

Eldon House Care Homes Limited

# Eldon House Care Services

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Eldon House is a residential home providing personal care for up to 34 people. The service provides support to older people, some of whom are living with dementia and people with physical and sensory disabilities. At the time of our inspection there were 31 people using the service.

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

The service provided safe care to people. Staff were trained to recognise abuse and would report any concerns. People and their relatives felt the care provided was safe. People's individual risks were identified, assessed, reviewed and plans were in place to minimise them. Medicines were managed safely, and people received the support they needed to take them as prescribed.

Staff understood how to minimise the risk of infection and there were measures in place to prevent cross infection. There were enough safely recruited staff to support people to meet their needs. Where incidents happened, these were reviewed, and learning applied to prevent recurrence.

People had their needs assessed and plans put in place to meet them. Where needed other professionals were involved in people's care and support and people were supported to maintain their health. People's dietary needs were met, and people had access to a choice of food and drinks. Staff received support and training in their role and worked as a team to support people.

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

People and their relatives understood how to make a complaint and the registered manager encouraged an open and transparent culture which meant people were happy to raise any concerns. People's needs and preferences were understood by staff and care plans reflected people's individual needs. This included information about how people like to spend their time and their interests. People had been asked about their wishes for their care at the end of their life.

The registered manager had systems to enable staff to share their ideas for the service and staff felt supported in their roles. Where required the registered manager worked in partnership with others to provide people's care and support. The registered manager used quality and safety checks which were in place to identify areas for improvements.

### Rating at last inspection and update

The last rating for this service was requires improvement (28 May 2019). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

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

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions effective, responsive, and well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### **Is the service safe?**

The service was safe.

Details are in our safe findings below.

**Good** ●

### **Is the service effective?**

The service was effective.

Details are in our well-led findings below.

**Good** ●

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

The service was responsive.

Details are in our well-led findings below.

**Good** ●

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

The service was well-led.

Details are in our well-led findings below.

**Good** ●

# Eldon House Care Services

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

This inspection was carried out by one inspector 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.

#### Service and service type

Eldon House Care Services is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Eldon House Care Services is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

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

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider

sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We observed people's care to help us understand the experience of people who could not talk with us. We spoke with 9 people about their experience of care and 2 relatives. We also spoke with 5 staff which included the registered manager, deputy manager and care staff. We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service, including medicine audits, care plan audits and the training matrix were also reviewed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "I do feel safe here. I like this room. I am very pleased overall. I haven't had any accidents here."
- Systems and processes in place protected people from harm. Staff had received training in how to safeguard people from abuse and were aware of the safeguarding policies and procedures.
- Staff demonstrated a good understanding of the signs of abuse and could describe how to raise concerns. One staff member told us, "We report anything to senior and this is then reported to the safeguarding team. There is a whistleblowing policy in place and if needed things are reported to the police. There is an in-depth procedure in the office for us to follow."

Assessing risk, safety monitoring and management

- Risk assessments were completed to manage risks to people's safety. Risks such as people's skin integrity, mobility, and continence. The assessments led to a care plan being put in place to guide staff on how to keep people safe. These plans were reviewed regularly.
- Risk assessments were reviewed on a regular basis and updated when people's needs changed. For example, skin integrity plans were updated monthly and there were updates to mobility plans when people's needs changed.
- Risks relating to building safety had been assessed and plans put in place to manage them. For example, fire safety risks assessments were in place for the building and personal evacuation plans detailed how individuals needed to be supported in the event of a fire.

