

# Sutton And Cheam Elderly People's Housing Association

## Eversfield House

### Inspection report

Eversfield House  
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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 unannounced inspection took place on 9 February 2016. At the last inspection on 22 April 2014 the service was meeting the regulations we checked. Eversfield House provides accommodation and personal care for up to 24 older people. There were 22 people living at the home on the day we visited.

The home had a registered manager at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 safe at the home. The provider took appropriate steps to protect people from abuse, neglect or harm. Training records showed staff had received training in safeguarding adults at risk of harm. Staff knew and explained to us what constituted abuse and the action they would take to protect people if they had a concern. We saw that the office door was open and people could speak to the registered manager or deputy at any time.

Care plans showed that staff assessed the risks to people's health, safety and welfare. Records showed that these assessments included all aspects of a person's daily life. Where risks were identified, management plans were in place. Records showed that incidents or accidents were thoroughly investigated and actions put in place to help avoid further occurrences. We saw that regular checks of maintenance and service records were conducted.

We observed that there were sufficient numbers of qualified staff to care for and support people and to meet their needs. We saw that the provider's staff recruitment process helped to ensure that staff were suitable to work with people using the service.

People were supported by staff to take their medicines when they needed them and records were kept of medicines taken. Medicines were stored securely and staff received annual medicines training to ensure that medicines administration was managed safely.

Staff had the skills, experiences and a good understanding of how to meet people's needs. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for.

The service had taken appropriate action to ensure the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed. DoLS were in place to protect people where they did not have capacity to make decisions and where it is deemed necessary to restrict their freedom in some way, to protect themselves or others. We saw and heard staff encouraging people to make their own decisions and giving them the time and support to do so.

Detailed records of the care and support people received were kept. People had access to healthcare professionals when they needed them. People were supported to eat and drink sufficient amounts to meet their needs.

People were supported by caring staff and we observed people were relaxed with staff who knew and cared for them. Personal care was provided in the privacy of people's rooms and we observed that staff knocked on people's door and waited to be invited in. People were supported at the end of their lives and had their wishes respected.

People's needs were assessed and information from these assessments had been used to plan the care and support they received. People had the opportunity to do what they wanted to and to choose the activities or events they would like to attend.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People told us they felt happy to speak up when necessary. From our discussions with the registered manager and deputy, it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC.

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. The provider had systems in place to assess and monitor the quality of the service. Weekly, monthly and annual health and safety and quality assurance audits were conducted by the home.

## 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 safe. Staff were knowledgeable in recognising signs of potential abuse. Risk assessments were undertaken to establish any risks present for people who used the service, which helped to protect them.

There were sufficient numbers of skilled staff to ensure that people had their needs met in a timely way. The recruitment practices were safe and ensured staff were suitable for the roles they did.

We found the registered provider had systems in place to protect people against risks associated with the management of medicines.□

Good ●

### Is the service effective?

The service was effective. Staff had the skills and knowledge to meet people's needs and preferences. Staff were suitably trained and supported for their caring role and we saw this training put into practice.

People were supported to eat and drink sufficient amounts of their choice to meet their needs. Staff took appropriate action to ensure people received the care and support they needed from healthcare professionals.

The service had taken the correct actions to ensure that the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.□

Good ●

### Is the service caring?

The service was caring. We observed staff treated people with dignity, respect and kindness. Staff were very knowledgeable about people's needs, likes, interests and preferences.

People were listened to and there were systems in place to obtain people's views about their care. People were encouraged and supported by staff to be as independent as possible.

People received very good end of life.

Good ●

### **Is the service responsive?**

**Good** ●

The service was responsive. Assessments were undertaken to identify people's needs and these were used to develop care plans for people.

Changes in people's health and care needs were acted upon to help protect people's wellbeing.

People we spoke with told us they felt able to raise concerns and would complain if they needed to. □

### **Is the service well-led?**

**Good** ●

The service was well-led. An experienced registered manager and deputy were in place who promoted the highest standards of care and support for people to ensure people's quality of life.

Staff told us they felt well supported by the registered manager and deputy who were approachable and listened to their views..

Staff understood the management structure in the home and were aware of their roles and responsibilities. We found there was a friendly welcoming atmosphere to the home and this was confirmed by people we spoke with. □

# Eversfield 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 unannounced inspection took place on 9 February 2016.

This inspection was carried out by one inspector and an expert by experience who had experience of care homes and people with dementia. We reviewed the information we had about the service prior to our visit and we looked at notifications that the provider is legally required to send us about certain events such as serious injuries and deaths.

