

# Raydonborne Limited

# Eldonian House

## Inspection report

Eldonian Way  
Liverpool L3 6JL  
Tel: 0151 298 2989

Date of inspection visit: 28 January, 29 January & 5 February 2015  
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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Requires Improvement



Is the service responsive?

Requires Improvement



Is the service well-led?

Inadequate



### Overall summary

The inspection took place on 28 & 29 January and 5 February 2015. It was unannounced.

Eldonian House is a purpose built care home for thirty older people. It is situated in the Eldonian Village community in the Vauxhall area of North Liverpool, close to the city centre. Accommodation includes all single bedrooms with en-suite facilities on the ground and first floor, two main lounges and a dining room. There is a passenger lift which gives access to all areas of the home.

There was no registered manager in post. 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 were kept safe because there were arrangements in place to protect them from the risk of abuse. People said they were supported in a safe way by staff. Staff understood what abuse was and the action to take should they report concerns or actual abuse.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005) and aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is

# Summary of findings

in their best interests. The manager had knowledge of the Mental Capacity Act 2005 and their roles and responsibilities linked to this. They were able to tell us what action they would take if they felt a decision needed to be made in a person's best interests. At the time of our inspection no one was subject to a DoLS.

Most of the people who lived at the home had a plan of care. The care plans we looked at contained relevant information to ensure staff had the information they needed to support people in the correct way and respect their wishes, likes and dislikes. We found people who had been admitted to the home in January 2015 did not have any care plans and the risk assessments they needed for staff to provide the support they required. You can see what action we told the provider to take at the back of the full version of this report. A range of risk assessments had been undertaken depending on people's individual needs. Risk assessments for the use of bed rails were in place. However, consent had not been sought from the person themselves or if lacking capacity to make a decision relatives / significant others had not been consulted regarding the use of this equipment.

Risk assessments and behavioural management plans were not in place for people who presented with behaviour that challenges and staff did not have guidance to keep themselves and other people who lived in the home safe.

Medication was given at times when people needed it. We observed the administration of medication by staff. We saw that staff that ensured people took their medication by waiting with them. Medication was stored safely and securely. Staff had not received refresher training for medicine administration since 2010. We found that staff did not complete Medicine Administration Records (MAR) as required to show people had received their medication. We found that some people did not always receive medication as prescribed.

Activities were arranged for people in the home throughout the week by an activities co-ordinator. These included board games, arts and crafts, reminiscence and films. Some people were supported to maintain their hobbies, such as knitting.

Staff had been appropriately recruited to ensure they were suitable to work with vulnerable adults. Staff were only able to start work at the home when the provider had received satisfactory pre-employment checks.

People told us there was always enough staff on duty to support them as they needed. However the manager did not have a method to assess this.

We have made a recommendation about the use of systems for determining sufficient numbers of staff.

Staff told us they felt supported in their roles and responsibilities. Staff received an induction and regular mandatory (required) training in many topics such as health and safety, infection control, first aid, fire safety, food hygiene, moving and handling, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and safeguarding adults. Records showed us that they were up-to-date with this training. This helped to ensure that they had the skills and knowledge to meet people's needs. During our visit we observed staff supported people in a caring manner and treated people with dignity and respect. Staff knew people's individual needs and how to meet them. We saw that there were good relationships between people living at the home and staff, with staff taking time to talk and interact with people. People told us they were happy at the home, and our observations supported this. One person said, "The staff are lovely. I am well looked after." Another person told us "They (staff) don't rush me." Relatives we spoke with gave us positive feedback about the staff team.

A procedure was in place for managing complaints and people living there and their families were aware of what to do should they have a concern or complaint. We found that complaints had been managed in accordance with the complaints procedure. A copy of the procedure was displayed in the foyer of the home.

The building was clean and appeared well maintained. We found that checks were not always carried out to ensure the building was safe.

Systems were not in place to check on the quality of the service and ensure improvements were made. These included having processes in place to collect the views of people using the service about the quality of the service and carrying out regular audits on areas of practice. You can see what action we told the provider to take at the back of the full version of this report.

# Summary of findings

**You can see what action we took at the back of the full version of this report.**

# 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?

The service was not always safe.

People who displayed behaviour that challenges did not have a plan of care or risk assessment in place to protect other people from the risk of harm.

