

Eversley Care Home Limited

Eversley Rest Home

Inspection report

38 Bramshall Road
Uttoxeter, ST14 7PG
Tel: 00 000 000

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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

We inspected this service on 29 October 2015. The inspection was unannounced. The home had recently been purchased by a new provider. This was the first inspection since their registration in June 2015. Eversley Rest Home provides accommodation and personal care for up to 22 people; within this number were two beds that were used for people discharged from hospital for rehabilitation. There were 20 people living at the home on the day of our inspection and one person staying at the home for rehabilitation.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider determined the staffing levels on an assessment of people's needs. People told us and we saw there were sufficient staff available to support them. Staff had knowledge about people's care and support needs to enable support to be provided in a safe way. Staff understood what constituted abuse or poor practice and systems and processes were in place to protect people from the risk of harm. Systems were in place and followed

Summary of findings

so that medicines were managed safely and people were given their medicine as and when needed. The provider had undertaken thorough recruitment checks to ensure the staff employed were suitable to support people.

Staff received training to meet the needs of people living in the home. Staff received supervision, to support and develop their skills. The manager understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). Where people lacked capacity in certain areas, capacity assessments had been completed

to show how people were supported to make those decisions. People received food and drink that met their nutritional needs and were referred to healthcare professionals to maintain their health and wellbeing.

Staff were caring in their approach and had a good understanding of people's likes, dislikes and preferences. People felt confident that they could raise any concerns with the manager. People were supported to maintain and develop their social interests. There were processes in place for people to express their views and opinions about the home. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement.

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 staffing levels in place met people's individual needs. Risks were identified and managed to ensure staff could minimise the risk for people. People were supported to take their medicine in a safe way. Recruitment procedures were thorough to ensure the staff employed were suitable to support people. Staff understood their responsibilities to keep people safe and knew the procedure to follow if they identified any concerns.

Good



Is the service effective?

The service was effective

Staff were provided with training and support to enable them to meet people's individual needs. Staff received supervision to enable the manager to identify areas where further staff development was needed. Assessments were in place to demonstrate that decisions were made in people's best interest when they lacked capacity to make decisions for themselves. People's nutritional needs were monitored appropriately. People were supported to maintain good health and to access healthcare services when they needed them.

Good



Is the service caring?

The service was caring.

There was a positive relationship between the people that used the service and the staff that supported them. People liked the staff. Staff knew people well and understood their likes, dislikes and preferences so they could be supported in their preferred way. People's privacy and dignity was respected and people were supported to maintain relationships with their relatives and friends.

Good



Is the service responsive?

The service was responsive.

People's individual needs were met. People and their relatives were involved in discussions about how they were cared for and supported. Complaints were responded to appropriately. The provider's complaints policy and procedure was accessible to people who lived at the home and their relatives.

Good



Is the service well-led?

The service was well led

There was a registered manager in post. Quality monitoring systems had been developed to gather people's views and were completed on a regular basis to identify areas that required improvement. Staff and people who used the service were positive about the management of the home. People found the manager and provider approachable and friendly.

Good



Eversley Rest 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 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 inspection took place on the 29 October 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.

We sent the provider a Provider Information Return (PIR) request prior to this inspection. 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 reviewed the information we held about the service. We looked at information received from the public, from the local authority commissioners and 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.

Commissioners are people who work to find appropriate care and support services which are paid for by the local authority.

We spoke with 13 people who used the service, three people's visitors and a visiting professional. We also spoke with the cook, three care staff, one of whom coordinated the activities in the home and the provider.

We observed how staff interacted with people who used the service and looked at three people's care records to check that the care they received matched the information in their records. We looked at the meals to check that people were provided with food that met their needs and preferences. We looked at the medicines and records to check that people were given their medicines as prescribed and in a safe way. We looked at other records that related to the care people received. This included the training records for the staff employed, to check that the staff were provided with training to meet people's needs safely.

We looked to see if staff were provided with support in their jobs. We looked at the recruitment records of the most recently employed staff member to check that the staff employed were safe to work with people. We looked at the systems the provider had in place to monitor the quality of the service.

Is the service safe?

Our findings

People confirmed they felt safe at the home. One person told us, “I feel very safe, the staff help me when I need to use a wheelchair. I trust them implicitly.” Another person told us, “The staff are very nice, I feel very safe with them.” One person’s visitor told us, “There is a lovely atmosphere here, I am quite confident that [the person who used the service] is looked after well, the staff are very considerate and helpful.”

