

# Country Retirement and Nursing Homes Limited Eversley Nursing Home

## 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 caring?		Good	
Is the service responsive?		Good	
Is the service well-led?		Good	

### Overall summary

This inspection was unannounced and took place on 30 September 2015.

At the last inspection in April 2014, we asked the provider to make improvements to their risk assessment process. During this inspection, we found that the necessary improvements had been made.

Eversley Nursing Home is a service that specialises in providing palliative care. It is registered to provide accommodation and care for up to 18 people. On the day of our inspection, there were 17 people living at the service.

There was a registered manager employed at the home. 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 and associated Regulations about how the service is run.

Prior to the inspection, we had received a concern that people were at risk of receiving poor care. We found during this inspection that in response to this concern, the provider had reviewed their procedures with regards

# Summary of findings

to managing this risk and that improvements had been made. Lessons had been learnt and we were therefore satisfied that systems were in place to reduce the risk of people receiving poor care.

People who lived at Eversley Nursing Home felt safe and were happy living there. Relatives were also happy with the standard of care that was being provided and everyone we spoke with recommended it as a place to live.

People were cared for by kind, caring and compassionate staff who listened to people, made them feel valued and treated them as individuals. There were enough well trained staff to provide people with the care they needed.

Eversley Nursing Home worked with other healthcare services to make sure that people received good, comfortable care at the end of their life. The staff were passionate about providing people with the care they wanted at this time in their lives. Eversley Nursing Home has been accredited by the Gold Standards Framework. This is a nationally recognised accreditation that is given to a service that has trained its staff to provide a high quality of care to people nearing the end of their life.

People were given a choice about how they wanted to live their lives and their decisions and preferences were respected. They were asked for their consent by the staff and had access to plenty of food and drink to meet their individual needs. Advice from other healthcare professionals was sought and acted upon when any concerns about people's health had been identified.

Risks to people's safety had been assessed and actions taken to reduce any risks that had been identified. The equipment that people used had been well maintained and people received their medicines when they needed them.

The registered manager had promoted a culture where the person was seen as an individual. People and staff felt able to raise concerns without any fear of recrimination. The registered manager demonstrated good leadership.

Systems were in place to make sure that the care being provided was of good quality. The registered manager was pro-active in trying to improve the quality of care that was being provided to the people who lived at Eversley Nursing Home.

# 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 safe.

The provider had systems in place to reduce the risk of people experiencing abuse and poor care.

Risks to people's safety had been assessed and management plans to reduce any risks were in place.

There were enough staff employed to keep people safe and to meet their needs.

Robust systems were in place to make sure people received their medications safely.

Good



### Is the service effective?

The service was effective.

The staff were well trained and had the knowledge and skills to provide people with effective care.

Staff understood their legal obligations when providing care to people who were unable to consent to it.

People had access to a choice of food and drink and the amount they ate and drank was monitored to make sure it was adequate for their needs.

People were supported by the staff to maintain their health.

Good



### Is the service caring?

The service was caring.

The staff were kind and compassionate and treated people with dignity and respect.

People and their relatives were involved in making decisions about their care.

People's wishes regarding their care at the end of their life had been sought and were respected.

Good



### Is the service responsive?

The service was responsive.

People's individual needs and preferences had been fully assessed and were being met.

Staff supported people to access activities to complement their hobbies and interests and support them with their faith.

The provider had a system in place to investigate and deal with complaints.

Good



### Is the service well-led?

The service was well-led.

The registered manager had promoted an open culture where people and staff felt able to raise concerns which were listened to and dealt with.

People, relatives and staff felt supported and valued.

Good



# Summary of findings

There were systems in place to assess if the home was operating effectively and people were satisfied with the service provided.

# Eversley Nursing 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.

This inspection took place on 30 September 2015 and was unannounced. The inspection team consisted of two 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 the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed other information that we held about the service. Providers are required to notify the Care

Quality Commission about events and incidents that occur including unexpected deaths, injuries to people receiving care and safeguarding matters. We reviewed the notifications the provider had sent us and additional information we had requested from the local authority safeguarding and quality assurance teams.