Staff understood how to recognise abuse and how to report concerns or allegations.

People were not protected against the risks associated with unsafe use and management of medicines'

The manager did not have a method to assess if there were enough staff on duty at all times to ensure people were supported safely.

Safety records and audits demonstrated maintenance of the home was inconsistent and checks were not always carried out to ensure the building was safe.

**Requires Improvement**



### Is the service effective?

The service was not always effectively meeting people's needs.

Some of the people living at the home had bedrails in place. Assessments were made by healthcare professionals. Consent had not been given for them to be used from the person. We did not find evidence that the decision to use the bedrails had been made as a 'best interest' decision.

Staff said they were well supported through induction, supervision, appraisal and the home's training programme. We found training to safely administer medicines was last given in 2010.

People told us they received enough to eat and drink. People did not get a choice of meals but alternatives were offered. They were encouraged to eat foods which met their dietary requirements.

People's physical and mental health needs were monitored and recorded. Staff recognised when additional support was required and people were supported to access a range of health care services.

**Requires Improvement**



### Is the service caring?

The service was caring.

People who lived in the home and their relatives did not have any opportunities to be involved in the running of the home. There were no arrangements in place to obtain people's views in relation to their care.

We saw that people had choices with regard to daily living activities and they could choose what to do each day.

**Requires Improvement**



# Summary of findings

Staff we spoke with showed they had a very good understanding of the people they were supporting and were able to meet their needs. We saw that they interacted well with people in order to ensure they received the support and care they required.

We saw that staff demonstrated kind and compassionate support. They encouraged and supported people to be independent both in the home.

We observed staff treated people with respect.

## Is the service responsive?

The service was not always responsive. We saw that people's plans and risk assessments were not regularly reviewed. The plans of care were not individualised to show people's preferences or routines.

Most people had their needs assessed and staff understood what people's care needs were. Plans of care for people who moved into the home were not completed within a reasonable time to identify their support needs.

Referrals to other services such as the dietician or occupational therapist or GP visits were made in order to ensure people received the most appropriate care. The home had a complaints policy and processes were in place to record and complaints received to ensure issues were addressed within the timescales given in the policy.

**Requires Improvement**



## Is the service well-led?

The service was not well led.

The manager had not registered with the Care Quality Commission as they are required to do.

The service had a lack of quality assurance system in place to check good and safe practice was occurring within the home.

There were no systems in place to get feedback from people or relatives so that the service could be developed with respect to their needs.

The manager did not always provide an effective lead in the home. The manager or the deputy manager did not meet with the staff team on a regular basis to discuss issues or plans.

We saw that health and social care professionals visited the home and worked together with the staff team to support people's on-going health and social care.

**Inadequate**



# Eldonian House

## 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 28 - 29 January and 5 February 2015 and was unannounced. The inspection team consisted of two adult social care inspectors.

We reviewed the information we held about the service before we carried out the visit. We contacted also one of the commissioners of the service to seek their feedback about the service.

During the inspection visit we spoke with seven people who lived at the home and two visiting relatives. We also spoke with three care staff, a cook and two members of the management team. We spent time observing the care provided to people who lived at the home to help us understand their experiences of the service.

We viewed a range of records including: the care records for three people who lived at the home, five staff files, records relating the running of the home and policies and procedures of the company.

We carried out a tour of the premises, viewing communal areas such as the lounge, dining room and bathrooms. We viewed some of the bedrooms. We also looked at the kitchen and laundry facilities, and medication storage area.

# Is the service safe?

## Our findings

We found the provider had not taken steps to ensure people were protected from the risks of unsafe or inappropriate care. We found care plans and risk assessments had not been completed for three new residents in January 2015. We found risk assessments and behavioural management plans had not been completed following a recorded incident of inappropriate behaviour towards staff by a person who lived in the home. Having these records in place would help staff to support the person in a consistent way and help ensure the safety of people who lived in the home and the staff.