Staffing and recruitment

- People had mixed views about staffing levels. Some felt there were enough staff and commented others felt they sometimes had to wait for staff to come to them at busy periods during the day. One person said, "The staff give me my independence but if I do press my buzzer they come straight away and they appear with a cup of tea. I never have to ask for one."
- However, we found people were supported by enough staff to meet their needs. The registered manager used a dependency tool to help them work out how many staff were needed to support people. Observations confirmed there were enough staff to meet people's needs. Staff confirmed they felt there were enough staff to support people safely.
- The provider had a staff recruitment procedure which followed safe recruitment practices including checks on suitability to work with vulnerable people through the Disclosure and Barring Service (DBS). These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

### Using medicines safely

- People told us they received support with their medicines. One person told us, "The staff bring my medicines and make sure that I take them. They watch over me. I do know what I am taking and why."
- Medicines were administered safely by staff who had received training and had their competency assessed.
- Medicines were stored safely. Staff understood how to ensure medicines were stored in line with the manufacturer's guidance for example, refrigerated where needed.
- Medicines administration records were in place and accurately completed. There was guidance for staff on how to administer medicines prescribed on an 'as required' basis and where needed body maps to record where topical medicines had been applied.

### Preventing and controlling infection

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

### Visiting in care homes

- People were able to have visits from friends and family.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and reported and where required actions were taken to prevent recurrence. For example, where a person had fallen their risk assessment and care plan had been reviewed and additional support had been sought from a fall's prevention service.
- The registered manager analysed accidents and incidents for any additional learning and themes to share with staff. One staff member gave an example of a person falling when getting up to get a drink, they now had a jug of water nearby to help reduce the risk.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

We checked whether the service was working within the principles of the MCA, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At our last inspection improvements were needed to how MCA assessments and best interest decisions were made and documented and staff lacked knowledge of the MCA. At this inspection we found the provider had made the required improvements.
- People had their capacity assessed where required and decisions taken in their best interests were documented in people's care plans. DoLS were in place where needed and this was included in people's care plans.
- We saw staff asked people for permission before providing support. Staff understood where people had capacity to consent to their care and where decisions needed to be taken in people's best interests. One staff member told us, "Where people have capacity they can consent or refuse. People may lack capacity in some areas and not others, so we have to speak with others involved to work in their best interests."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had their needs assessed on admission to the home and this assessment was used to plan their care. Staff told us, "Initial assessments are completed and there is a care plan in place to guide us on how to meet people's needs."
- Care plans included information about how to meet people's needs and preferences and were personalised to each individual.

Staff support: induction, training, skills and experience

- Staff received an induction, training and support to maintain their skills and carry out their role. One staff member told us, "We have supervision on a regular basis we have appraisals and spot checks on practice."
- Training records showed training was regularly refreshed in all areas which included safeguarding, manual handling, and MCA.

Supporting people to eat and drink enough to maintain a balanced diet

- People had a choice of meals and drinks which they enjoyed. One person told us, "The staff come around 10.00 a.m. and tell me the choices of the lunchtime meal. If there is nothing, I want they will come up with something else."
- People were supported to maintain a balanced diet and have enough to drink. Care plans included information on risks relating to food and drink and how to support people to mitigate them. For example, where people were at risk of malnutrition this was documented, and their food intake was monitored along with their weight.
- Where people had a modified diet risk assessments and care plans included guidance from the speech and language team (SALT).

Staff working with other agencies to provide consistent, effective, timely care

- Staff received a handover at the start of every shift which updated them on people's needs and helped with consistency.
- Where other professionals were involved in people's care delivery this was clearly documented in care plans. For example, there was details about support for people with diabetes and catheters received from other professionals.

Adapting service, design, decoration to meet people's needs

- There were adaptations to support people. There were adapted toilets and bathrooms for people to use.
- People had had personalised their bedrooms and the home had a room set out as a pub which people enjoyed using. Some people chose to have their lunch in this room.

