

Evendine Care Limited

# Evendine House Residential Home

## Inspection report

Evendine 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?

Outstanding ☆

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Evendine Care Home is located in Colwall, Herefordshire. The service provides accommodation and care for up to 20 older people. On the day of our inspection, there were 18 people living at the home.

The inspection took place on 26 April 2016 and was unannounced.

There was a registered manager at this home. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered providers and registered managers 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 by staff who knew people's needs and how to meet these. People were kept safe by having sufficient staff on duty to respond promptly when assistance was required. People received their medicines from suitably trained staff, and as prescribed by their GP.

People were respected by staff and were given choices about how they wanted to be cared for. People enjoyed positive interactions with staff and were treated with dignity and respect by them.

People's consent was sought before assisting them with personal care. People were given explanations to help them make informed choices. People's right to refuse was respected. People's nutrition needs were met by staff and people were supported to eat a varied and interesting diet. People had access to other health professionals when required.

People chose the activities they wanted to take part in and were encouraged and supported to retain their interests, hobbies and aspirations. People knew who the registered manager was and how to voice any complaints, suggestions or concerns. Where people had made suggestions, these had been acted upon.

People benefited from a service which was regularly monitored and reviewed by the registered manager and provider. People were able to express their views on the service through monthly meetings, and also by approaching the registered manager or provider.

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

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service is safe.

Staff knew how to keep people safe, and what action to take if they felt someone was at risk of harm or abuse. People received their medicines when they should. People's individual risk assessments and care plans were followed to ensure people were cared for safely.

### Is the service effective?

Good ●

The service is effective.

People's changing health needs were responded to an appropriate referrals made to other healthcare professionals. People were offered choices, given the relevant information to help them make choices, and their consent was sought before providing personal care. People chose what they wanted to eat and drink and they were encouraged to eat a wide range of different foods.

### Is the service caring?

Good ●

The service is caring.

People felt cared for. People's dignity, respect and privacy were promoted. People were involved in how they wanted to be cared for.

### Is the service responsive?

Outstanding ☆

The service is very responsive.

People were encouraged and supported to maintain their individual hobbies and interests, and were given the opportunity to develop new interests. People lived in a positive environment, which valued them as individuals.. People chose the activities on offer and had regular meetings to obtain their views and wishes. People knew how and who to complain to and were confident action would be taken.

### Is the service well-led?

Good ●

The service is well-led.

Staff felt supported by the registered manager and the provider. The service had clear values and ethos, which was shared by staff. The registered manager and provider sought feedback from people, relatives, staff and health professionals and acted on any concerns or suggestions raised.

# Evendine House Residential Home

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We made an unannounced inspection on 26 April 2016. The inspection team consisted of one inspector and one 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. They had knowledge and experience of care for older people.

We looked at the information we held about the service and the provider. We looked at statutory notifications that the provider had sent us. Statutory notifications are reports that the provider is required to send us by law about important incidents that have happened at the service.

The registered manager was not on duty the day of our inspection, so the deputy manager was in charge. We observed how staff supported people throughout the day. We spoke with nine people who lived at the home, the deputy manager, the cook and four staff. We looked at four care plans, which included risk assessments, and two staff pre-employment checks. We also looked at the minutes from residents' meetings, the quality assurance audits that were completed by the registered manager and the provider, and the complaints and comments the service had received.

# Is the service safe?

## Our findings

People we spoke with said they felt safe. One person said, "There is always someone around, it makes me feel safe". Another person told us, "I never get worried as they are so careful with me". We were also told, "I have never felt unsafe here".

We spoke with staff about what actions they took to ensure people were protected from abuse. Staff understood when matters would need to be reported to the local authority. One staff member told us, "That has been drilled into us all and we all know how important that is". Staff also told us they would approach the registered manager, deputy manager or provider with any concerns about people's safety, and that those concerns would be taken seriously. One staff member told us, "We can go to them with a concern about someone and they will always check it out, they never make you feel silly or that you have wasted their time". We saw that staff had approached management with concerns about individuals, and these had been acted upon.