**By not taking proper steps to identify, assess and manage risks relating to people's health, welfare and safety was a breach of Regulation 9 (1) (a), (b) (i) (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 (3) (a), (b) & (h) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People we spoke with thought there were enough care staff on duty. We saw care staff spending time with people in each of two lounges during both days. We found there were sufficient numbers of staff on duty to meet people's needs during each day of our inspection. The manager told us the staffing numbers were the same each day, unless any staff were ill. The manager said the home was staffed as if it was full (30 people). There were 25 people living in the home. The manager told us they did not use an assessment tool to determine the numbers of staff required to support people who lived in the home. We discussed how on-going assessment of people's needs would help to ensure sufficient staff were provided and people needs continued to be met.

We recommend that the service seek advice and guidance from a reputable source, about the use of systems for determining sufficient numbers of staff.

We saw that medicines were not always administered safely. We looked at the systems and processes the home used to obtain, store and administer medicines. We found that this did not always follow the guidelines of recognised good practice and was putting people at risk. For example some medications were being signed for as taken by the person before they had been administered. During the morning of the second day of our inspection we looked at

the medication administration records (MAR) kept at the home. We saw that one person's medicine had not been given however a member of staff told us that it had been given earlier that morning but they had, "forgotten" to sign for it. Another person received medicines at lunchtime although the MAR showed that it was prescribed for breakfast time. Staff said the person chose to get up later and preferred their medicines at lunchtime, however this was not recorded and the MAR had not been amended to show this nor had the person's doctor been contacted to review this change. The effectiveness of some medicines can be reduced if not given at the right time. No record was available of the names and signatures of staff who had been assessed as competent to administer medicines. Such a record would enable the identification of the staff who have made entries on MAR.

Topical medication, such as creams and lotions were not recorded as having been given. We observed that the technique used to administer eye-drops did not follow good practice although another member of staff was able to describe the correct procedure, including hand washing.

Some medicines were prescribed to be given 'as required' (PRN); for example, for pain relief. Many of these were written on the MAR and showed had 'set times' for administration, breakfast, lunch etc. The exact time given was not recorded. It is essential that the time is documented to allow the correct interval between doses to be calculated. There were no PRN care plans in place to demonstrate when people should have their medication and for staff to support people to with their medication.

We found that medicines, including controlled drugs were stored safely and adequate stocks were maintained to allow continuity of treatment. Medicines not packaged in blister packs at the pharmacy were not routinely counted.

Controlled medicines are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and misuse of drugs regulations.

No evidence was found that any audits took place of the medication administration process, stock levels or MAR charts. The manager told us they checked the MAR's and medicines stock each month when they were reordering medication through prescriptions. They did not document their findings. We found the number of tablets recorded on individual MAR's were inaccurate as they only showed the new medication received and did not include the stock of



## Is the service safe?

medicines already in the home. Therefore there was no accurate record kept to help ensure the manager and senior staff knew the total amount of all medicines stored in the home. This was contrary to the provider's procedure for receipt of the 4-weekly medications.

Some staff we spoke with did not know what action to take if medication was dropped on the floor accidentally to ensure that a person received their prescribed medicines. There was no system in place to deal with medication errors, including omissions, which were not recorded. The provider's administration of drugs procedure contained within the clinical services policy stated what staff should do to deal with medication errors. We found that this procedure was not being followed by the staff we spoke with. Guidance for staff was written up in separate policies. For example the provider had separate policy documents for the receipt of the 4-weekly medications, procedure for 4 weekly repeat prescription, policy and procedure for self-medication and administration of drugs – general section contained within the clinical services policy.

Staff who administered and dealt with medicines told us that they had received training before they had started to administer medicines. We found, when checking staff training records, however, no evidence staff had received updated training in medication management since 2010. This was confirmed by the manager. We asked how the manager ensured staff remained competent to carry out safe administration of medicines. The manager told us they did not carry out competency checks on staff to ensure they had understood their training and maintained safe practice.

**People using the service were not protected against the risks of unsafe use or management of medicines. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Records were kept to ensure the quality and safety of the premises. We saw service contracts were in place for fire safety equipment, lifts and clinical waste. The provider employed a maintenance person to carry out tests and checks of gas and electrical appliances and the fire prevention equipment. Their schedule of work, records and logs were kept in maintenance files. We saw that the fire

fighting equipment and the fire alarm were tested each week and emergency lights tested each month. We found an annual water testing certificate from an external provider from 2011. The outcome of the assessment was that there was no risk of legionella in the water system. We were unable to find a more recent assessment of risk or any recent records for water temperature testing or evidence that water systems in bathrooms and bedrooms were regularly checked; the last record for water temperature testing in the schedule was 2011. We did not see a policy which determined when this should be carried out. We were unable to find gas and electric certificates for 2014. The deputy manager told us the maintenance person did still carry out these tests. The absence of some current records and safety certificates did not assure us that people who lived in the home were living in a safe environment.

