

Raydonborne Limited

Eldonian House

Inspection report

Eldonian Way
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Website:

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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?

Requires improvement



Overall summary

We carried out an unannounced comprehensive inspection of this service on 28 and 29 January and 5 February 2015 when five breaches of legal requirements were found. The breaches of regulations were because we had some concerns about the way medicines were managed and administered within the home; standards concerning the lack of adequate maintenance and safety checks; there was a lack of an effective system to regularly assess monitor and improve the quality and safety of the service provided. We were also concerned about the lack of systems 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 were not maintained and

feedback was not sought from people who use services or their representatives for the purpose of improving the service. We also found that 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.

In August 2015 we issued a statutory notice requiring the provider not to admit any more people to Eldonian House.

After the comprehensive inspection, the provider wrote to us to tell us what they would do to meet legal requirements in relation to the breaches. We undertook a

Summary of findings

focused inspection on 18 and 19 August 2015 to check if they had they now met legal requirements. This report only covers our findings in relation to these specific areas/breaches of regulations. They cover all five of the domains we normally inspect.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for 'Eldonian House' on our website at www.cqc.org.uk.

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 were 21 people living in the home at the time of our inspection.

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.

At the last inspection, we asked the provider to take action to make improvements about the way medicines were managed and administered within the home and this action has been completed. We asked the provider to take action to make improvements concerning the lack of adequate maintenance and safety checks in the home. This action has been completed.

We asked the provider to take action to make improvements concerning the provision of care and treatment to people who were unable to consent because they lacked capacity. This action has been completed.

At the last inspection we asked the provider to take action to make improvements concerning the lack of an effective system to regularly assess monitor and improve the quality and safety of the service. We found some improvements had been made and audits introduced. However, we found the actions identified from the audit were not always completed in a timely manner to make the required changes to improve the service.

We asked the provider to take action to make improvements concerning the lack of feedback sought from people who use services or their representatives for the purpose of improving the service. We found improvements had been made. A residents and relatives meeting had taken place but surveys or questionnaires were yet to be sent out.

We asked the provider to take action to make improvements concerning the completion of accurate records of people's care and treatment. We found some improvements had been made. New documentation had been introduced but many of the new records were incomplete for 12 people who lived in the home. The old records had not been kept until new risk assessments had been completed. People who had come to live at Eldonian House since the last inspection had completed care records and risk assessments to enable staff to support them safely.

You can see what action we have told the provider to take at the back 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. Some people did not have a risk assessment in place when their needs had changed.

Some people did not have any risk assessment in their care records. Existing risk assessments had been removed from people's care records and archived. New documentation had been introduced but had not always been completed to replace existing risk assessments.

We found action had been taken to improve the administration and management of medicines. We saw that medication was safely administered. The manager completed regular audits; however, they had not acted when errors were found.

There was a lack of care planning and monitoring of medicines to be given when needed (PRN). There was no guidance for staff or records for staff to complete when administering lotions and creams.

Safety records and audits were now in place to help to maintain the home. Checks were carried out to ensure the building was safe.

We recommended that the service sought advice and guidance about the use of systems for determining sufficient numbers of staff. We found this had not been done. There was enough staff to meet people's needs safely.

Requires improvement



Is the service effective?

The service was still not always effective although improvements had been made.

The manager had an understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS). Applications for Deprivation of Liberty authorisations had been made. The applications now included assessment for authorisation for the use of bedrails.

We recommended the service considered improving the environment for people living with dementia. No significant changes had been made or were planned.

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

Requires improvement



Summary of findings

We found action had been taken to give people who lived in the home and their relatives' opportunities to be involved in the running of the home and to obtain people's views in relation to their care.

Staff we spoke with showed they had a very good understanding of the people they supported 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.

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'caring' at the next comprehensive inspection.

Is the service responsive?

The service was not always responsive although some action had been taken to improve the quality and content of people's care plans and risk assessments.

Each person had a current care plan. Information recorded now included details of people's preferences and life experiences.

Staff understood people's care needs. Plans of care for people who moved into the home were now 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. However, risk assessments had not been completed when people's needs had changed.

Requires improvement



Is the service well-led?

The service was not always well-led although some action had been taken to improve the management and governance of the home. The manager had not acted in a timely way to make changes in some areas when issues had been found.

The manager was applying for registration to the Care Quality Commission.

