

# Central England Healthcare (Wolverhampton) Limited

## Eversleigh Care Centre

### Inspection report

52-62 Albert Road  
West Park  
Wolverhampton  
West Midlands  
WV6 0AF

Tel: 01902426323

Website: [www.eversleighcarecentre.co.uk](http://www.eversleighcarecentre.co.uk)

Date of inspection visit:  
07 February 2023

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### Ratings

Overall rating for this service	Requires Improvement ●
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Is the service safe?	Requires Improvement ●
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Is the service well-led?	Requires Improvement ●
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# Summary of findings

## Overall summary

### About the service

Eversleigh Care Centre is a residential care home providing personal and nursing care to up to 84 people. The service provides support to older people, some of who are living with dementia, or have a physical disability. At the time of our inspection there were 49 people using the service.

Eversleigh Care Centre accommodates people in three separate units, each of which has separate adapted facilities.

### People's experience of using this service and what we found

Risks to people's health and wellbeing were not always managed safely. People experienced delays in support to protect their skin integrity and assist with their food and fluid intake. This placed people at risk of harm.

There were not always enough staff to meet people's care needs or respond to people when required. Staff had not always been safely recruited.

Actions taken following incidents and events did not always consider what staff should do to reduce the risk of avoidable harm. Systems used to ensure the safe management and administration of medicines were not always effective.

Governance and audit systems designed to monitor the quality of care people received were not always effective. The provider's systems for assessing staffing levels had not always considered people's individual needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who knew how to identify signs of potential harm and abuse and who were following infection control guidance. There was some evidence of learning from incidents and events.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (published 10 August 2022).

### Why we inspected

We received concerns in relation to people's care needs not being met. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has changed from Good to Requires Improvement based on the findings of this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eversleigh Care Centre on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement

We have identified breaches in relation to risk management, staffing and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

#### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Eversleigh Care Centre

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

The inspection was conducted by 2 inspectors and a specialist nurse advisor.

#### Service and service type

Eversleigh Care Centre is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eversleigh Care Centre is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. Management of the home was overseen by the nominated individual.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

### During the inspection

We spoke with 2 people who used the service and 1 visitor about their experience of the care provided. We also spoke with 7 staff, the deputy manager, the development and delivery manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records, these included 9 people's care records, medicines administration records and governance and quality assurance records. We also looked at 3 staff recruitment files.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing risk, safety monitoring and management

- Risks to people's health were not always managed safely. Risks had been assessed and recorded but staff had not always followed guidance to safely manage people's risks. For example, 2 people had been assessed as requiring 2 hourly repositioning in order to manage their sore skin and reduce the risk of further deterioration. Records reflected there had been periods of up to 6 hours in between support given to reposition people. This placed people at risk of developing new pressure wounds or may have led to further deterioration of current areas of sore skin.
- Where people were at risk of dehydration this was recorded in their care plan. However, records used by staff to monitor fluid intake were not always completed or totalled throughout the day. This meant staff could not check if people were meeting their required target intake. Daily checks on records to monitor fluid intake were not consistently completed which placed people at risk of dehydration.
- Where people had sustained injuries, such as friction burns, the action taken to reduce the risk of further harm had not always been considered. Accident forms had been completed and referrals made to outside agencies, however the action to be taken by staff to avoid reoccurrence or worsening of the injury was not always recorded. This may place people at risk of avoidable harm.

### Using medicines safely

- Records relating to the administration of medicines were not always completed. There were gaps on Medicines Administration Records (MAR) which meant we could not be sure people had received their medicines. Staff were unable to confirm whether people had received their medicines as prescribed.
- Staff told us checks were undertaken daily to identify any gaps in MARs so they could take any required action. However, there was no evidence these had taken place on the days we identified gaps. This meant the systems used to ensure oversight of medicines administration were ineffective and may place people at risk of not receiving their prescribed medicines.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Staffing and recruitment

- People did not receive timely care in accordance with their assessed needs as there were not enough staff to assist them. Where people required support with eating and drinking, or assistance with repositioning staff were not always available to support them. We saw people with food left in front of them where their care plan stated they required staff support. This meant people who may eat if staff were available to help

them, may not have enough to eat and drink.