**There was a lack of evidence to show adequate maintenance was carried out. This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

People who lived at the home were protected from the risk of abuse because the provider had procedures in place for responding to allegations of abuse. We looked at the home's policy and procedure for safeguarding. The policy was in line with local authority safeguarding policies and procedures. The staff we spoke with said they had recent training about safeguarding and talked knowledgeably about how to recognise abuse and how to protect people. Training records confirmed staff had undertaken adult safeguarding training each year. All of the staff we spoke with were clear about the need to report through any concerns they had.

We spoke with the manager about a safeguarding incident that had been reported since the last inspection and how this had been managed. We saw this had been reported through to the local authority safeguarding team and the police. We found that protocols had been followed in terms of investigating and ensuring any lessons had been learnt and effective action had been taken. This helped ensure people were kept safe.

We looked at how staff were recruited to ensure staff were suitable to work with vulnerable people. We looked at five staff personnel files. We found that appropriate checks had



## Is the service safe?

been undertaken before staff began working at the home. We found application forms had been completed and applicants had been required to provide confirmation of their identity. We saw that references about staff's previous employment had been obtained and Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff commencing work at the home. DBS checks consist of a check on a person's criminal record and a check to see if they have been placed on a list for people who are barred from working with vulnerable adults. This assists employers to make safer decisions about the recruitment of staff.

Policies and procedures were in place to control the spread of infection and domestic staff were required to follow cleaning schedules to ensure people were provided with a safe and clean home environment. People we spoke with told us the home was always clean. Both staff knew how to protect people from infection with hand washing at appropriate times and the use of aprons and gloves and gave examples of procedures in place to prevent the spread of infection in the home following a 'break out'.

The laundry room was clean and well organised so that clean laundry was not contaminated by dirty laundry. There was a dedicated hand washing sink. The door had a keypad lock and was kept closed when no member of staff was in the room. Toilets were all clean and soap and paper towels were available by every wash basin. Clinical waste bins with lids in bathrooms on each floor but downstairs

bin did not have a foot pedal. This meant that staff had to use their hands to open it in order to dispose of contaminated waste and the outside of the lid could become contaminated so that people were put at risk of cross-infection.

The home achieved a '3 star' (generally satisfactory) rating for food hygiene practices by the local council in April 2014. The recommendation to carry out a 'deep clean' of the kitchen had been completed in September 2014. We saw the certificate from the organisation concerned that this had been completed.

During a tour of the building we viewed the kitchen and found it was clean. Other areas in the home, including people's bedrooms, dining room and communal areas were clean and tidy.

We saw evidence that an inspection had been carried out by Merseyside Fire and Rescue Service in June 2014. A 'deficiency notice' had been issued. Recommendations made in the notice were yet to be actioned. These recommendations included the fitting of 'cold smoke' seals around all bedroom, interconnecting and staircase doors. No date had been given by the fire service for this work to be completed. We spoke with the manager about this. They told us the work had not yet been completed as they were still waiting for quotations for the work from a company they had contacted.

# Is the service effective?

## Our findings

People who lived at the home gave us good feedback about the staff team and the care and support they provided. One person told us “It’s perfect here, we are well looked after. The girls (staff) all know what they are doing.” Another person told us “When I go to bed at night my clothes are washed and are in my wardrobe the next day. I wouldn’t get that level of care in the Adelphi Hotel.”

Relatives we spoke with told us they were satisfied with the care their family member received. One person told us, “[person] is much better now than when they first came here.”

Staff told us they felt supported and trained to meet people’s needs and carry out their roles and responsibilities effectively.

Staff said most people were living with dementia. We found no evidence of an assessment of people’s capacity/ability to understand their care needs. We did not find a plan of care to support people with their dementia care needs. Relatives we spoke with told us they had signed consent forms for their family members. We found consent forms for photography, medications and personal care.