We gathered information by speaking with 10 people living at Eversfield House, three relatives, the registered manager and the deputy manager and six staff. We also spoke with two visiting District Nurses and the local GP.

We observed care and support in communal areas in an informal manner. We looked at four care records and six staff records and reviewed records related to the management of the service.

# Is the service safe?

## Our findings

One person we spoke with said "I kept falling over at home. As soon as I came here, I knew this was the place for me." Another person said "Staff are wonderful – you couldn't better the staff, they bend over backwards to help you." A relative told us "I feel my relative is in safe hands. They are very comfortable with the environment; they chose it and were involved in the decision." During our visit we saw that staff and people got on well together in a friendly and relaxed atmosphere.

The provider helped to protect people from abuse. Staff we spoke with were aware and could explain to us what constituted abuse and the actions they should take to report it. Staff understood what whistleblowing meant and the need to report their concerns. Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that aren't right, are illegal or if anyone at work is neglecting their duties, including: someone's health and safety is in danger. They said they would speak up in the event of an incident, even if it involved a colleague with whom they worked. Records confirmed staff had received training in safeguarding adults.

When we spoke with the registered manager they were aware of procedures in relation to making referrals to the local authority that had the statutory responsibility to investigate any safeguarding alerts. The service had policies and procedures in place to respond appropriately to any concerns regarding protecting people from possible abuse and these were readily available for all staff to read.

Risks to people were being managed so that people were protected and supported. We saw that risk assessments and care plans were appropriate to meet a person's needs, including manual handling, falls and nutrition. Where risks were identified management plans were in place, which gave details of the risks and the preventative measures to take to help prevent an incident occurring. We saw that risk assessments were well written and updated regularly.

We spoke with one person who was unable to locate their emergency call bell in their bedroom. We helped the person find the call bell but on pressing the switch it appeared not to be working. We reported this to the registered manager who immediately checked all the call bells on that particular floor and replaced the batteries in two of them that appeared not to be working effectively. The registered manager told us they would ensure staff checked all the call bells when they were assisting people. A maintenance book was available for all staff to write in any faults or repairs needed and this was actioned by the maintenance person. We saw that previous repairs had been actioned in a timely manner and signed as completed. This helped to ensure people were kept safe in all parts of the home.

People had individual personal emergency evacuation plans (PEEP), relating to their mobility, communication skills and other relevant issues that could be needed in an emergency. Staff were aware of the fire emergency plans and these were kept up to date. The fire alarm and automatic closing fire doors were tested weekly. A full evacuation of all people living at Eversfield House was conducted annually.

We saw that the service had contracts for the maintenance of equipment used in the home, including the

lift, fire extinguishers and emergency lighting. A food standards agency inspection in October 2015 gave the kitchen a rating of five, where one is the poorest score and five the highest score.

Throughout the inspection we saw staff were available, visible and engaging with people. Staff we spoke with felt there were enough staff to meet the needs of people and said if they were busy, one of the managers would always come and give assistance. One person told us "They [staff] all work very hard, there are enough staff, very good staff." We also heard from people who thought there were not enough staff at night and that they had to wait longer if they rang the call bell. We checked with the registered manager and found that at night there were two staff on duty. The registered manager said that this number of staff were currently sufficient as the majority of people were self-managing their personal care but staffing levels would be reviewed as people's needs changed.

The provider had arrangements in place to deal with emergency situations to help ensure continuity of service. Contact details for staff and people were kept securely and arrangements had been made with other local care homes to help accommodate people should the premises become unusable.

We looked at four staff's personal files and saw the necessary steps had been carried out before staff were employed. This included completed application forms, references and criminal record checks. The registered manager told us and records showed that criminal record checks were updated every three years. These checks helped to ensure that people were cared for by staff suitable for the role.

Medicines were administered safely. We observed that medicines were being administered correctly to people by the care staff. The majority of medicines were administered using a monitored dosage system or blister pack, supplied by a local pharmacy. Only staff trained in medicines administration could give medicines to people using the service. People we spoke with said "I have to take a time specific medicine and staff always gives it to me on time." A relative said "When we had a concern our relative was forgetting to take their medicine, we spoke with staff and they ensured they supervised her fully in taking her medicine."

We looked at individual medicine administration records [MAR] for each person using the service, information included a photograph of the person, details of their GP, and information about any allergies they may have. The MAR sheets were up to date, accurate and no gaps in the administration of medicines were evident. A list of the names and signatures of those staff who administer medicines was attached to the MAR sheets.