Staff confirmed they attended safeguarding training and learnt about the whistleblowing policy. This is a policy to protect staff if they have information of concern. Records showed staff had undertaken training to support their knowledge and understanding of how to keep people safe. Staff we spoke with knew and understood their responsibilities to keep people safe and protect them from harm. They were aware of the signs to look out for that might mean a person was at risk. Staff knew the procedure to follow if they identified any concerns or if any information of concern was disclosed to them.

People’s needs were assessed and identified risks were monitored and managed to maintain people’s safety. For example, we saw that one person, cared for in bed had detailed information in their care plan. This included the equipment and the number of staff needed to support them with their personal care needs and repositioning. This was to reduce the risk of pressure sores to their skin. Staff told us about the support this person needed and this matched the information recorded. This demonstrated that staff followed guidance to ensure people were provided with safe care that met their needs.

We saw that plans were in place to respond to emergencies, such as personal emergency evacuation plans. The plans provided information on the level of support a person would need in the event of fire or any other incident that required the home to be evacuated. We saw that the information recorded was specific to each person’s individual needs. Staff told us they had all the equipment they needed to assist people and were able to explain the equipment used to support people safely. The provider told us of their plans to renovate the home and we saw that some refurbishment had already taken place and new equipment had been purchased.

We saw the provider had checked staff’s suitability to deliver personal care before they started work. Staff told us they were unable to start work until all of the required checks had been completed. We looked at the recruitment checks in place for one member of staff who had recently been employed by the provider. We saw that they had Disclosure and Barring Service (DBS) check in place. The DBS is a national agency that keeps records of criminal convictions. The staff file seen had all the required documentation in place which demonstrated the provider checked staff were suitable to work in a caring role. The provider confirmed that they were in the process of auditing all staff files to ensure all the required documentation was in place. This showed us that the provider understood their legal responsibilities regarding safe staff recruitment.

People confirmed and we saw that there were enough staff available to meet their needs. We saw staff were attentive to people and were available to support them as needed. Several people told us that when they had used their buzzers at night, the staff responded quickly. The provider confirmed they assessed the staffing levels according to people’s needs. This meant that the staffing levels in place were monitored on an ongoing basis to ensure they were sufficient to meet people’s changing needs.

Medicines were managed in a safe way. People told us they received support to take their medicines as prescribed. One person told us, “The girls make sure I get my tablets on time.” Another person said, “The staff do look after my medicines and I always get them on time, no problems, they are very capable.” We observed people being supported to take their medicine at lunch time and saw that people were supported by the staff to take their medicines in a safe way. Medicines were stored appropriately. Records of medicine administration and stock were kept, to show medicines were administered in accordance with people’s prescriptions and available when people needed them. Staff kept a record of the temperature checks they made to make sure medicines were stored in accordance with good medicines management.

Is the service effective?

Our findings

People told us that they were happy with the care they received and that staff were helpful and supportive. One person told us, “The carers are really good.” Another person said, “They look after you very well.” We saw that staff had the skills and knowledge to meet people’s needs and promote their wellbeing. Staff were able to tell us about people’s mobility needs and the level of support they needed to make decisions. Staff told us that they received the training they needed to care for people effectively. Staff confirmed they received regular supervision and an annual appraisal and we saw a plan was in place to ensure supervision was provided on a regular basis. Staff told us they were supported well by the management team. One member of staff said, “The manager is very approachable and supportive.” This showed us that staff were supported to meet people’s needs.

The Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) set out the requirements that ensure decisions are made in people’s best interests when they are unable to do this for themselves. Staff had an understanding of the requirements of the MCA. The information in people’s assessments and care plans reflected people’s capacity when they needed support to make decisions.

Some people who used the service were assessed as being deprived of their liberty and we saw the registered manager made applications for people who were affected. These applications were to ensure the legal issues were appropriately assessed. The MCA and DoLS require providers to submit applications to a Supervisory Body for authority to deprive a person of their liberty. At the time of the inspection the registered manager was awaiting the outcome of the three applications made.

People we spoke with said they enjoyed the food and were happy with the quality and quantity of food provided. We observed the lunch time meal and saw that people’s dietary needs and preferences were met. We saw people that needed help to eat were supported by staff in a respectful and unhurried way. Staff were attentive to people’s needs and checked throughout the meal that people were satisfied and enjoying their meal.

We spoke with the cook who was knowledgeable about people’s dietary needs and their likes and dislikes. The

cook told us they spoke with people every day and said, “I like to get to know everyone and get their views on the meals. People we spoke with confirmed this. One person said, “She comes and has a chat every day and the food here is marvellous.” Another person told us, “We get proper dinners here, everything is homemade and bought locally.” The cook confirmed this and told us that only fresh fruit and vegetables were used to prepare meals and the meat was bought from a local butcher. We saw that with mid-morning drinks people were offered fresh fruit in serving dishes. The fruit was cut into bite size pieces, to enable people to eat the fruit easily. One person said, “We have fresh fruit every day, it’s so refreshing, I love it.” This showed us that people were supported to eat healthy food and meals they enjoyed to support their wellbeing.

