Coventry City Council

Eric Wiliams House

Inspection report

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Ratings

Overall rating for this service	**Good**
Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 8 January 2015 and was unannounced.

Eric Williams House is registered to provide accommodation for up to 43 people who require personal care. The home provides a service for older people with dementia care needs. Eric Williams House is divided into four units, one providing a short stay service. Each unit contains a lounge, dining area and a kitchenette.

At the time of this inspection there were 38 people living at the home.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service, relatives and staff told us people were safe and there were systems and processes in place to protect people from the risk of harm. These included a risk management process, thorough staff

Summary of findings

recruitment procedure and an effective procedure for managing people's medications. Staff understood their responsibilities around keeping people safe but not all staff understood what constituted abuse. This could result in people not being protected from the risk of harm or poor practice.

Staff understood about consent and respected decisions people made about their daily lives. The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Staff said they had completed training in the MCA but three of the staff we spoke with had little understanding of the MCA. This could result in people's rights to make certain decisions not being protected.

People told us staff were kind and caring. Staff protected people's privacy and dignity when providing care and there were enough suitably trained staff to meet people's individual care needs. Staff said they had completed the required training to work with people safely although we found some staff training needed updating.

People were treated as individuals and were encouraged to make choices about their care. People told us they were listened to and were confident they could raise any concerns with staff and the registered manager. People told us their relatives and friends could visit them at any time and there were processes in place for people to express their views and opinions about the home. People had enough to eat and drink during the day and their healthcare needs were monitored and referrals made to appropriate healthcare professionals when required.

Staff had up to date information about people's care in an 'At a Glance' document. These documents were kept with individual care plans and were easily accessible to staff. People's care records contained individualised information about how people liked to receive their care, for example people's preferences and choices. However, some of the care plans did not provide staff with consistent information about people's care as plans had not always been reviewed when people's needs had changed**.**

People told us they were happy with their care and had no complaints about the service they received. People who lived at the home, relatives and staff said the home was well managed. There were systems in place to monitor the quality of the service through feedback from people who used the service, their relatives, staff meetings and a programme of audits.

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.

People felt safe living at Eric Williams House. Staff understood how to keep people safe but not all staff knew how to recognise symptoms of abuse. There were safe procedures for recruitment of staff and for managing people's medication. There were enough suitably experienced staff to meet people's care needs.

Good

Is the service effective?
The service was not always effective.

Staff understood about consent and respected decisions people made about their daily lives. Staff's knowledge of the Mental Capacity Act 2005 (MCA) needed improvement to make sure people's rights to make decisions was protected. People had enough to eat and drink during the day and were supported to manage their healthcare needs. Staff received regular training but some training needed updating to make sure people were supported effectively.

Requires Improvement

Is the service caring?
The service was caring.

People told us staff were kind and caring. Staff had a good understanding of people's care needs and provided respectful care to people. People's privacy and dignity was protected.

Good

Is the service responsive?
The service was responsive.

People were happy with their care and had no complaints about the service they received. People were supported to express their views and opinions about the home. Staff had up to date information about people's care needs and a handover meeting at the start of each shift which enabled staff to provide the care and support people required.

Good

Is the service well-led?
The service was well led.

There was good management and leadership within the home and people, relatives and staff told us the home was well managed. The registered manager and the care staff understood their roles and responsibilities and what was expected of them.

The quality of service people received was regularly monitored through a series of audits and checks.

Good

Eric Wiliams House

Detailed findings

Background to this inspection

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

This was an unannounced inspection carried out by two inspectors and an expert by experience on 8 January 2015. The expert by experience had experience of caring for someone who used this type of care service.

Before the inspection we reviewed the information we held about the service. We looked at information received from relatives and other agencies involved in people's care. We also looked at the statutory notifications the manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted the local authority contracts team and asked for their views about the service. They had no concerns about the service.

Not all the people living in the home were able to give us their views and opinions about how they were cared for as some had varying levels of memory loss or dementia. We spent time observing care in the communal areas. We also used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with nine people who lived at Eric Williams House, three visitors and a health professional. We also spoke with two team leaders, six staff members the deputy manager and the registered manager. We looked at three people's care records to see how they were cared for and supported. We looked at other records related to people's care including the service's quality assurance audits, records of complaints and incident and accidents at the home.

Good

Is the service safe?

