines. One person enjoyed their meals in the dining room. They had problems with their hearing and later preferred to watch the television in their own room without the sound.

Each person had a detailed care plan that gave staff the information they required to provide care that met people's physical, mental and social needs. One person living with dementia had a person centred support plan that indicated kind and gentle good practice.

The registered manager talked about the changing needs of people in the home and how these changes had been met by increasingly flexible approaches to daily events such as meal times and bed times. Daily entries in care plans recorded how people's daily routine changed according to their inclinations.

People were encouraged and supported to live as they chose. People moved freely between their own rooms and the sitting rooms. When people were able to they went out for a meal or a trip to the shops. There were some regular social events in the home which included musical events. Staff also responded to people's interests and the time of the year. People were sometimes offered an individual outing. People had their papers delivered and their rooms contained books and music. One person told us about the hand crafts they enjoyed.

People told us they would be able to raise any issues of concern within the home. There was a formal complaints procedure which had been used infrequently as people were able to talk to the registered manager and staff to have issues resolved promptly. One relative said "(The registered manager) is always willing and happy to discuss anything."

Whenever possible people were cared for at the home till the end of their lives. Some people's needs changed and they required nursing care or were assessed as needing support in a specialist dementia service. The registered manager told us they always tried to support people to stay at the home with the support of other health professionals. People had regular contact with GP's and community nurses. This

professional support enabled people to receive medicines to assist them with their pain or anxiety if they were needed.

Our findings

The service continued to be well led.

There was a registered manager in place who had the skills and experience to run the home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the registered provider. 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.'

The registered manager and their family lived in the grounds of the home. They were fully involved with all aspects of the service. They were on-call at night and also took direct care shifts. Other members of their family were also involved in the running of the home. They were very knowledgeable about the people in the home and shared the same values and vision of the home as the registered manager.

The registered manager and their family members were well respected and liked by staff and people who used the service. One person told us "This is an excellent place with an excellent atmosphere. This is the result of the attitude of the people running the home." Relatives commented they were extremely satisfied with the care their family members received. They said the registered manager was always willing and happy to discuss anything.

Staff understood the vision the registered manager had for the service. This was to help people enjoy living life within their family orientated home. People and their families and friends were part of the community at Eleighwater and were welcomed at any time. Each day staff were asked to consider "what will you do today that will make their day special?"

The registered manager ensured people received good care. They knew people well and were closely involved with the daily delivery of people's care. Staff appraisal records showed that as well as providing positive feedback to staff any issues or aspects of care delivery were discussed.

People's views were gathered informally on a daily basis and through regular meetings with the registered manager. People, their relatives and staff also completed satisfaction surveys. The most recent survey indicated people were satisfied with the care and support they received in the home. The registered manager and staff knew people who lived in the home and their families very well and were up-to-date with their changing needs and care.

The manager constantly sort to improve the service. They looked at ways people's care could be as person-centred as possible and sort solutions to people's care needs on an individual basis. As people's needs changed the way in which their care was delivered was reviewed and up-dated on a completely individual level.

The manager understood the relevant legal requirements and had notified the Care Quality Commission of all significant events which have occurred in line with their legal responsibilities.