Staff and the deputy manager told us that there was an induction process all staff had to go through before they could work with people unsupervised. This included shadowing experienced staff members for a period of two weeks, as well as training on keeping people safe, falls safety awareness and risk assessments. Staff told us the induction had helped them carry out their roles safely. One staff member told us, "I had never worked in care before and so it was so important I had the chance to shadow people and ask questions. I wouldn't have known how to look after people properly without it". We saw that the appropriate pre-employment checks had been completed on staff. These checks helped the registered manager make sure that suitable people were employed and people who lived at the home were not placed at risk through their recruitment processes.

People told us that there were enough staff to meet their needs safely, "You press the call bell and they come. It's never too long". We observed that the staffing levels meant that people's needs were responded to. For example, we saw that one person called out for staff as a rail in their bathroom had come off from the wall. We saw that this was responded to quickly, and that the rail was repaired that day. The deputy manager told us that staffing levels were adapted according to the needs of the people in the home. For example, one person required two staff members to support them with their needs, so the staffing levels were increased to reflect that. We saw that shifts were covered by the existing staff team and where there were staff absences, the shifts were covered by either the registered manager or the deputy manager. This was to ensure consistency with people's care and to minimise the need for agency staff. Where agency staff were used, we saw that they had to read individuals' care plans and risk assessments before starting their shift to ensure they were familiar with the support people needed to keep them safe.

People had their needs assessed and risks identified. We saw that where a risk was identified, appropriate action was taken to keep people safe. For example, we saw that where people had been identified as being at risk of pressure sores, medical advice had been sought and staff followed the recommended repositioning guidance as recorded in people's risk assessments and care records. This helped to reduce the risk of people developing pressure sores.

We saw that checks were carried out every six months on all equipment at the home and any identified problems had been rectified. On the day of our inspection, scheduled fire safety checks were carried out to ensure that the smoke detectors and the alarms worked.

People told us they received their medicines. One person told us, "They bring me my inhaler and hold it for me so that I can use it properly". We saw staff supported people to take their medicines. We saw that only trained staff members gave people their medicines, which ensured that people were kept safe. We observed that staff explained to people what their medicines were and sought their consent before administering. We saw that some medicines had to be stored in a fridge and that these medicines were stored correctly and that regular temperature checks of the fridge were carried out to ensure the medicines were kept at the correct temperature. Where people had difficulty swallowing their tablets, these were cut using a pill cutter so that people could take their medicines safely. The pill cutter was cleaned after every use to prevent any build-up of residue from medicines.

## Is the service effective?

### Our findings

People told us that they had access to other healthcare professionals. One person told us, "I had a chest infection. They called a doctor out for me, they were so supportive". Another person told us, "If I need a doctor or a nurse, I get one". We saw that people also had regular appointments with opticians, chiropodists and district nurses. We saw that people's health needs were reviewed and re-assessed and input from other health professionals were sought where necessary. For example, we saw that one person had been referred to a physiotherapist following a change in their needs. We also saw that input from mental health professionals had been sought for one person.

People told us staff had the necessary skills and knowledge to support them effectively. One person told us, "They are very skilled and very well trained". Another person told us, "I know they are trained well as I saw them having some training in here once". Staff we spoke with told us they received regular training and that the training they received helped to ensure they worked effectively. For example, one member of staff told us that following training on infection control, they had implemented what they had learnt into practice. Staff told us that they worked well together as a team and that they supported each other by sharing best practice.

People told us that they enjoyed the food provided and that they were given choices about what they ate. One person told us, "The food is excellent". Another person told us, "I always ask for seconds, and I always get them!"

We spoke with the cook about people's specialised diets, nutritional needs and providing a varied diet. We saw the cook was kept informed by staff as to people's dietary needs and that there was a system for recording this. For example, we saw that the cook knew who needed a fortified diet, and who needed a soft food diet. The cook told us how important it was that people had choice and they had the opportunity to try new foods. We saw that there was a "Tasty Tuesday" every week in which the cook brought in samples of different types of food for people to try. People told us they enjoyed sampling these new foods and learning they liked new foods. We saw that people's preferences for meal times were recorded, but that these were flexible. For example, we saw that one person had stopped eating their breakfast. Staff had been concerned about this and had tried to encourage them to eat. The cook met with them and asked them if they would like to try a different breakfast. The person did, and now ate their breakfast every day again.