During the inspection, we spoke with six people living at Eversley Nursing Home, five visiting relatives, four care staff, a nurse, the cook, the registered manager, a regional director of the provider and a visiting healthcare professional. Some people were not able to communicate their views of the service to us and therefore, we observed how care and support was provided to some of these people.

The records we looked at included three people's care records, five people's medicine records and other records relating to people's care, three staff recruitment files and staff training records. We also looked at maintenance records in respect of the premises and equipment and records relating to how the provider monitored the quality of the service.

# Is the service safe?

## Our findings

At our previous inspection in April 2014, we found that although risks to people's safety had been assessed, the actions that staff needed to take to reduce these risks had not always been recorded. This meant that there had been a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) 2010 which corresponds to Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) 2014. The provider told us that they would meet this regulation by 25 May 2014. At this inspection, we found that the required improvements had been made.

Risks relating to people's safety had been assessed. These included areas such as falls, helping people to move, pressure care, the use of bed rails, choking and nutrition. There were clear actions documented within people's care records detailing what action staff needed to take to reduce the risk of harm. We saw that staff were following these actions. For example, two people had been assessed as being at a high risk of choking. To reduce this risk, staff were to provide people with thickened drinks and specialised diets which we saw that these people received. We also observed that staff made sure that people were sitting upright when they had their food and drink. Risk assessments were reviewed regularly to make sure that the staff had up to date information on how to reduce risks to people's safety.

Any incidents or accidents that occurred were recorded and analysed by the registered manager. Trends were identified and action taken to reduce the risk of the person experiencing a similar accident again. For example, one person had fallen a few times. In response to this, the registered manager had arranged for the person to have a specialised chair to reduce the risk of the falls re-occurring.

Risks in relation to the premises had also been assessed and regularly reviewed. We saw that fire doors were kept closed and that the emergency exits were well sign posted and kept clear. Testing of fire equipment and the fire alarm had taken place. Staff had also practiced evacuating the building both during the day and at night in the event of the fire alarm sounding. Staff demonstrated to us that they knew what action to take in the event of an emergency such as a fire or finding someone unresponsive within their room. The equipment that people used such as hoists had been regularly serviced to make sure they were safe to use.

We received a concern in July 2015 from a third party regarding the care that was being provided at Eversley Nursing Home. This incident had not been reported to ourselves or the local authority safeguarding team by the registered manager or provider as is required. The incident was subsequently investigated by the local authority's safeguarding team and was substantiated by them. During this inspection, we found that the provider and registered manager had learnt from this incident and that previous systems in place to prevent people experiencing poor care had been reviewed, amended and improved. Both the registered manager and the provider had worked with ourselves and the local authority safeguarding team during this process.

All of the people we spoke with who lived at Eversley told us that they felt safe living there. One person told us, "Totally safe, yes – I have no worries, the staff are very good." Another person said, "Oh yes so safe – this is one of the best places in England!" This was echoed by people's visiting relatives. One relative told us, "[Family member] is absolutely safe here, so far, so good. We've had a bad experience in the past so I'm always watching and listening, but I'm glad to say I have no anxieties." People and the visiting relatives we spoke with told us that they would have no hesitation in speaking to the staff or the registered manager if they were concerned about safety.

Staff had received refresher training in safeguarding adults and were able to demonstrate to us that they understood what constituted abuse and that they were clear on the correct reporting procedures if they suspected that any form of abuse had taken place. The provider had also introduced regular checks on staff to make sure that their care practice was competent and that any issues identified were addressed through the supervision and disciplinary process as necessary.

In the main, people were satisfied that there were enough staff to help them when they required it, although two people added that sometimes they had to wait a bit longer than they would like for staff to answer their call bell. However, they added that this only happened occasionally and that the staff always acknowledged them and made sure they were able to wait a while longer for assistance. The majority of relatives told us that they felt there were enough staff to meet people's needs. One relative told us, "The staff are there if I need them [to help my family member]." Staff also told us that they felt there were

## Is the service safe?

enough staff to meet people's individual needs. During the inspection, we observed that people's call bells were answered promptly by the staff and that they were responsive to people's requests for support.