Our findings

We asked people who lived at Eric Williams House if they felt safe living at the home. People told us they did. Comments included, "Staff look after me and make sure I'm safe and well."

There were processes in place to protect people from abuse. Senior staff understood how to safeguard people from abuse, what constituted abuse or poor practice and how to keep people safe from harm. All staff were aware of the whistle blowing policy and said they would report poor practice of other staff to the managers or senior staff. Staff told us they had completed training in safeguarding, however, three of the six care staff we spoke were unable to tell us what constituted abuse. This could result in people not always being protected from the risk of harm. We discussed this with the registered manager who said this would be followed up with the staff concerned to ensure all staff understood what constituted abuse so they could make sure people were not at risk. Following our visit we received confirmation that discussions had taken place with staff and refresher training in safeguarding had been arranged for February 2015.

Staff said people in the home were protected by having secure entry to the building and plans to follow in case of an emergency. Staff knew about the fire safety procedure and how to evacuate the building in case of fire. The registered manager told us there was a contingency plan in place should an emergency occur that meant people were unable to stay in the home. The deputy manager told us they had implemented this plan in February 2014 following a major power cut to the home. We were told the emergency procedure had worked well and power had been restored before they had to evacuate people.

Staff understood risk associated with people's care. This included the support people needed to move around, to have sufficient to eat and drink and to take their medication. Staff took their time to listen to people, reassure them and knew what to do and what to say to support people to remain calm. From our observations, we saw that staff carried out the procedures for using equipment safely. However, on one occasion we saw a member of staff support a person to use a wheelchair but did not use the footrests. We asked the member of staff about this. We were told that they knew the footrests were folded back and that the person usually lifted their feet off the floor. They said "Sometimes he is in pain so we don't want to make it worse by lifting [person's] legs." On this occasion the person did not lift [person's] feet, which could have caused harm. Records showed potential risks to people's care had been identified and actions put in place to reduce the risks.

Records showed accidents and incidents were recorded and acted on to reduce the risk. When people had fallen, the accident had been recorded and analysed to identify any trends. Where necessary, action had been taken and equipment put in place to reduce the risk of further falls. For example, we were told most people had beds that could be lowered at night which had reduced the number of falls out of bed.

People told us, and we saw, there were enough staff available to meet people's needs. Comments from people included, "There is always someone around to look after me, plenty of staff," and, "There are plenty of staff to care for me, at evenings and weekends too." Staff said there was usually enough staff to meet people's individual needs. Staff told us there were usually two staff on each unit and two staff floating between two units. Staff said, "We need at least two staff on each unit and at peak times, like first thing in the morning and at meal times, some units need three staff." Another staff member told us, "Ten staff is great, more often its nine, we can manage with eight but anything less is a push." During our visit staff, supported people's personal care needs, had time to spend talking with people and promptly responded to people's requests for assistance.

There was a system in place to make sure care staff were recruited appropriately and ensure they were safe to work with people who lived at the home. Staff told us about the recruitment process and said that they had to wait until their DBS (Disclosure and barring scheme) check and reference checks had been completed before they could start working in the home. Staff who had worked in the home for more than three years told us they had recently had their DBS repeated. This made sure staff continued to be safe to work with people who lived at the home.

We looked at how people were supported to take their prescribed medication. People told us, "I have my medication at the same time every day, so that's good as I don't have to worry about that," and, "I get my medication three times a day and that keeps me happy." People had medication administration records (MAR) completed and

Good

Is the service safe?

records showed people received their medicines as prescribed. There was a process in place to check MAR records to make sure people had received their medicines. We asked staff about administering medication. We were told all care staff completed training in safe handling of medicines and had regular competency assessments completed to make sure they administered medication safely. Staff knew about medication to be given 'as required' and there was a protocol in place that informed staff how people were supported to take this. We found people received their medication as prescribed.

There was a safe procedure for storing, handling and disposing of medicines, including controlled medicines. These are medicines that have to be stored and recorded in a specific way. Temperatures of medication trolleys and the storeroom were recorded and monitored to make sure medicines were stored correctly so they remained effective and safe for use.

Requires Improvement

Is the service effective?

Our findings

People said they were happy with the care provided, "It's good here I feel safe and well cared for by the care staff, they take very good care of me." A visitor told us, "From my observations staff are well trained so they can respond to the needs of the residents. One man fell over in the lounge and there was an instant response and was dealt with professionally."