We saw that a choice of drinks were provided for people throughout the day, and that fresh fruit and a selection of snacks were available for people at all times. We saw people help themselves to these as and when they wanted.

We observed the lunchtime meal and saw that there were staff available to assist people with eating if required. We saw that staff interactions were positive with people and that the meal was not rushed. People had a choice of drinks with their meal, including wine, and a choice of main meals and desserts.

The daily menu was displayed and it informed people what allergens were in the meal so that they were



aware. We saw that where people did not want the options on the menu, they asked for something else and this was made for them to ensure that they had a meal they would eat and enjoy.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the provider was working within the principles of the MCA.

We looked at how the MCA was being implemented. The deputy manager and staff had a good understanding of the Act, and we saw that where people lacked capacity to make certain decisions, meetings were held with the person, relatives and health professionals to ensure staff acted in that person's best interests. We also saw that staff knew when someone would benefit from an independent advocate, and that these had been sourced where appropriate. We saw that the least restrictive options were taken. For example, one person had repeatedly tried to leave the building. Therefore, rather than prevent this person entirely from leaving the premises, staff made sure that the person was accompanied when they wanted to go out.

We saw that when assessing people's capacity to make certain decisions, staff presented the information to people in a way they would be most likely to understand. People were provided with choices, and their consent was sought. One relative told us, "They check with the residents- always". Another relative told us, "They always ask [relative] first".

At the time of our inspection, nine DoLS applications had been made and were awaiting authorisation.

## Is the service caring?

### Our findings

People told us they felt cared for and that staff were respectful and caring in their approach to them. People told us they were treated with dignity and respect. One person told us, "I used to be embarrassed with personal care, but they treat me with respect and dignity". Another person told us, "I have never felt disrespected". We observed instances of this. For example, one person told us that when their bedroom door was closed, that meant that they did not want to be disturbed. We observed that a staff member saw the bedroom door was closed at one point in the day and told us that it meant the person wanted to be alone. Staff knocked on people's doors asked permission before entering. We observed that one staff member knocked on a person's door and the person told them they could enter, but when they did enter they saw the person was receiving personal care and so closed the door and told the person they would come back later. The staff member told us they did that as it would not have been very dignified for the person.

Staff told us it was important to them to respect people's privacy and help them to retain as much independence as possible. One staff member told us, "We don't go through their personal things, only if they asked us to". Another staff member told us, "They have a private life here. Just because they live in a care home, it doesn't mean they should lose that". Staff told us they had received training on dignity, respect and inclusion and we saw that this training had recently taken place.

People told us that staff helped them to retain their independence. One person told us, "I have always been so independent and I don't want that taken away from me. The staff are very good, they only help me with the things I just can't do anymore, and so I keep my independence".

People were given choices and consulted about their care. People told us that they chose when they went to bed, and when they wanted to wake up and what they wanted to wear. We saw that people's bedrooms were personalised and that they had a choice in how they were decorated. One person told us they had recently changed their mind about how they wanted their room to look, and that staff had changed it for them to fit with how they now wanted it. People were also given wider choices, such as whether they consented to photographs of them being used in the provider's promotional materials. Where people did not want their photographs used, this had been recorded and adhered to.

Relatives told us that they were involved in the planning and delivery of their loved ones' care. "A relative told us, "Anything to do with [relative], we are consulted". Relatives also told us that they felt staff were caring towards people, "They are really good. They explain things patiently".

We observed that staff were caring. There was a happy atmosphere in the home with laughter between people and staff. We also saw that when people did appear to be unhappy, staff were quick to respond and comfort them. One person told us, "They really care. The way they speak to you, the way they look at you".

Staff we spoke with spoke warmly and fondly about people and knew them well as individuals. One staff member told us, "We know the residents really well and they know us as well. They know they can come to

us about anything".

# Is the service responsive?

## Our findings

People told us, and we observed that, they had a range of daily activities to take part in and that they were consulted on what they would like to do. One person told us, "Oh, we do so many different things! It would be hard to say which I like best". Another person told us, "We are always doing something here. I am glad, otherwise we'd just be sitting around all day". Another person told us, " [activities coordinator] gets us doing something all the time. We always have something to do".