The registered manager explained that staffing levels were based on the individual needs of the people who lived at Eversley Nursing Home. These levels were adjusted when people's needs changed as necessary. The regional director confirmed to us that the registered manager was able to increase staffing levels when needed to ensure that good quality safe care was provided to people.

Where staff called in sick or were on holiday, the provider operated an 'on-call' system and had a bank of staff that could cover the shortfall in staffing numbers. The registered manager told us they were continuing to recruit to the bank of staff. The staff we spoke with told us this system worked well so that they were able to meet people's needs, even when regular staff were not working.

The required checks had been completed when recruiting new staff to the service such as obtaining character references and checking with the Disclosure and Barring Service that the staff member was safe to work with people. This reduced the risk of employing staff who were unsuitable to work within care.

People told us that they received their medicines when they needed them. One person said, "They're spot on with my medication. I get panicky if my [name of medicine] and [name of medicine] is late but that's my problem. As I say, they're spot on." Another person told us, "Yes, twice a day, all fine. They give me paracetamol if I need it." The relatives we spoke with also agreed that people received their medicines appropriately.

People's medicines were managed safely. All of the medicine records that we checked indicated that people had received their medicines as requested by the person who had prescribed them. Medicines were stored securely so that they could not be tampered with or removed. The staff had received training in how to give people their medicines and their competency to do this safely had been regularly assessed.

There was clear guidance in place for staff to help them give people their medicines safely. This included information about allergies people had, a photograph of them to help staff make sure they were giving the correct person their medicines and also on how and when to give people 'as and when required' medication. People's medicines were regularly reviewed by their GP or visiting nurse practitioner who communicated any changes to the staff that was required to people's medicines.

# Is the service effective?

## Our findings

People told us that the staff were trained well to provide them with the care they needed. One person said, “They know what they’re doing.” The staff also told us they had received training within a number of areas such as assisting people to move, food and nutrition, infection control, first aid and dementia. Other specialist areas of training such as end of life and oral care had also been completed to enable staff to provide people with effective care. The staff were happy that they had received enough training to meet people’s needs and that the registered manager and provider were both supportive if they requested further training.

The training that was provided was delivered in both an e-learning and classroom format. The registered manager told us that healthcare professionals from the local palliative care and respiratory teams helped to deliver training when requested.

The registered manager monitored the completion of staff training to make sure that it was up to date. The staff told us they regularly had their competency assessed to make sure they had understood the training they had received. This included observation of areas such as helping people to move, reducing the risk of infection and treating people with dignity and respect. This demonstrated that the provider had processes in place to check that their staff were safe and competent to perform their roles following their training.

There was induction training for new staff where they spent time with an experienced member of staff. The registered manager made sure that new staff were competent to work with people on their own before they were allowed to do this. She confirmed to us that any new staff employed by the service would be completing the Care Certificate. This is a recognised training certificate that has been designed to provide staff working within health and social care with the skills and knowledge they need to provide a good standard of care.

All the people who lived at the service and visiting relatives agreed that the staff always gained their consent before providing them with support. One relative told us, “Yes, they always ask [family member] before doing anything.” Another relative said, “They always say to [family member] what they want to do and then [family member] can agree

or not.” Our observations during the inspection confirmed this. For example, people were asked if they wanted a meal or drink or whether they wanted to be assisted with washing and dressing.

The staff told us that there were some people who lived at the service who lacked capacity to consent to their care and treatment. This means that the provider has to comply with the principles of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This legislation was passed to protect people’s rights when they lack capacity to make their own decisions.

The registered manager and the staff we spoke with had a good understanding of the MCA and DoLS and were able to tell us how they supported people to make their own decisions. For example, one staff member told us how they showed people their clothes so they could make a decision about what they wanted to wear. We saw that staff had received training in these subjects. Where it was felt people lacked capacity to make a decision, an assessment had been made and care was provided in their best interests.