Medicines were stored securely in a locked cabinet. Medicines that needed to be kept cool were stored appropriately in a refrigerator and we saw records that the temperature in the refrigerator was checked and recorded on a daily basis. There were safe systems for storing, administering and monitoring of controlled drugs and arrangements were in place for their use.

The home has a medicines policy that was available for all staff to read. Records showed that staff received regular training and competency assessments for medicines administration. The checks we made confirmed that people were receiving their medicines as prescribed by staff qualified to administer medicines.



## Is the service effective?

### Our findings

People were cared for by staff who received appropriate training and support. People said about staff "Staff are very patient" and "Most staff are professional and considerate." Relatives said about staff "I feel confident they are adequately trained" and "Staff are very approachable, courteous."

Staff had the skills, experiences and a good understanding of how to meet people's needs. Records showed staff had attended recent training in safeguarding adults, manual handling, falls awareness and prevention and fire safety. Manual handling training was conducted at the home so that staff could understand the realities of moving a person within the confines of bed or bathrooms. Staff spoke about the training they had received and how it had helped them to understand the needs of people they cared for. Staff we spoke with confirmed that they had received an induction which included the understanding of records and documentation, shadowing of staff and mandatory training. Staff said the induction was sufficient to enable them to work safely.

Staff told us they were fully supported by the registered manager. Staff received one to one supervision three times a year plus an appraisal. Records we looked at confirmed this. We looked at the minutes of the last two staff meetings and saw that actions from the meetings had been recorded but no details given of an outcome to those actions. We spoke to the registered manager who gave us examples of where actions had been taken but not necessarily noted in the next minutes. They said in future these would be noted and reported back to staff.

The majority of the people at Eversfield House were independent and mobile. We asked people if they thought their freedom to do things was restricted in any way. People replied "I feel encouraged to move around by the staff." and "I do not feel restricted. I would ask if I wanted to go outside, if they could they would." One person commented "They are responsible for me and I don't want to just walk out." The person had also commented that they were happy living at Eversfield House.

We saw that staff encouraged people to make their own decisions and gave them the encouragement, time and support to do so. The provider had taken appropriate action to ensure the requirements were followed for the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. DoLS protects people when they are being cared for or treated in ways that deprive them of their liberty. People can only be deprived of their liberty to receive care and treatment when it is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards.

The registered manager explained that no-one at Eversfield House had required a mental capacity assessment. Where a family had applied for a lasting power of attorney we saw that the correct records were

kept securely with the person's care plan. A lasting power of attorney (LPA) is a way of giving someone you trust the legal authority to make decisions on your behalf if you lack mental capacity at some time in the future or no longer wish to make decisions for yourself. There are two types of LPA: for financial decisions or for health and care decisions.

People were supported to eat and drink sufficient amounts to meet their needs and staff monitored people's weight, as a way of checking a person's nutritional health. People said "I enjoy mealtimes, they are very good" and "It's [food] very good," and "I enjoy the food". "Food very good, good home cooking, water filled regularly." Staff explained that the menu for the following day was taken round to people and they had a choice of two main meals but they could also choose an alternative. The cook explained that food was cooked fresh at each meal, including homemade pasties, sausage rolls, soups and cakes.

One person said "We get two choices of main course. If you don't like it they alter it, if you say don't put green veg on my plate. I mention what I like/do not like and they respect my choices. I did not want what was on the menu and had banana and bread/butter instead". Another person stated "They [staff] come around with the change of menu. We just get what's on the menu. For me I would like to talk about what is on the menu. I feel like I can only get what is on it. We spoke to the cook and the registered manager about this comment and they said they do ask people if they would like something different but would ensure that this question was asked each day to all the people.

The dining room was welcoming and each table was set with cutlery, condiments, flowers and a table cloth. People could also choose to eat in their room, the conservatory, lounge or parlour. There were sufficient staff to help people with their meal if required. We saw that staff knew people well and understood people's different eating patterns and gave them time to eat their meal in their own time. We did observe that staff remained standing when speaking to people who were eating and did not always engage in eye to eye contact with them. Eye to eye contact may help to make engagements with people more meaningful and to encourage people to eat when they are not eating well. Drinks and snacks were available throughout the day and evening that people could help themselves to or request.

Care plans contained information on people's food preferences their likes, dislikes, the food consistency and type of drinks they preferred so staff had the necessary information to support them appropriately with their nutrition. This information helped to ensure people were supported appropriately with their nutrition.

People were supported to maintain good health and have appropriate access to healthcare services. People told us "I see the doctor if there is anything wrong but I've hardly had anything wrong since I've been here." Another person said "It's one of the best things [about living here]; you are booked in with the doctor opposite here. They do a same day room visit or at least on the next day. Medicine is followed up by the doctors and even delivered here."