Relatives told us they were happy with the amount of activities provided, and the approach of the home in terms of people's choices, individual preferences and aspirations, " They encourage [relative's name] all the time". Another relative told us, "I have never seen anyone stopped or discouraged from doing anything they want to do".

We saw the home's motto was displayed on the wall, which was, "You are never too old to have fun, dreams and inspiration". The deputy manager and staff told us how important this was to their everyday practice and that it was essential to give people choices in their care, respect their individual preferences and help them to lead the lives they want to. The deputy manager told us, "Nothing is out of bounds for people here. If we can help them achieve what they want to do, then we will". People told us, and we saw that, this positive approach to enabling people benefited their daily lives. For example, one person told us how important horses had been to them all their life and that they still wanted to have involvement with them. As a result, staff had taken the person to a 'point to point' event, which the person spoke excitedly to us about. We saw that another person was very interested in sport and wanted to see a live sporting event, so staff had taken them to a local cricket match.

People told us that they were involved in the planning of the care and that their individual preferences were known by staff, and that they were listened to. One person told us, "I mentioned once that I like to drink stout. Then at the next meal, there it was! I drank and savoured it". Another person told us how important it was to them to have their daily paper of choice delivered. "I get my newspaper daily- without fail!" We saw that this person asked staff whether the paper had arrived and that once it was delivered, staff made sure the person knew this. The person was very happy and told staff they were going to their room to sit down and, "Have a good read".

Staff told us how important it was to have an understanding of people's life histories, likes and dislikes and preferences in how they received their care. One staff member told us, "They have had amazing lives and have so many interesting stories and it is important we listen to them". We saw frequent examples of staff listening to people and that they had an awareness of people's histories and what mattered to them.

On the day of our inspection, people were involved in an ocean themed quiz. People and the activities coordinator drew and cut out pictures of fish and the coordinator wrote ocean themed general knowledge questions on the back. The fish were placed in an empty paddling pool, and people selected them and answered the questions. We saw that seven people were involved in this activity and they told us they enjoyed it, "It's great fun, keeps the brain ticking over!"

For people who did not want to join in the main activities, there was a choice of a quiet area away from the

main lounge, or people could take part in individual activities. For example, we saw one person and a member of staff completing a jigsaw puzzle together. The person told us, "I have done jigsaws all my life and I don't intend to stop". We saw from this person's care records, and from the residents' meetings minutes, that they had asked for puzzles to be provided and that these subsequently had been.

We saw that the activities coordinator worked with people in group activities, and also on an individual basis. For example, we saw that one person was very interested in railway stations and that the coordinator had helped the person to make their own train station. We also saw that one person was very interested in art, and so a 'still life' session had taken place. The activities coordinator also spent time with people in the rooms of people who were unable, or did not want to, take part in activities with others. This promoted an inclusive and individual approach to activities. The coordinator was employed full-time and they told us they were supported by the provider and the registered manager and that there was an appreciation of the importance of stimulation and individualised activities for people.

People and staff told us that a local artist visited the home every two weeks to carry out art based activities. We saw that people's art work was displayed on the walls of the home. People told us which paintings were theirs, and we saw that they were very pleased to have their work displayed. In addition to the art work being displayed, people had recently made their own gift cards which were for sale at the home. Money raised from the cards was then placed in the activities budget and people were involved in how the money would be spent.

We saw that people had monthly residents' meetings, in which they discussed activities they would like to do, including both daily activities, monthly activities and day trips. Recently, we saw that people had asked for Zumba classes and that these had been arranged. We also saw that a vote had taken place regarding a summer outing, and that people had chosen a canal trip, which had been booked. Relatives told us they were invited on outings, which they appreciated. The meetings were also a forum for people to discuss the overall running of the home, and any concerns they had. For example, we saw that people had commented that they would like staff to socialise with them more. This was feedback to staff and in the next meeting, people were asked whether this had improved and they commented that it had.