The registered manager had assessed whether anyone living at the service required a DoLS. They had recently made some applications to the local authority for authorisation to deprive some people of their liberty in their best interests. Therefore, the provider had acted in accordance with relevant legal requirements.

The people we spoke with told us that they had access to enough food and drink to meet their individual needs. One person said, “They bring drinks in – there’s a fresh cold drink over there now.” They added, “They [the staff] freshen up your drinks and you can pick what you want to drink or eat or have a snack.” Another person told us, “I’m onto normal food now, it’s been a long time coming and I can have tea with no thickener, it’s so much better.” A further person said, “They [the staff] provide me with lots of small bottles of water as I drink such a lot.”

People had two choices of main meal each day. This food was freshly prepared by the cook who had a good understanding of people’s individual likes and dislikes and was aware of those people who required a specialised diet. Where people required a specific diet to reduce the risk of them choking, we saw that each component of the meal was prepared separately to make the meal look appetising.

We observed that people had access to a choice of drink throughout the day. One person requested a cup of



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Horlicks in the morning and this was provided for them. Where people did not like the choices of meal, an alternative was offered. We also observed that people who had eaten their meal were asked if they wanted more. People who required assistance to eat their meals and to drink received this from the staff.

Where there was a concern that people were not eating or drinking enough, this was closely monitored and actions taken to reduce the risk of people becoming dehydrated or malnourished. This included people being offered drinks regularly and having their food fortified with extra calories such as adding butter or cream to their meals. Other healthcare professionals were also consulted for advice such as a GP, speech and language therapist and dietician. When advice had been given by a healthcare professional on how to help the person with their eating and drinking, we saw that this was being followed by the staff.

People told us that they were supported by the staff with their specific healthcare needs. One person said, "Oh yes, I see the nurse when I need to, the one that comes in." Another person told us that all of their healthcare appointments were arranged for them by the staff. A relative told us, how the health of their family member had improved since they had been living at Eversley.

We saw that the nurse practitioner and GP visited people regularly to reassess people's needs and worked with the staff to implement any changes that were required. People also had access to other healthcare professionals such as occupational therapists, physiotherapists and chiropractors. We were therefore satisfied that the staff supported people with their healthcare needs.

# Is the service caring?

## Our findings

People told us that the staff were kind and caring. One person told us, “Yes they are caring, very much so. They’re so helpful.” Another person told us, “Oh very good, we’re well cared for here.” A relative said, “They are caring, yes lovely. They [the residents] often get hugged and me also.” A visiting healthcare professional told us that they felt the staff were very hard working, passionate and diligent with regards to the people they provided care for.

Staff supported people in a kind and compassionate manner. Where people had difficulty communicating verbally, staff gave them time to speak and acknowledged and listened to them. We saw people smiling with staff and looking happy and comfortable in their presence.

We observed one occasion where a person became distressed. Staff spoke with this person in a quiet and dignified manner. They were patient with the person, comforted them and held their hand. One staff member sang to the person which calmed them.

People told us that they felt the staff knew them well. One person said the staff knew the football team they supported and we observed a staff member talking to them about a recent game that had been played. Another person told us, “They know me and I know them all too. They are very good.” The staff demonstrated to us that were knowledgeable about the people they cared for. This included people’s likes and dislikes and preferences such as what time they liked to get out of bed in the morning, their interests and their life history. Staff told us that this helped them develop a good rapport with people and that knowing their history enabled them to have conversations with people that were meaningful to them.

We saw that staff had time to spend with people, chatting to them about their day. During the lunchtime meal, staff assisted some people with their meals. This was done in an unrushed manner. People ate and drank at their own pace whilst the staff sat next to them, telling them about their meal and engaging with the person. Gentle and friendly encouragement was given to people whilst they were eating their meals.