Staff said they were well supported by senior staff so they could effectively carry out their role and the tasks required. Staff had regular supervision meetings to review their practice and personal development which ensured staff maintained their skills and knowledge. All staff completed an induction programme when they started to work in the home which included understanding policies and procedures, completing training and working alongside an experienced member of staff.

Care staff told us about the training they attended. One member of staff said, "We have regular training. I have completed training in moving and handling, food hygiene, infection control and safeguarding." All the staff we spoke with told us they had received training to enable them to deliver the care and support people required. Staff said they were supported to complete qualifications in care and two staff we spoke with had undertaken a level 3 National Vocational Qualification (NVQ) in health and social care. We were sent a copy of the staff training schedule following our inspection. This confirmed staff completed training to work with people in a safe way but some refresher training to ensure staff knowledge was up to date, was overdue. The deputy manager told us updates in these areas were being arranged.

The registered manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This legislation ensures people who require assistance to make decisions receive the appropriate support and are not subject to unauthorised restrictions in how they live their lives. All the people at Eric Williams House were living with dementia. People were under constant supervision and were assessed as unsafe to leave the home on their own. The registered manager was aware of the revised Supreme Court judgement for DoLs arrangements. We were told applications for DoLs for people who lived permanently in the home were being completed.

Staff said they had completed training in the MCA but three of the six staff we spoke with had little understanding of the Act or how to put this into practice. This could result in people's rights to make decisions not being protected. The registered manager told us this would be addressed with all staff to make sure they were able to support people who needed assistance to make decisions. Staff did understand about gaining people's consent and we saw that staff asked for people's consent before they assisted them to do things, for example, supporting people to move around or with personal care. Following our visit we received confirmation that refresher training for staff in the MCA had been arranged for February 2015.

Staff told us they had a handover meeting at the start of their shift which updated them with people's care needs and any incidents since they were last on shift. Staff told us this supported them to provide appropriate care for people. We observed the handover of shift in the afternoon. We saw that staff were given an update about each person and a record of what had been discussed was recorded. This made sure staff were kept up to date about any changes in people's care to enable them to provide the care people required.

People told us they had a choice of meals and enough to drink during the day. Comments included, "I do like the food that they provide for me, there are many choices. It's well presented on the plate and staff ask if I want any more after I have finished eating. If I'm hungry during the day staff would find me a snack or a sandwich. The same thing happens if I don't like the food on the menu they would provide an alternative meal or sandwich."

"I like the food there are a few choices and there's plenty of it as well. I can have hot drinks and snacks all day."

During our visit we saw people had choices at breakfast and lunch. People had a choice of drinks and we saw drinks were available throughout the day. We observed the lunchtime meal. People had chosen their meal earlier in the day and were served the meal of their choice. People were offered an alternative if they had changed their minds. Staff offered some people assistance to cut up their food and accepted people's decisions if they wanted to do this themselves. People were not rushed to eat their meals and staff that supported people to eat, did so at the pace of the individual.

Requires Improvement

Is the service effective?

Care plans contained risk assessments for people's nutrition. Where risks had been identified, a care plan was in place to minimise the risk. For example people who had difficulty swallowing received pureed food and thickeners in their drinks. We saw where people had difficulty eating or drinking the Speech and Language therapist (SALT) had been involved. Staff had a good awareness of people's dietary requirements. However, we found in one care plan staff had not always followed the recommendation of the SALT team. Although this did not place the person at risk, the SALT team would not have had the necessary information when they reviewed their recommendation. The registered manager said they would make sure the recommendation was fully implemented.

People received appropriate healthcare support. People told us staff would support them to arrange health appointments. One person told us, "Staff would arrange for my doctor to see me if I wasn't very well." Staff made sure people received appropriate healthcare support and could access appropriate healthcare professionals. A relative told us, "At the present moment my relative is having lots of medical appointments but the staff keep me informed of what's happening." We saw staff recorded when health professionals, such as opticians, dentists and their General Practitioner (GPs) had visited the person. Staff understood how to manage people's specific healthcare needs so people remained healthy and well for example diabetes and pressure area management. We spoke with a district nurse who visited the home. We were told, "The home seems very well organised. There is always enough staff. I have no concerns here and I have been coming here for 1 year. The patient care is good and any advice I gave them is always followed through."