We found evidence in care records that some people had bed rails in place. These had been put in place following referral by the home and an assessment by a district nurse. The manager confirmed these were used to prevent falls from the bed. We did not find any plans of care had been completed or consent sought to support the decision to use bed rails. The lack of consent or evidence of a ‘best interest’ decision can be seen as a restriction. We brought this to the manager’s attention at the time of our inspection.

**Failing to ensure clear arrangements are in place to obtain valid consent to care, treatment or support is a breach of Regulation 18 Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The manager had knowledge of the Mental Capacity Act (2005) and their roles and responsibilities linked to Deprivation of Liberty Safeguard (DoLS). The manager told us all of the staff had been provided with training on the Mental Capacity Act (2005). They advised us that there was

nobody living at the home that was subject to a Deprivation of Liberty Safeguard (DoLS). The Deprivation of Liberty Safeguards (DoLS) is a part of the Mental Capacity Act (2005) that aims to ensure people in care homes and hospitals are looked after in a way that does not inappropriately restrict their freedom unless it is in their best interests.

We viewed five staff files which contained recruitment, identification induction and some contained training certificates. Training records showed us that staff regularly received mandatory (required) training in a range of subjects such as: safeguarding vulnerable adults, health and safety, infection control, moving and handling, fire safety, first aid, food hygiene and Mental Capacity Act (2005) and Deprivation of Liberty Safeguards. We saw that staff had received an appraisals each year and regular supervision every four months.

People who lived at the home had a care plan which included information about their dietary and nutritional needs and the support they required to maintain a healthy balanced diet. People’s likes, dislikes and preferences for food and meals were not documented in their care plan. We heard staff discussing people’s food preferences with someone who had been admitted to the home on the first day of our inspection. We heard them sharing the information with other staff. However this information was not recorded in the person’s records to help ensure a consistent approach. This meant that people may not always receive their preferred foods and drinks.

We spoke with the cook and found them to be very knowledgeable about people’s preferences, likes and dislikes and dietary needs. They told us how they accommodated the diets and preferences for people who had diabetes and how they were provided with alternative meals or desserts as appropriate. Other people required ‘soft diets’ that is meals which contained ‘easy to eat’ food to prevent choking. We found that this information was not documented. This meant that it was not readily available to other staff including the other cook.

Menus were prepared for a four week period. There was one hot meal offered for lunch and one cold or hot snack offered at tea time. People were offered a choice for breakfast which included a variety of cereals, toast and the option of a cooked breakfast every day. We observed staff at the lunchtime meal. We saw staff knew people’s needs and preferences in respect of food. We saw one person was

## Is the service effective?

given an alternative meal as they did not like the meal on offer. We saw staff were vigilant and observant. For example if they noticed people had not eaten much of the meal, they firstly encouraged them to eat and offered support. If the person did not want the meal they offered them an alternative, which was a sandwich. We did not see the meals for the day displayed in the dining room to inform people what meal was being offered. This would have helped to remind people what they were having. We heard several people asking what the meal at lunchtime was.

People who lived at the home told us the food was good. One person said, "There is no choice but it's good. If you didn't like something, they'd get you something else." Another person told us "You get enough to eat and plenty to drink. If I don't like what's been cooked there's always something else."

The cook told us that most of the food was homemade, including soups and puddings. We saw healthy alternatives available such as yoghurts and fresh fruit. People were served hot drinks throughout the day. People in the home told us they were offered hot or cold drinks often during the day as well as at mealtimes. We saw people were offered more than one drink during the lunchtime meal.

We saw, from the care records we looked at, local health care professionals, such as the person's GP, dietician and district nursing team were regularly involved with people's care. During our inspection we saw several healthcare professionals visited the home to attend to people's health needs. These included district nurses and a GP.

We found that all areas of the home were safe, clean and well maintained. The home was fully accessible and aids and adaptations were in place to meet people's mobility needs, to ensure people were supported safely and to promote their independence.

The manager told us that all of the people who lived in the home were living with dementia. We found the home did not assist them with suitable décor or signage around the home to help promote orientation and independence for people.

**We recommend the service consider best practice guidance regarding the development of the environment for people living with dementia.**

# Is the service caring?

## Our findings

People who lived in the home told us that all of the staff were good. One person said, “The staff are lovely. I am well looked after.” People discussed the way staff were patient and gentle when supporting them with personal care. One person told us “They (staff) don’t rush me.”