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

Requires improvement



Summary of findings

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. However the provider sent out complaints forms each month with invoices to encourage people to comment on the service.

Care records were not stored securely.

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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008.

We undertook this focused inspection on 18 and 19 August 2015. The inspection was completed to check that improvements to meet legal requirements identified after our comprehensive inspection on 28 and 29 January and 5 February 2015 had been made. We inspected the service against the five questions we ask about services; is the service safe? Is the service effective? Is the service caring? Is the service responsive? Is the service well led? This is because the service was not meeting legal requirements in relation to these questions.

The inspection was undertaken by two adult social care inspectors and an expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed the information we held about the home and reviewed the provider's action plan, which aims to set out the action they would take to meet legal requirements.

At the visit to the home we spoke with the manager, the deputy manager, the administrator and members of the care team. We looked at the care records for every person living in the home, medicine administration charts (MARs), medicine care plans and medications audits. We inspected three staff recruitment and training records and reviewed the 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, laundry facilities and medication storage area. We spoke with five people who lived in the home, three visiting relatives and the care staff on duty on the two days of our inspection.

After the inspection we spoke with a health care professional who visited the home on a regular basis.

Is the service safe?

Our findings

We carried out an unannounced comprehensive inspection of this service on 28 & 29 January & 5 February 2015 when breaches of legal requirements were found. The breaches of regulations were because we had some concerns about the way medicines were managed and administered within the home, care plans and risk assessments had not been completed for new residents and risk assessments and behavioural management plans had not been completed. There was also a lack of evidence to show adequate maintenance was carried out. We asked the provider to take action to address these concerns.

At our previous visit in January 2015 we had some concerns about care plans and risk assessments that had not been completed for some people who lived in the home. We asked the provider to take action to address these concerns. We spoke with the manager, deputy manager and senior carer about the new style of care plan and risk assessment documentation which had been introduced in the home. We looked at the care records for each person who was living at Eldonian House at the time of our visit. We found that 12 people who lived in the home did not have up to date risk assessments. This put the health, safety and welfare of people at risk of being compromised. The current risk assessments had been removed from people's care records and archived. They had not been kept in people's files until the risk assessments had been completed on the new documentation. We also found that risk assessments had not been completed for people when new risks were identified. For example, we found staff had completed accident forms for four people who had had falls. However, we did not find a risk assessment had been completed to demonstrate how the risk of any future falls would be minimised or managed. We found people had been referred to the dietician because of concerns about their weight or food intake. We did not find a nutrition risk assessment had been completed to advise staff how to manage these concerns and improve their health. We spoke with the care staff who informed us that the manager had now taken over the responsibility of completing the risk assessments. **Not taking proper steps to identify, assess and manage risks relating to people's health, welfare and safety was a breach of Regulation 12(2) (a) & (b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.**

We looked at the way medicines were managed and administered within the home. We spoke with the manager and a senior care worker responsible for the safe management and administration of medicines in the home. We looked at Medication Administration Records (MARs) and care documents for each person who received staff support with their medicines. We found that improvements had been made and that medicines were being administered safely. People who required medication before food received it as prescribed.

Staff had received refresher training in April 2015; this had been previously given in 2010.

Medicines were stored safely and were locked away securely to ensure that they were not misused. However, the temperature of the fridge was not regularly recorded to ensure medicines were always stored safely. If medicines are not stored safely there is a risk they may not work properly and people are at risk of harm. Staff informed us that daily checks used to take place but the introduction of an electronic monitoring system had not worked as it should and manual recording had not recommenced. The manager informed us that daily checks would recommence immediately. We checked a number of medicines and the stock balances were found to be correct. Staff had signed the MARs that showed medicines had been administered to people. The MARs were easy to follow and it was clear what medicines had been received and were being carried over from the previous month.

We looked at how medicines were audited. We saw an audit of medicines had been carried out in May and July 2015. These checks helped ensure safe practice as they were identifying issues that were fed back to staff to help improve safe administration. We discussed with the manager how the audit could be improved to address areas of improvement in a timelier manner. For example, issues that were raised in the July 2015 audit had still not been addressed by the manager in relation to administrative errors.

We found 'give when needed' (PRN) medicines and creams were not supported by a care plan to help ensure consistency of administration. The home's medication policy was still in the process of being reviewed and updated.

Is the service safe?

No one was administering their own medicines. There were no people having medicines given 'covertly' (with their knowledge in their best interest).