The environment supported people living with dementia to live their lives as independently as possible. Doors were painted different colours so people could identify bedrooms and bathrooms. There was special 'daytime' lighting in three units which made the areas brighter for people to see more clearly.

Good

Is the service caring?

Our findings

People told us staff were kind and caring. Comments from people included, **"**Staff care and look after me. They are very good at keeping me safe and well, they are lovely people like that**."**

We asked people if staff maintained their privacy and treated them with respect. People said they did, one person told us "I have no concerns about the care staff they are patient and kind." A relative told us, **"**I'm impressed with the staff who are so loving and caring. I know my relative is in safe and competent hands." A visitor told us, "I visit three times a week so I observe staff and how they provide care and support, which is excellent. There is a very caring warm feeling to the home."

Staff we spoke with understood how to maintain people's privacy and how to treat people with dignity and respect. They told us they would shut doors and curtains when providing personal care. Staff said they needed to be mindful of making sure bedroom doors were closed as they led directly of the lounge area and people's privacy could be compromised if doors were left open. During our visit we saw staff provided personal care in private.

People were listened to and staff understood people's preferences and choices. For example, staff addressed people by their preferred names. People were treated as individuals and were encouraged to make choices about their care. This included how people wanted to spend their day, what clothes to wear, where they would like to sit, and their choice of food. We saw people walked freely around the home spending time on different units if they chose.

We observed staff were kind to people and people appeared comfortable in their home. Staff engaged people in conversations and knew which people liked to laugh and joke with them and others where a calmer approach was required. Staff were aware of people's communication needs but there were occasions on one unit when staff did not engage with people as well as they could. For example, during lunchtime a member of staff was assisting a person to eat. Throughout the meal they did not converse with the person at all, but spoke with people on another table. Another member of staff did not wait to hear the response from a person when they had asked them a question and walked away while the person was talking to them. Other than these two examples we saw staff being attentive with people, they responded to people appropriately, and had positive relationships with people. For example, one person who was unsteady on their feet, but chose to walk around the home, was supported constantly but discreetly by staff. Staff provided reassurance and engaged with the person in conversations. It was evident the person got on very well with the staff.

The manager told us all the people living at the home had relatives or an advocate to help them with major decisions, for example, with their finances. The advocate for one person told us, "I have no concerns about the care, welfare or the safety of the person I represent."

People told us there were no restrictions on visiting times and their relatives and friends could visit when they liked.

Good

Is the service responsive?

Our findings

People told us staff involved them in their care, "Staff talked to me about what I wanted or needed, then they wrote it down and it's in the office I think." Relatives told us they were kept informed of any changes in their relative's needs and had been invited to attend review meetings. One person told us, "I'm included in care planning and staff will contact me at home if needed."

People received personalised care that was responsive to their needs. People told us they were supported by staff that knew their needs and preferences. People said, "Staff are very kind to me. They know what I like and don't like because it's always the same carers who work in here." Another said, "Staff know me very well, so they know what my needs are. What I do like, is it's always the same staff that care for me."

Staff told us there had been recent changes in how they worked and they were now allocated to a specific lounge to provide people with consistent staff. Both staff and people living in the home said this worked well. Staff liked the changes and said it made a big difference to how they worked and that it had improved people's lives because they were able to get to know people and build relationships.

People's diversity needs were discussed with them, for example one person preferred female staff to provide their personal care. Staff knew people's preferences and we observed people's preference to gender of care staff was upheld during our visit.

We looked at three people's care files. On the front of each file was an 'At a Glance' document. This contained a photograph of the person and a summary of their care and support needs including any specific care needs staff should be aware of, for example, specific dietary needs and health concerns. Information on the summary document included how the person liked to receive their care and preferences on how their care should be delivered. Care files contained care plans and risk assessments. We were told care plans were reviewed and summarised three monthly and formally reviewed every six or twelve months. We found care plans had been updated when people's needs had changed. Information in care plans was inconsistent with the information in the summary document. This included, mobility plans, sling sizes and nutritional plans. For example, one person's mobility care plan stated 'I am able to stand up and walk with two carers most of the time.' The At a Glance information stated 'I am no longer able to stand', which was consistent with what care staff had told us. Staff spoken with had a good understanding of people's needs. Staff said they did not always have time to read care plans but they did read the summary document. Staff knew when people's needs had changed because they shared information at handover meetings and kept daily written reports.