We spoke with the visiting GP who told us the staff at Eversfield called them to see people in a timely manner and at the correct stage of a person's illness. We saw that as well as specific appointments with people the GP also spoke to others and asked after their health and wellbeing. We saw that having visited people in the morning, the GP returned in the late afternoon to check on two people's progress. The GP said "The whole team here is very friendly, respectful of people and fun". We also spoke with two visiting District Nurses who confirmed what the GP had told us.

Care files we inspected confirmed that all the people were registered with a local GP and their health care needs were well documented in their care plans. We could see that all appointments people had with health care professionals such as dentists or chiropodists were always recorded in their health care plan.

The home was part of a pilot of the 'Red Bag' scheme. Homes have been given a red bag/small holdall, with guidelines on what to pack when a person is going into hospital from the home. This could include personal necessities for a stay in hospital, their care notes from the home and contact details for family or friends. The pilot scheme was yet to be evaluated but the home said they had used the bag a couple of times and it had proved useful in ensuring a person had everything they needed when going into hospital.

Eversfield House is a large old house with a new extension built on at the rear of the building. En-suite bedrooms and additional bathrooms were available on the three floors. On the ground floor there was a main lounge, small parlour, conservatory, dining room and areas where people could sit either with others or on their own. Doors on the ground floor led into the garden. A lift was available for people who did not want to use the stairs. The staff encouraged people to be as independently mobile as possible, some with the use of mobility aids such as walking sticks or zimmer frames. We saw many people walking around, using the lift or stairs and they were able to do so safely. The atmosphere in the home was welcoming and friendly.

## Is the service caring?

### Our findings

People were supported by caring staff. Four people commented by saying "I feel I am happy as I am and I feel I couldn't be anywhere better," "staff are very approachable, courteous," "we have a laugh as much as we can" and "staff are kind, very nice, very good people." One relative said "So caring here that's why we decided we want our relative to come back here." All the people who commented about staff said they were nice and kind and listened to them.

We saw that staff showed people care, patience and respect when engaging with them. One person said "I'm happy with my key worker, he washes me and they asked if I minded a man and I said I don't mind that. He sorts out any questions, it works well. I cannot speak highly enough of the place. It's always so clean and friendly, warm and comfortable. Fresh flowers, cushion covers, I notice these things." The staff knew people well and this was evident in the way staff and people spoke together. We heard staff calling people by their preferred name. This knowledge of people gave staff the opportunity to care for people in the most effective way.

We observed staff engaging with people throughout the day in communal areas. We saw staff treating people in a respectful and dignified manner. The atmosphere in the home was calm and friendly. Staff took their time and gave people encouragement whilst supporting them. There were daily newspapers and large print books available and people could choose where they would like to sit and what they would like to do. People moved freely within the home and no restrictions were placed upon them..

People were supported with their spiritual needs. The registered manager explained a short church service was held each month by churches of different denominations. These were held in the main lounge because that was where the piano was for playing hymns and people were consulted on whether they wanted to stay in the lounge or move to another area.

A main notice board on the ground floor gave people a variety of information that they may need, such as events and activities taking place each day. Residents meetings were held twice a year and everyone including family and friends were invited. We saw the minutes of the last two meetings and similarly to the staff meetings we could not see what actions had been taken against suggestions that were voiced. The registered manager told us that actions were taken but not always noted. They said in future it would be made clear in the minutes of the meetings what actions had been taken.

We saw that people had the privacy they needed and they were treated with dignity and respect at all times. When asked if they felt their privacy and dignity was respected, people said "It is respected," "I feel the staff respect my dignity. They always ask before they remove anything in front of you and say "do you mind if I take this," "they treat me with dignity and respect my privacy." We saw that staff knocked on people's bedroom doors before they went in and spoke quietly to people. This helped to ensure the person's dignity was maintained.

People were supported by staff to make decisions about their end of life care. The registered manager told

us all the staff were being supported by weekly training sessions to be able to speak to people about their wishes and care preferences at the end of their life. A person could choose to die at Eversfield House, which was their home. They would be supported by the staff, the GP, the ambulance service and the local hospice palliative care service. One staff member told us "Before the training I couldn't ask a person these questions, but now I feel more confident and the trainer will support me when I'm speaking to a person if I need support." The GP we spoke with confirmed that their service was fully involved in helping people to make decisions about their lives and told us that one of their GP was the End of Life lead person for the clinical commissioning group [CCG]. CCG's are NHS organisations set up by the Health and Social Care Act 2012 to organise the delivery of NHS services in England. The actions the provider had taken could help to ensure people had the end of life experience that they wanted, in the place they wanted it to be.