Supporting people to live healthier lives, access healthcare services and support

- People were supported to maintain their health and wellbeing. One person told us, "I can see a doctor straight away if I need to. For example, when I had a bad stomach, I saw the doctor the same day."
- People's health needs had been considered in their assessments and care plans and there was guidance for staff on how to support people to maintain their health. For example, there were catheter care plans which included information about when to escalate concerns to a health professional.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- At the last inspection people had little opportunities to access their interests or hobbies. At this inspection we found the provider had made the required improvements.
- People were able to follow their own interests and join in planned activities. Peoples care plans included information about their interests and preferences for how they liked to spend their day.
- People told us they were engaged in things they enjoyed. One person told us, "The staff have given me a plot outside of my own because they know I like gardening." Another person told us, "I have had my hair done and my nails." Another commented, "There are various activities you can join in if you want to, like Keep Fit and a man comes in to play the organ. It's up to me and I can wander around all day, I have got freedom. I do puzzles and read books."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- At the last inspection people's support plans were not sufficiently personalised and did not consistently detail people's preferences. At this inspection the provider had made the required improvements.
- People's care plans were person-centred and guided staff in understanding how people liked to receive their care and support and how they liked to spend their day. Care plans detailed people's needs and preferences for all aspects of their care.
- People's care plans were reviewed on a regular basis and any changes in need were notified to staff. Staff told us this helps them to understand how to support people.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff understood people's communication needs. Care plans included information for staff on how best to communicate with people. Staff used this information to provide effective communication.

Improving care quality in response to complaints or concerns

- People and their relatives understood how to make complaints. One person told us, "If I had any worries I would go straight to the Manager who would sort it out."

- Where complaints had been made these had been responded. We saw responses to complaints from relatives had received a response and where there was learning this had been applied.

#### End of life care and support

- There was nobody receiving end of life care and support. However, people had discussed their wishes where appropriate with staff and their families. One relative told us, "We have discussed end of life care and they have written it all down."

# Is the service well-led?

## Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

At our last inspection the provider had failed to submit statutory notifications to the commission when DoLS authorisations had been granted. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- The provider had made notifications to the CQC appropriately. The registered manager had put an audit process in place to check if notifications had been completed as required.
- The registered manager understood the duty of candour and the need to be transparent when things went wrong. The registered manager notified relevant agencies and relatives for example when there were incidents and accidents.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- At the last inspection people's support plans lacked information and staff were not updating care plans effectively. At this inspection improvements had been made.
- There is a monthly review of all care plans and since the last inspection these have been updated to ensure they were more personalised. For example, changes had been made to the pre-admission assessment to include more specific information relating to people's Gender, Ethnicity, Preferred Language, Sexuality and Religion.
- The registered manager encouraged an open and honest culture in the home. People and their relatives knew who the registered manager was and told us they felt they could raise any issues with them. One person said, "The registered manager says, 'just come and tell me if you have a problem with anything'".
- Staff told us they could raise any issues with the registered manager, and these would be dealt with.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager had systems to monitor the quality and safety of the service. For example, medicines audits were done monthly to check on storage, administration, and recording.

- Checks were carried out on the safety of the building and equipment. For example, there were regular checks on the fire systems, bedrails, and mattresses.
- The registered manager had introduced spot checks to check on staff performance, people's daily care records completion and the home environment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives were engaged in the service. One person told us, A relative told us, "They made us feel very welcome on Coronation Day. We were invited to lunch, fish, chips and peas and buns afterwards. It is a friendly and very caring place."
- People were encouraged to maintain their independence and were able to choose how they were supported. One person told us, "I like to be independent, and the staff let me. I can choose to go to the dining room or to stay here."
- Staff were fully engaged in the service. One staff member told us, "We can make suggestions, for example we can share ideas about the home, and we are listened to and heard by the registered manager."

Continuous learning and improving care; Working in partnership with others

- The registered manager had a plan for continuous improvement in the home. There had been changes to the use of some rooms to provide new areas for people to spend their time and undertake activities. This included a pub area and a hairdressing salon. People had also been involved in choosing new décor for a lounge area.
- Staff meetings were used as a learning opportunity and to remind staff about key policies. One staff member told us, "I feel very supported, I have guidance on anything I need."
- The service worked with other health and social care professionals to support people with their care. One staff member told us, "We have good support from the District Nurse where people have catheters and guidance from the SALT team if people have a modified diet."