There were processes in place for people to express their views and opinions about the home. People told us they had 'residents and relatives' meeting. We saw some people and their relatives had completed comment cards with their views of the service. Responses showed people were happy with the service provided. Comments included, "I am very happy with Mum's care. The staff are efficient and friendly. They go out their way to make sure residents are happy."

On the day of our visit most people chose to sit in the lounge/dining areas where there was usually staff presence. Activities were based around watching the television and listening to music. People told us they would like more things to do during the day. People said, "There's nothing to do but watch TV but I get fed up of doing that all the time." Another person said, "There are little activities so I don't do much and I can't stand watching the TV all the time. I'm happy though." The registered manager told us the home had two volunteers who supported people to follow their interests and hobbies. There were also external entertainers who visited the home on a regular basis. The home had a large lounge area that had been recently converted into a 1950's style diner. There was a café area and a cinema area with a large television screen that we were told were used for 'film nights'. During our visit, we saw people sitting in the diner having a drink or eating their lunch.

People told us they had no complaints about the service they received. People said if they were unhappy about anything they would let the staff know. One person told us, "If I was concerned or wanted to complain I would speak to the staff and they would help me." Visitors we spoke with knew how to complain, one person said, "I have no concerns if I had reason to I would complain to the management team."

Good

Is the service responsive?

We looked at how complaints were managed by the home. We saw complaints information was available in the entrance area. The registered manager told us, “We receive concerns and niggles from people and their relatives. We try to deal with these before they become complaints.” There had been no formal complaints received by the service in the past 12 months.

Good

Is the service well-led?

Our findings

People told us the home was well managed and described the management of the home as open and friendly. A visitor told us, "The manager and deputy manager are brilliant; they manage the home very well. They stop and talk about the person I represent making sure that everything is ok."

People and staff told us the registered manager and deputy manager were visible within the home. The managers were knowledgeable about the care and support needs of all the people living at the home. We observed people had no hesitation approaching both managers to say hello, or request assistance. The managers conducted a 'walk around' every day. The registered manager explained they used the 'walk around' to observe staff practice and to check the environment. For example, we noted in one shower room several wall tiles were missing. The managers had identified this and reported it for repair.

There was good management and leadership within the home. Staff told us they felt well supported by the managers and the team leaders. "I love working here, it's a good home to work in and I feel very well supported." All staff we spoke said they would be able to raise any concerns they had with management. Staff said their concerns would be taken seriously and responded to.

Staff said they had regular work supervision and team meetings. Staff told us the senior staff observed how they worked and gave feedback if they noticed areas that needed improvement. Staff said they had confidence to question the practice of other care staff and would have no hesitation reporting poor practice to the registered manager. Staff were confident any concerns raised would be thoroughly investigated.

The registered manager, senior staff and the care staff understood their roles and responsibilities and what was expected of them. A relative told us, "The staff and managers are really good and supportive of us both. I know my relative is safe and well looked after and I can go home in peace."

There were systems in place to monitor the quality of the service. This was through feedback from people who used the service, their relatives, staff meetings and a programme of audits. Audits included regular checks on care plans, people's weights, medicines management, infection control and the environment. The process for auditing care records was not always thorough as we found inconsistencies with care plans and the information in 'At a Glance' documents. This included, people's moving and handling, sling sizes and nutritional information. We were told team leaders were responsible for reviewing and updating care plans. Following our visit the manager provided information to confirm all care plans were being audited and a weekly audit procedure had been put into place to make sure staff had consistent information about people's care needs.

The provider had additional systems in place to monitor the quality of service people received. The organisation completed additional audits on incidents and accidents records, complaints and quality leadership. These audits were completed to make sure people received good quality care that protected them from potential risk. Where audits identified improvements, actions had been taken to ensure the home made the required improvements.

Records we looked at showed staff recorded when an accident or incident occurred. Incident records were reviewed to identify patterns or trends, for example when people had a fall or when people's behaviour had been challenging to others. We saw that appropriate action had been taken to learn from incidents to avoid re-occurrence.

The registered manager worked in partnership with other professionals to ensure people received appropriate care and support. This included social workers, G.P, mental health team, the district nurse team and the local authority contracts team. The visiting district nurse told us staff carried out any recommendations they made and there were no concerns from the contracts officer.

The manager was registered with us and understood their responsibilities and the requirements of their registration. For example they had submitted any statutory notifications required by our Regulations.