The people who lived at the service told us that they were treated with respect, that they were listened to and that their opinion regarding their care was sought and acted upon. One person said, “Yes, I’m listened to. They are great

and go along with my wishes.” They added, “There’s lots of respect. All okay. They chat to me and we even go to the shop. They even organised two pairs of new glasses for me as I’ve broken an arm off these. How good of them was that?” Another person told us, “They definitely listen to me and I can talk to the staff when I need to.”

People’s relatives also told us that the staff were respectful and that their opinions about their family member’s care were listened to. One relative said, “The staff are very respectful.” Another relative told us “We’ve talked to them [the staff]. They know what they’re doing.” They added, “An example of us being listened to are the changes they’ve made to [family member’s] food.” People and relatives also had the opportunity to complete a survey each year to give feedback on how they felt their care could be improved.

People were given a choice about how they wanted to spend their time. One person told us, “The staff pretty much go with what I want.” If people wanted to remain in their bed all day this was respected. But if they wanted to get up and go outside for some fresh air the staff took people into the garden area. People were also given a choice of when they wanted to eat their meals to suit their individual preference. One person said, “I prefer to eat in my room and that’s okay.” Some people had caged birds within their room for them to look and listen to. There were also caged birds within one of the communal areas. Staff told us that Eversley was the person’s own home and therefore they treated them as they would want to see their own family member treated.

People’s spiritual, cultural and diverse needs were respected. Representatives from various faiths attended Eversley regularly to support people with their beliefs. Relatives were able to visit their family member at any time of the day or night. They told us that they were regularly contacted by the staff to update them on the health of their family member. One relative told us, “They treat us with respect. They don’t mind what time we come, they always make us feel welcome and offer us a drink.”

People were supported by the staff as they approached the end of their life. The staff we spoke with were passionate about providing people with a high level of compassionate care at this time.

Preferences and choices had been discussed with the person and their families and were respected by the staff. Input from the local specialist palliative care team was

## Is the service caring?

utilised to ensure that relevant equipment was in place to provide support and comfort to people who were nearing the end of their life. One relative whose family member had recently passed away, told us how impressed they had been at the level of care and attention that their family member had received from the staff and registered manager. We saw a number of cards that had been received from relatives thanking staff for their care and compassion during this period of the person's life.

Eversley has been accredited by the Gold Standards Framework. This is a nationally recognised accreditation that is given to a service that had trained its staff to provide a high quality of care to people nearing the end of their life.

# Is the service responsive?

## Our findings

The people we spoke with and their visiting relatives told us that their preferences were met and were respected. One person told us, "I'm not very good in the mornings so if they come in too early, say before 11am, and ask me if I want to get up and I don't want to, they'll always come back. They never complain. You can't moan about the staff." A relative told us, "After [family member] settled in, [family member] was asked if there was anything they could do. [Family member] said they preferred to get up at 7.30am and be dressed and sitting in the chair for their first cup of tea and breakfast. This is now what happens. [Family member] chooses to stay in their room and this is respected."

Staff also told us that they were able to meet people's individual preferences in respect of how they wanted to receive their care. They explained how some people liked to be up in the early hours of the morning and that they catered for this and were able to spend time with the person. A healthcare professional who visited the service on a regular basis told us that they had observed that staff provided people with exemplary, very individualised and holistic care.

Before people went to live at Eversley, the registered manager visited them and carried out an assessment of their individual needs to make sure that these could be met. The information took into account the care that people wanted to receive, their individual preferences and their life history. There was information documented within people's care records about what actions staff needed to take to meet people's needs and preferences. This information was clear and regularly reviewed. The staff told us that the care records provided them with sufficient information to help them get to know people and how they liked to be cared for.

People's care needs were reviewed daily by the staff and the information was communicated during staff handover meetings. Where changes to people's needs were identified, action was taken to meet these changing needs.

For example, a visiting healthcare professional told us that they were regularly contacted by staff when they were concerned about people's health such as eating and drinking. They also told us that the staff acted on any advice or instructions they gave them in relation to the care of people.

During the inspection, we saw the staff being responsive to people's needs. For example, one person said that they felt unwell. The nurse on duty sat with the person, talked to them and took their blood pressure. Another person asked for a dressing to be changed which was subsequently done for them. A further person asked to go outside into the garden. A member of staff brought the person's coat straight away and helped the person put the coat on before they walked together out into the garden.