In addition to activities, people were consulted about what they would like in their home. We saw that people had requested an aquarium in the lounge area, and that this had been purchased. People had their own residents' garden and they had been involved in how they would like to use the space. Following consultation, chickens had been bought for the garden and raised beds had been made. People also told us there would soon be pet guinea pigs in the garden, which they had asked for.

We saw that staff used reminiscence aids with people to aid conversation and reminisce work. For example, we saw that a daily reminiscence newspaper was delivered and that this was read by people and discussed. Spare copies of the paper were left by the main reception with a note for relatives and visitors, inviting them to take a copy to discuss with the person they were visiting. People told us they enjoyed conversations with staff about the past. "I used to have a really interesting job and the staff are always asking me to tell them more about it".

People knew who the registered manager was and how to raise a complaint, if necessary. People told us they were confident that they would be listened to and action would be taken. One person told us, "If anything is wrong, they rectify it". Another person told us they had recently raised an issue with the registered manager and that this was in the process of being discussed with the provider. Relatives told us that they were aware of how to raise a complaint. We saw that a complaint had been made recently by a relative recently about a lost item of clothing in the laundry. We saw that this was investigated and when the item could not be found, the provider bought a replacement.

## Is the service well-led?

### Our findings

People we spoke with knew the registered manager and that they would approach them with any concerns. One person told us, "If I had a problem, I would speak to the manager". People told us they enjoyed the atmosphere of the home and were happy with how it was run. One person told us, "It runs well. The manager is always around chatting to us". Another person told us, "It's great here. A very happy place".

Relatives told us they were consulted and that they felt involved in their relatives' care. One relative told us, "Anything to do with [relative], we are consulted. We contribute all the time". Another relative told us they were asked for their views and comments frequently, "The consultation is ongoing". Relatives told us they enjoyed the atmosphere of the home and that they could visit frequently, "It is a lovely, jolly atmosphere. We are welcome all the time".

Staff told us they felt supported by the registered manager, the deputy manager and the provider. The deputy manager told us the provider was, "Always available when you need them". One staff member told us, "They are all really good. We see [provider] quite a lot, we get asked how we are getting on". Staff told us that they received regular staff meetings and supervisions, which they found useful as they received feedback about their practice and their development. Staff told us that the registered manager had done some team building exercises with staff previously, and that the staff all worked well together. Staff told us they could approach the registered manager about training needs, and this would be responded to. For example, one member of staff told us they had recently asked for more dementia training, and this was being arranged.

We saw the registered manager and provider had quality assurance measures in place to evaluate the quality of care provided to people. For example, we saw that there had been some recent satisfaction questionnaires given to people, health professionals and relatives. The responses from the questionnaires had been collated and looked at to identify any areas for improvement. For example, we saw that concerns had been raised about a leak in the roof. As a result of this, the leak had been investigated and work carried out to repair it.

We looked at how the registered manager and provider managed individuals' risks and how they had oversight of changes in people's needs. We looked at the way this was managed, and saw there was an audit system in place for falls risk; risk of malnutrition; pressure sore risk and overall health and safety monitoring. We saw that the registered manager and provider reviewed incident and accident forms on a monthly basis to monitor whether there were any patterns, for example an increase in people's falls, and that appropriate action was taken as a result. We also saw that action was also taken as a result of reviewing people's risk assessments. For example, we saw that one person's weight loss had been identified and a referral made to their GP. We also saw examples of referrals being made to health professionals following reviews of their needs and risks being identified. For example, we saw that the registered manager had recently identified someone as needing support from a physiotherapist.

The deputy manager told us that the values of the service were to ensure people had a "happy and full life".

We spoke with staff who were aware of the values of the service and told us all staff were worked together to achieve this aim. The feedback we saw from relatives and health professionals was positive in respect of the values of the home and the quality of care provided to people.

The registered manager had links with the local community and used the links to benefit the care provided to people in the home. For example, people and staff told us there was a local lunch club in the community which some people chose to attend. We also saw that a local school had links with the home and the school choir visited people and sang to them, and that the Red Cross visited the home regularly to do massage therapy with people.

Staff were aware of the provider's whistleblowing policy and the procedure to follow if they had any concerns, including any concerns about the registered manager or provider. This meant that there was a forum for staff to report any matters of concern.