- We observed people calling out for staff from their bedrooms and staff walking past their rooms as they rushed to support other people. On some occasions staff explained to people they would have to wait but at other times they did not respond to people at all. One person told us, "I like most of the staff, but they are way too busy."
- Staff told us they were concerned about staffing levels. One staff member said, "There are not enough staff to support all the people who need 2 hourly repositioning, sometimes it is late." Another staff member said, "The main concern for me is the staffing. It is impossible for us to reposition everyone who needs it and get breakfast out in the time which is expected. Today people have had to go without hot drinks because we haven't had time."

There were not sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's care and support needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had carried out pre-employment checks, including Disclosure and Barring Service (DBS) checks, to ensure staff were safe to work with people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. However, the provider had not always requested a full employment history from staff, or explored gaps in employment, which meant checks were not sufficiently robust.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to ensure safeguarding events were reported and shared with the local authority. Where incidents had occurred, the nominated individual had submitted notifications to CQC as required by law.
- Staff knew how to identify concerns for people's safety and could recognise signs of possible abuse. One staff member told us, "Any concerns are reported to the nurse or manager straight away. We have had safeguarding training so we know what to look for and how to report it."

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty.

Learning lessons when things go wrong

- There was some evidence of learning after incidents and events took place. However, in some cases actions taken to reduce the risk of harm was not recorded or communicated with staff. Daily handover meetings took place but notes and actions from these meetings did not always identify the gaps in people's care or tasks staff were unable to support people with due to a lack of time.



## Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

## Visiting in care homes

The nominated individual was aware of their responsibilities in relation to supporting people's rights to have visitors at the home. There were no restrictions placed on visiting, visitors could access the home freely.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Governance and oversight systems used by the home's management team were not effective at identifying areas of concern or making improvements. Audits conducted by nursing and senior staff were not always fully completed and as a result had not identified the concerns we found during the inspection.
- Medicines audits or checks carried out, were not effective at identifying errors or the concerns we found. The deputy manager told us daily meetings took place to offer oversight of medicines administration, however there was no evidence these had taken place on the dates where we identified concerns.
- Despite our observations and staff sharing concerns with us about staffing levels, the management team told us they felt there were sufficient numbers of staff to support people. They told us staffing levels had not changed since our last inspection. However, this response did not consider that people's needs may since have changed or people with higher support needs may have moved into the home.
- The provider's quality assurance tool, which involved a daily walkaround the home, had not been consistently completed and had not identified the areas where people's needs were unmet. This placed people at risk of harm.

The provider had failed to establish systems to assess, monitor and improve the quality and safety of the service provided. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following our feedback, the management team advised they would review staffing levels and the frequency and quality of audits. They also shared that a staff member had previously been employed to ensure oversight of people's daily support, but this role had recently been discontinued due to the planned introduction of electronic recording systems.
- Since our last inspection the nominated individual continued to take day to day responsibility for managing the home in the absence of a registered manager. The nominated individual told us a manager had been recruited, however their appointment had not been successful, so they were no longer in post.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The nominated individual was aware of their responsibilities under the Duty of Candour. The Duty of

Candour is a regulation which all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines' providers must follow if things go wrong with care and treatment.

- However, feedback from relatives received by CQC both before and after the inspection, reflected some people were unable to contact the management team when they had concerns about the care their family members received.
- Some of the staff we spoke to expressed concerns about the inconsistency of management at the home in recent years, and felt, as reported following our last inspection, staff morale had been impacted.
- The development and delivery manager told us they recognised staff concerns and had provided consistency with the nominated individual being based at the home on a daily basis.
- Despite management and staffing concerns most staff we spoke with felt supported in their role and told us they felt able to approach the management team with any concerns.

Continuous learning and improving care; Working in partnership with others

- Where incidents and events had taken place there was some evidence of learning. For example, a review of events had identified a person who needed additional support to keep them safe. Additional support had been provided and was in place during our inspection visit.
- The nominated individual and delivery and development manager were open to the feedback we provided both during and after the inspection. They advised they would review the areas of concern we identified and also try to address the inconsistencies in management experience at the home.
- The management and staff team worked alongside visiting healthcare professionals and other partner agencies when planning people's care and meeting people's care and support needs.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  Systems were either not in place or robust enough to demonstrate safety was effectively managed.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing  There were not sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's care and support needs.

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to establish systems to effectively assess, monitor and improve the quality and safety of the service.</p>

### **The enforcement action we took:**

We served a Warning Notice and asked the provider to evidence how they had made improvements to evidence compliance with the regulation.