The staff spent time with people chatting to them about their past lives and providing them with holistic therapies such as an arm and hand massage. One relative told us, "[Family member] loves a foot massage." People who were able could spend time relaxing in a spa bath that also used colour to provide sensory stimulation. The staff also took people outside into the well kept gardens and assisted them to grow items such as tomatoes or to tend the garden. People also told us that special occasions such as birthdays were celebrated. One person said, "They're [the staff] are good, we get cakes when it someone's birthday, it's good." A relative told us, "They bake cakes and put up balloons, its lovely."

People told us they did not have any complaints but that they felt confident to raise any issues with the staff if they were unhappy about anything and that their complaints would be acted on. One person said, "I would complain to the manager if I had to." One relative told us, "We know how to complain."

The registered manager had received two complaints within the last 12 months. Records showed that these had been fully investigated and that feedback had been given to the person who raised the concern. We were therefore satisfied that people's complaints were investigated and responded to effectively.

# Is the service well-led?

## Our findings

All of the people we spoke with on the day of our inspection were happy living at Eversley. Their visiting relatives echoed this. People and their relatives also said they would recommend it as a place to receive comfortable, safe, personalised care. One person said, “Yes, I certainly would recommend the care, it’s great here.” Another person told us, “Yes, I really would. Any concerns you have, the manager sorts it out.” A relative told us, “Oh yes, I would say to anybody if you want bingo this is not the place, but if you want individual care and your needs taken care of, go for it. It’s personalised care here.”

The people and relatives told us that the staff and registered manager were approachable and that they felt the home was managed well. One person told us, “She [registered manager] is very good, comes in for a chat. One of the men from Head Office came down and we had an opportunity to talk.” Another person said, “The home is managed very well. I cannot ask for more.” A further person said, “Really, yes this place is managed well. I couldn’t ask for more. A relative said, “Oh [registered manager’s name] you can’t fault her. She can’t get better. We had such a bad experience with [family member] at the last home and when we came here she told us we could put a bug in the room if we wanted to. You can’t be fairer than that.” Another relative said, “She [the registered manager] is very approachable. In fact they all are.”

People, their relatives and the staff told us that they could raise any issues or suggestions on how to improve the care being given with the registered manager without fear of recriminations and that action was always taken in response to any concerns they raised. One relative said, “Any issues raised are dealt with.” Another relative told us, “Any concerns you can raise with the staff or manager and it is sorted out, although I don’t think the staff here can be improved.” This demonstrated that the service had an open culture in which it welcomed feedback from people and staff to help them improve the quality of the service that was being provided.

The registered manager was observed to regularly walk around the service, speaking to staff, the people who lived at the service and their relatives in a professional, kind and caring manner. She demonstrated to us that she knew the people who lived in the home well and that she was passionate about providing people with compassionate care based on their individual needs. Our conversations with the staff showed that this ethos of care had also been instilled in them.

There was a stable staff team working at the home, some of whom had been employed by the provider for a number of years. They were well organised and demonstrated that they were aware of their individual roles and responsibilities. They told us that their morale was good, they felt supported in their role and that they were happy working at Eversley Nursing Home. They also confirmed they worked well as a team to provide people with good quality care and that they would be happy for their own relative to live at the home.

The registered manager and provider completed a number of regular audits to monitor the quality of care that was provided. These were in areas such as medicines management, infection control and health and safety. Spot checks of staff care practice also took place both during the day and night. Where any concerns had been found, we saw that the registered manager had taken action to correct them. Surveys were sent to the people who lived at Eversley, their relatives, the staff and external health professionals each year for their views on the quality of care provided. Any areas for improvement that had been identified from these surveys had been actioned.

Good relationships with other healthcare professionals had been developed to provide people with good quality care. This included a number of professionals who were based within the community and at the local hospital. Links with a local supermarket had also been made who donated flowers regularly to the home.