We recommend that further developments are made with reference to current good practice guidance issued regarding PRN medication administration and safe storage of medicines.

We looked to see if maintenance was carried out in the home. We found safety records and audits were now in place to help to maintain the home. Regular checks were carried out to ensure the building was safe. An effective system for reporting any repairs was in operation. We found the building was well maintained.

We looked at the care records of people who had come to live at Eldonian House since the last inspection. We found that care records and risk assessments had been completed to enable staff to support them safely.

Accident and incidents reports were completed. An audit tool had now been introduced and was completed by the manager to analyse the results for any issues or trends or to enable people's risk assessments to be updated.

We spoke with six people who lived in the home. They all told us they felt safe. We asked them what made them feel safe. One person told us, "The staff." Family members we

spoke with felt the staff know their relatives needs very well. One told us, "They [staff] make sure there's always somebody there to help them if they want to get up and if need be, they'd get a wheelchair."

In our report following the last inspection we made a recommendation for the service to consider obtaining advice and guidance about the use of systems for determining sufficient numbers of staff. Staffing numbers had not been reduced despite the reduction in the number of people living in the home. When we visited the service for this inspection we found this had not been done. However we found there were sufficient numbers of staff on duty to meet people's needs during each day of our inspection. The manager said the home was staffed as if it was full (30 people). There were 21 people living in the home. Staffing rotas we looked at confirmed this. We saw care staff spending time with people in each of two lounges during both days. People who lived in the home and relatives we spoke with thought there were enough care staff on duty. Their comments included, "I've never seen any problems, there's always staff around", "Yes, [My relative] doesn't have to wait", "I think so" and "The staff are great and very caring."

Is the service effective?

Our findings

We carried out an unannounced comprehensive inspection of this service on 28 and 29 January and 5 February 2015. We had some concerns about the lack of any completed plans of care or consent sought to support the decision to use bed rails. We asked the provider to take action to address these concerns.

At the last inspection staff told us most people who lived in the home 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. At this inspection care plans now recorded people's cognitive abilities and communication information. Mental capacity assessment had been completed when required and people's ability to consent had been determined.

In our report following the last inspection we made a recommendation for the service to consider best practice guidance regarding the development of the environment for people living with dementia. When we visited the service for this inspection we found that a 'relaxation room' had been developed and was being used by some people who lived in the home. We did not see any other changes to the home environment and were not informed of any plans for other improvements to the home. The lack of suitable décor or signage around the home may present risks to people who are confused and disorientated.

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

At the last inspection 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.

We did not find any plans of care had been completed or consent sought to support the decision to use bed rails. At this inspection we found that Deprivation of Liberty Safeguard (DoLS) applications had been made, which now included the use of bed rails. Assessments had been completed by the Best Interest Assessor, who agreed that the use of bed rails was in people's best interests.

We spoke with the care staff. We found their knowledge of people's health and care needs was comprehensive and accurate. They were able to tell us about the recent referrals they had made to health care professionals or any changes to people's health. A senior care staff told us that since the last inspection a 'handover sheet' had been introduced. This was an accurate record of people's needs from the previous shift. We saw a copy of the document. We saw that comprehensive information was recorded which included any changes to people's health, changes to their medication, any falls and any assistance they required throughout the day or night shift. Staff told us they felt this document gave them a complete and accurate of people's welfare.

Is the service caring?

Our findings

We carried out an unannounced comprehensive inspection of this service on 28 and 29 January and 5 February 2015. We had some concerns about the lack of clear arrangements are in place to obtain people's views and decisions in relation to their care, treatment or support. We asked the provider to take action to address these concerns.

At this inspection, we looked at how the provider sought people's views and how people made decisions about their care. We spoke with the manager, deputy manager and the activities coordinator. They told us a resident's and relative's meeting had taken place in July 2015. We saw the minutes from this meeting. They were displayed for people to read in the dining room. In addition, the manager told us complaints forms were sent out with every invoice to encourage people to express their views.

People we spoke with said the staff were caring. Our observations supported this. We asked six people who lived in the home and three relatives what they liked best about the home. Their comments included, "It's near where I live", "You're safe", "There's good communication with the staff, when you ring up they know who my relative is and how they are", "I've no complaints", "it's the people, it's friendly, they become like your family", "It's homely and my relative is looked after", "Everything, there's nothing to complain about", "You're safe, you can go to bed and know you're safe" and "My relative has blossomed since she's been here".