We observed the care provided by staff in order to understand people’s experiences of care and help us make judgements about this aspect of the service. We saw that staff were caring and showed concern for people’s welfare. We observed that staff took their time when supporting people and took the time to have conversations with people. Staff we spoke with talked about people in a way that showed they cared about people who lived in the home. One said, “People get fantastic care here. I treat people here like I’d have treated my mum.” They said they all worked together and had the same caring approach about people who lived in the home.

People who lived in the home and their relatives did not have any opportunities to be involved in the running of the home. The manager told us they had made times available for relatives to meet with them previously, but the interest in this was poor. We did not find any other means of making suggestions or passing on information to people who lived in the home or their relatives. The manager told us the activities coordinator was looking at ways to involve people and meet with their relatives. We did not find any evidence that people or their family members were involved in their care by attending reviews or had been consulted about the care and support they received.

**Failing to ensure clear arrangements are in place to obtain people’s views and decisions in relation to their care, treatment or support is a breach of Regulation 17 (1) (b), (2) (c) (ii) and (2) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 (3) (d) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Throughout the inspection we observed staff supporting people who lived at the home in a dignified and respectful way. We saw staff respond in a timely and attentive way so people did not have to wait if they needed support. We noted there was positive interaction between people and staff. We heard staff taking time to explain things clearly to

people in a way they understood. Staff were cheerful and kind to people. We saw that people who occasionally displayed behaviour that challenged were not segregated unnecessarily. Staff responded promptly and appropriately when intervention was required. We spoke with three staff and they were able to describe people’s individual needs, wishes and choices and how they were supported. A relative we spoke with at the time of the inspection was pleased with how the staff cared for their family member. They told us “My family member has improved so much in the short while they have been here.”

We saw a ‘thank you’ card on a notice board from someone whose family member had recently stayed in the home. They expressed their thanks for the great job the staff had done in caring for their relative.

We found some good examples of how people who lived at the home had been well supported with their health needs, particularly end of life care and people who needed professional input with skin care or their diet. We found that diets had been changed to reduce risk of choking and people were monitored regular for food and fluid intake and district nurses were visiting people in the home to treat and monitor their skin integrity.

We found the staff responded appropriately and swiftly to changes in people’s needs and made appointments or referrals to professionals in health and social care. We saw evidence in the care records of the appointments people had attended with for example, a GP, district nurse, dietician, optician, chiropodist and dentist. We saw daily records were kept and were up to date. We observed visits by district nurses, a GP and a social worker during our inspection at the home.

Staff we spoke with told us how they promoted people’s independence and respected their privacy and dignity. One person who lived in the home told us that staff were careful to ‘protect their modesty’ when supporting them in the shower. During our observations throughout the inspection we saw that staff were respectful towards people. We found all staff called each person by their name when they spoke to them.

One person had been supported to maintain their independence although they were visually impaired. Staff described how they helped the person to choose clothes for the following day and laid them out in the order the person preferred so that they could dress themselves.

## Is the service caring?

On the first day of our inspection a person had been transferred to hospital following a fall. Staff told us that a member of staff had accompanied them and stayed with them until a relative had arrived. A photocopy of their MAR and a transfer form with essential information had been taken with them. This helped to ensure the person felt reassured during their time in hospital. It also meant the person was accompanied so that hospital staff knew their medical and support needs.

Many of the people who lived in the home had family members to represent them and ensure their views were heard and rights upheld. We were not made aware of anyone who had representation from the local advocacy service. During our inspection in the home we found the management team made themselves available to speak with relatives and social care and health professionals to keep informed about peoples welfare.

# Is the service responsive?

## Our findings

The manager told us that before people came to live in the home, whenever possible, the manager or the deputy manager visited them and completed a pre admission assessment. The completion of a pre assessment document would help to ensure that people's care needs would be met at Eldonian House. We were unable to find a pre assessment document for any of the three people who had been admitted during January 2015. The manager told us that one person was admitted in an emergency and that there was no time to complete a pre admission assessment. The social worker who brought the person into the home did not bring any care /support plan with them. The manager had not contacted the social worker again to receive this information.