## Is the service responsive?

### Our findings

People's needs were assessed before they moved into the home and care was planned in response to their needs. Assessments detailed the care requirements of a person for daily living, including general health, medicines, hearing and vision, dietary needs, communication, sleep, continence and mental health. People's records included information on the person's background which enabled staff to understand them as an individual and to support them appropriately.

People's care plans were organised and securely stored and accessible to staff. The care plans included information and guidance to staff about how people's care and support needs should be met. The information included how a person would like to be addressed, their likes and dislikes, details about their health history, career and past life. The registered manager told us that people's care plans were developed using the information gathered at the person's initial assessment.

Reviews of a person's care were conducted monthly and any changes noted. An annual review was also conducted with the person, their family, GP and district nurses where appropriate. We asked people if they were involved and had seen their care plan. Whilst our findings showed that people had been involved in developing their care plans, some said they had not always seen these. Comments included "I have never seen my care plan. It suits me for them to deal with my care plan," "they told me they put my fall in my daily book; I don't know if they put it in my care plan. I know they have a daily system of reporting for staff to read between their shifts" and "I have not seen a care plan – I would not like to see it as I am is happy with what they do." We asked the registered manager if people were involved in their care planning and they assured us they were. We saw that the main care plan was signed by the person but that any small changes were signed by the registered manager or deputy. The registered manager told us that currently they update care plans monthly but often there were no changes to note for a person. They said for some people this would now change to quarterly updates or more often when needed and ensure people understood any changes that were made to the care plan.

There was a programme of activities, including quizzes and board games, musical entertainment and exercise classes. It was noted in people's daily records if they had attended an activity. On the day of our visit we saw that people were engaged in an exercise class with music. One person said "We get enough activities. The keep fit I go to gets me moving. We sit such a lot."

The registered manager told us about students from local schools who come in to talk to people, play games or read to them.. The students were encouraged to organise quizzes and games. The registered manager said the students, who hope to go on to study medicine, have proved very popular and people looked forward to their visits.

The provider had arrangements in place to respond appropriately to people's concerns and complaints. People and relatives told us they knew who to make a complaint to and said they felt happy to speak up when necessary. They had confidence that the registered manager would deal with any concerns promptly. One person said "She [the manager] will always lend an ear." Another person told us about an incident that

they had reported to staff and the manager. The registered manager had dealt with the incident promptly and to the satisfaction of the person using the service.

## Is the service well-led?

### Our findings

We could see that people who lived at Eversfield House knew who the registered manager, deputy and staff were by name and could freely chat with them at any time. People tended to refer to the registered manager as the manageress. People said "Two ladies are here all day, I'm not sure if they are managers" and "I know the manageress, [named] she is lovely." I couldn't be happier, I like it, and my family like it...they are very, very good. The whole place is like one big family and I am just one of the family. They are very kind." All the people we spoke with spoke positively about staff and management.

The service was led by a registered manager, who was supported by a deputy manager. From our discussions with the registered manager and deputy, it was clear they had an understanding of their management role and responsibilities and the provider's legal obligations with regard to CQC including the requirements for submission of notifications of relevant events and changes.

The registered manager and deputy both worked in the home with people. This helped to ensure that the management team were fully aware of what was happening within the service and were available to people when needed. The registered manager told us they kept an 'open door' policy for the office and people, relatives and staff could come in at any time to speak with them.

One member of staff said "The staff and management are good; we work as a team and communicate with one another." Another staff member described the staff team as 'a family.'

The home had policies and procedures in place and these were readily available for staff to refer to when necessary. Staff said they had access to the policies and any changes were discussed at team meetings.

Systems were in place to monitor and improve the quality of the service. "Everyone is so helpful," and "Can't fault them at all." These are just two of the comments taken from the relatives and families' survey held in October 2015. The provider conducted surveys to gain feedback from people and relatives about the quality of the service that was being delivered and to identify areas for improvement.

Eversfield House was a registered charity and the Trustees conducted a monthly audit and the findings were discussed at a monthly management meeting. Audit areas included, what people and staff thought of the home, the care they were receiving and the premises and environment were inspected and progress noted on any improvement plans.

We saw the records of two recent medicines audits that had been undertaken. We saw there were very few omissions in signatures or of people not being administered their medicines. Where mistakes were found they were dealt with promptly so that staff were aware of the mistakes and this helped to ensure people received their medicines safely.