While improvements had been made we have not revised the rating for this key question. To improve the rating to 'Good' would require a longer term track record of consistent good practice. We will review our rating for 'caring' at the next comprehensive inspection.

Is the service responsive?

Our findings

We carried out an unannounced comprehensive inspection of this service on 28 and 29 January and 5 February 2015. Care plans and risk assessments had not been completed in areas, such as falls, skin and pressure care, bed rails, moving and handling. We found that care plans and records were not individualised to people's preferences and did not always reflect their identified needs. Records were not always accurate and up to date to reflect people's current needs. We asked the provider to take action to address these concerns.

At this inspection, we looked at the care records for each person who lived in Eldonian House. We found each person had a current care plan. The care plan document had been changed since our last inspection. Information recorded

now included details of people's preferences and life experiences. The care plans were concise and, reliant and had enough detail recorded to enable staff to meet people's needs. We spoke with care staff who felt this new documentation was, "All in one place and much easier to use."

We found evidence that staff had made referrals to the appropriate health care professional when necessary. We found this was done in a timely manner to enable people to get the professional help they needed.

We spoke with a health care professional. They told us they visited Eldonian House on a regular basis. They said, "It is one of the best homes I've been into. If the staff have any concerns they make a referral to us. I find the staff follow any advice we given them. I have never had to raise any concerns about the care people receive there."

Is the service well-led?

Our findings

We carried out an unannounced comprehensive inspection of this service on 28 and 29 January and 5 February 2015.

We had some concerns that the provider did not have systems in place to identify, assess and manage the quality of service provision including risks relating the health, safety and welfare of people. The provider did not have a process in place to seek the views of families and people living at the home about their care. We asked the provider to take action to address these concerns.

At this inspection, we enquired about quality assurance systems in place to monitor performance and to drive continuous improvement. The manager was able to evidence a series of quality assurance processes and audits carried out internally. On this inspection we saw health and safety in the home was being more clearly monitored. For example, the monitoring of legionella risk in the water supply was clearly assessed and monitored along with checks of the risk from hot water temperatures and fire equipment. Regular checks were made and clearly documented. However, a weekly report to detail progress for building maintenance was not being completed, as detailed in the provider's action plan. We also saw that accident forms were reviewed by the manager. The provider's action plan also said a health and safety committee had been introduced, which would have responsibility of reviewing the health and safety audits. We found this committee had not been set up.

An internal quality audit for reviewing the care plans and risk assessments was not yet in place. This was detailed in the provider's action plan. The completion of this audit could have identified the lack of risk assessments in peoples care records that we found.

Since our last inspection we found that the storage of care records had changed and they were no longer stored

securely when not in use. We spoke with the manager about this and they agreed to locate them in a secure room. This would ensure that confidential documentation was kept safe and was only accessible to staff.

At the last inspection we found there was a lack of communication between the manager and the care staff. The provider's action plan identified how they intended to rectify this. We found this action was yet to be put into place. Staff confirmed that staff meetings had not taken place. Staff told us they had not been made aware of the outcome of the inspection in January 2015 and the subsequent enforcement action taken by the Commission. We saw that important information relating to the running of the home was passed onto staff by written memos. Communication regarding individual people who lived in the home was discussed at the shift handovers.

We were informed after the inspection by the manager that meetings were to be held with representatives of the care staff and management for governance, senior care staff, general staff, laundry and catering and health and safety. These teams would be meeting regularly and meetings were to start in August 2015.

We were informed that a residents and relatives meeting took place in July 2015. However, plans to send out surveys or questionnaires to people and their relatives had not yet taken place. We spoke with a relative who confirmed they had never received a questionnaire asking about their views of the home.

These findings were a breach of Regulation 17(2) (a) & (c) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At the time of the inspection the home did not have a registered manager. The home had not had a registered manager since April 2011. We had asked the provider to address this over the last 12 months. At the time of our inspection the manager had applied for registration.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity

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 receiving inappropriate or unsafe care because assessments of risk were not carried out to ensure people's health and safety. Regulation 12(2) (a) & (b)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

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. Records of people's care and treatment were not maintained. Feedback was not sought from people who use services or their representatives for the purpose of improving the service.

Records were not kept secure at all times. Regulation 17(2) (a) & (c)