We found that plans of care had not been completed for three people who were admitted in January 2015. This meant that people's needs had not been assessed and the support people needed was not recorded. It also meant that people who lived in the home may not have received the care and support they required and that staff may not have supported them in a safe way because care plans and risk assessments were not in place.

We looked at the care plans for five people who lived in the home. Care plans and risk assessments had been completed in areas such as falls, skin and pressure care, bed rails, moving and handling. However, we found that care plans and records were not individualised to people's preferences and did not always reflect their identified needs. For example, we found people's care records did not record any information or contain an assessment relating to their needs around living with dementia.

Care records did not always describe the same care that staff told us people received as they had not been updated. For example, staff told us that two people were receiving end of life care. We saw that one of these people had a recent 'do not attempt resuscitation' (DNAR) form in their care file. This had been completed by a doctor and the person's relative had been given the opportunity to discuss and agree to the decision. However, this had not led to a care plan being developed. Staff told us that the person was cared for in their bed and that they encouraged fluids and offered food frequently. We did not find a care plan detailing how care should be provided.

Staff told us that one person could not walk but was supported to stand in order to transfer to a chair or commode. The person's care plan said that they walked to the toilet. The plan also said the person 'likes an evening bath' but staff told us the person had not been in the bath for several months and was bed bathed each day.

**Failing to take proper steps to protect people against receiving inappropriate or unsafe care identify is a breach of Regulation 9 (1) (b) (i) & (ii) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 9 (3) (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We found that care records we saw were not clear or contained enough detail. For example, the home used a book to record if people had a bath or shower and how frequently they preferred it but the book did not record bed baths, not were these recorded in daily care records. Some people had not been weighed each month although this was indicated in their care plan. One person had not been weighed for two years. We asked staff about this and they explained that the person was unable to sit in a weighing chair; however this was not documented in their care plan. A malnutrition risk assessment had been completed for this person and a body mass index (BMI) had been recorded recently. The method of calculating BMI involves a person's weight. The person's care record showed they had not been weighed for over 12 months.

When risk assessments had led to individualised adaptations to care plans, the plans had insufficient detail to ensure their care met their needs. For example, one person had a risk assessment and care plan about their skin care. The assessment did not refer to any recognised tool such as the waterlow score. The care plan consisted of, 'check [person's] skin regularly'. We saw letters that showed that the person had been assessed by community nurses and had been supplied with a special pressure relief mattress and cushion. Staff confirmed that the person was cared for using this equipment but it was not recorded in their care plan.

All care plans confused manual handling with mobility. For example, one person's care file said, 'X does not need any manual handling' and also, 'Ensure X is assisted with mobility.' Staff said the person was assisted to stand using a walking aid, by two staff.



## Is the service responsive?

**People using the service were not protected against the risks of unsafe or inappropriate care and treatment because accurate care records were not maintained. This was a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (2) (b) & (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

Staff had completed a one page profile called 'All about me' with some people and/or their family members. This gave information about the person's family history, their employment, interests, hobbies and their likes and dislikes. The manager informed us that the activities coordinator was to complete one page profiles with those people who lived in the home who did not already have one. They did not give a time when these were likely to be completed.

People who lived in the home told us they had a choice about their routine. For example the time they got up and went to bed at night. A person told us that they got up about 8am most mornings but sometimes stayed in bed longer if they felt like it. People could choose where they spent time, in the communal areas or in their bedrooms. One person liked to stay in their bedroom until after lunch and then usually sat in one of the communal lounges.

We were told about the activities that were provided for people who lived in the home. An activities coordinator had started working in the home four months ago. They told us of the activities they had introduced and the plans to make better links with the local community. We saw people watching a musical film, some were drawing and others completing scrap books about their lives. We were told by the activities coordinator that people also played board games and skittles. People were enabled to do their hobbies, such as drawing and knitting. We saw some people who lived in the home spent time in the bedrooms watching television. Daily newspapers were provided for people, and staff knew people's preferences and offered papers to people sitting in the lounge.

The provider had a complaints procedure which was displayed in the hallway for everyone to see. We saw that action had been taken to investigate complaints and resolve them to people's satisfaction. The manager told us there were no complaints currently being investigated.

All of the people we spoke with said that they had no complaints about the service. They said they believed if they did have any concerns they could speak to senior staff who would resolve them. One person said, "I would talk to the manager or deputy. It's not a problem talking to them."



# Is the service well-led?

## Our findings

The service did not have a registered manager in post. The manager had not sent an application in to the Commission during the ten years they had been in the post of manager of the home. We informed the manager that they must submit an application immediately.

The home was managed on a day to day basis by the manager and the deputy manager. There was also a senior carer on duty at all times. Most people we spoke with knew the manager by name and said they saw them regularly and that they walked through the home and talked to people. Staff we spoke with said the manager was approachable. One member of staff said that they had taken concerns they had to the manager in the past and they had been dealt with appropriately.

We enquired about the quality assurance systems in place to monitor performance and to drive continuous improvement. The manager said a health and safety audit was completed by the provider every quarter but we were not shown any evidence when the last audit took place.

The manager informed us that they did not carry out any audits. We were unable to determine when the last care record and medication audit had actually taken place. The manager told us they checked the medication administration records every month whilst reordering stock but did not record this. A comprehensive medication audit of stock and MAR sheets, as well as the completion of staff competency checks would have alerted the manager to unsafe administration of medication we observed during the inspection.

We saw from the care records that updates were completed in most of the records we looked at. However we could not determine when these were completed as the records were not dated. Therefore we could not be sure the information in the care record was accurate. An audit of care records

would have identified that some of the information recorded could not be verified as accurate and that care plans and risk assessments were not completed in a timely manner to support people living in the home in a safe way.

Accident and incidents reports were completed but an audit was not completed by the manager to analyse the results for any issues or trends or to enable people's risk assessments to be updated.

Staff told us they received regular supervision and appraisals from the deputy manager. We saw evidence of these meetings and documents in the staff employee files we looked at. They said staff meetings were not held and they were not asked for their opinions or suggestions for the general running of the home. The manager told us that they were unable to get staff to attend meetings as it meant that some staff would have to attend in their own time. The manager told us they shared information with staff via memos they displayed on the notice board.

The provider did not have a process in place to seek the views of families and people living at the home about their care. This meant that people living at the home could not have a say in the way the home was being run.

**These findings were a breach of Regulation 10(1) (a) (b) 2(c) i of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 17 (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

The inspection has evidenced failings in not involving people who live in the home and staff in planning care and having a view on the service run: not obtaining people's consent to care, care records not always having a up to date assessment of need, care plans and risk assessments required for the delivering of safe care and support to people, not ensuring the safe administration of medication and not having adequate checks on the building. The lack of effective systems of assessing and monitoring has meant these have not been picked up.

This section is primarily information for the provider

## Enforcement actions

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

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 9 HSCA (RA) Regulations 2014 Person-centred care

People who use services were not protected against the risks associated with receiving inappropriate or unsafe care because assessments of needs were not carried out to ensure people's individual needs were met. People were not supported to participate in making decisions relating to their care and treatment.

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

We issued a statutory notice requiring the provider not to admit any more people to Eldonian House.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

Staff did not always act in accordance with the requirements of the Mental Capacity Act 2005 when providing care and treatment to people who were unable to consent because they lacked capacity.

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

We issued a statutory notice requiring the provider not to admit any more people to Eldonian House.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 15 HSCA (RA) Regulations 2014 Premises and equipment

People using the service were not protected against the risks of unsafe premises because there was a lack of evidence of adequate maintenance and safety checks being carried out.

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

We issued a statutory notice requiring the provider not to admit any more people to Eldonian House.

### Regulated activity

### Regulation

This section is primarily information for the provider

## Enforcement actions

Accommodation for persons who require nursing or personal care

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People who use services were not protected against the risks associated with unsafe care and treatment because of lack of an effective system to regularly assess monitor and improve the quality and safety of the service provided. There was no system in place to identify assess, monitor and mitigate risks relating to people's health, welfare and safety. Accurate and complete records of people's care and treatment and records in relation to the maintenance of the home were not maintained. Feedback was not sought from people who use services or their representatives for the purpose of improving the service.

### The enforcement action we took:

We issued a statutory notice requiring the provider not to admit any more people to Eldonian House.

## Regulated activity

Accommodation for persons who require nursing or personal care

## Regulation

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment

People who use services were not protected against the risks associated with the proper and safe management of medicines.

### The enforcement action we took:

We issued a statutory notice requiring the provider not to admit any more people to Eldonian House.