We saw and people told us that drinks were provided on a regular basis throughout the day. One person said, “They are always bringing drinks to us, no sooner have I drank one and I get another one.” This demonstrated that people were given sufficient drinks throughout the day to maintain their hydration needs and promote their wellbeing. The care plans we looked at included an assessment of people’s nutritional requirements and their preferences. We saw that people’s dietary needs were met and that specific diets were followed in accordance with people’s care plans.

People were supported to maintain their nutritional health. Nutritional risk assessments were in place and people’s weight had been monitored regularly. Referrals had been made to health professionals when risks were identified. For example one person had been identified as being at risk of malnutrition. We saw that the relevant health care professionals had been involved. Staff were following guidance from health care professionals, by providing this person with several fortified drinks throughout the day. This increased their calorie intake and reduce the risk of malnutrition.

We saw that people’s health care needs were monitored and met as referrals were made to the appropriate health care professionals when needed. People we spoke with confirmed this, one person said, “The doctor comes regularly to see people. If I am ever unwell they get the doctor out to me. We also see the chiropodist and optician.” Another person told us, “When my blood pressure went up they fetched a doctor for me.” This showed us that people were supported to maintain good

Is the service effective?

health. We spoke with a visiting healthcare professional who told us, “ This is one of the best homes, I have no issues, the staff work well with me and the care here is very good. The staff have a nice attitude.”

Is the service caring?

Our findings

We observed a positive and caring relationship between people who used the service and staff. We saw staff treated people with respect and in a kind and caring way. One person told us, "I wouldn't want to leave. The girls can't do enough for you." Another person said, "The staff are very kind and very helpful. You can have a laugh and a joke with them too."

People told us staff supported them to maintain as much independence as possible. One person told us, "I can do quite a bit for myself and the staff let me get on with it." Another person said, "Some people need a bit more help and the staff know who needs help with what, they are very good. I am pretty independent so I can do most things myself." This demonstrated that staff encouraged people to maintain their independence.

Discussions with people and observations showed that the registered manager supported people to celebrate their lives and maintain their sense of self-worth. One person told us that the staff had recently helped them to celebrate their birthday. This person said, "It was so unexpected and kind that it brought tears to my eyes." We saw that people were supported to maintain their personal appearance and sense of style, through wearing clothing, jewellery and accessories of their choice. One visitor said, "Every time I visit [the person who used the service] is well dressed and

their clothes are colour coordinated, which is important to them, as they take a great pride in their appearance." This showed us that people were supported to maintain their individuality.

We observed people's privacy and dignity was respected by staff when they received care and support. For example when asking people if they needed to use the toilet, staff asked them quietly and discreetly, to ensure other people could not overhear.

People told us that staff respected their rights to privacy when they wanted it. One person told us, "There are no set rules on where you sit, I like to sit here in the lounge but some people like to stay in their rooms." Another person said, "We can have privacy if we want it, most of us like to sit together and have a natter but it's not compulsory." People told us their relatives could call at any time. One person told us that the home was "child friendly" and said that youngsters were always welcomed. Another person told us, "It's lovely when people have their grandchildren visiting, as they always come and say hello." One person confirmed that their visitors were able to bring pets in to see them and told us this was important for them. One person's visitor told us they called at any time of the day and were always made to feel welcome. Another visitor told us, "It's fabulous here, I can't fault it. Everyone is treated like family. If I want to have a meal with [person who used the service] I am always welcome. I am going to have Christmas dinner here this year." This showed us that people were supported to maintain relationships that were important to them.

Is the service responsive?

Our findings

People confirmed that the support they received from staff met their individual needs. One person said, “The staff know what I can do and what I need help with and they are always checking that I am alright.” Another person said, “I get the help I need when I need it, I don’t really have to ask because they know what I need help with.” One person’s visitor told us that their relative liked to spend some time in their bedroom, looking out of the window. We saw that staff supported this person to do this after their visitor had left. This showed us that staff understood and respected people’s individual wishes and routines.

People and their relatives confirmed they were involved in reviews of their care. One relative told us, “I have been told that we are having a meeting about the new care plans.” Care plans included information about people’s previous lives, their likes, dislikes and preferences. People and their relatives confirmed they received support in their preferred way and that staff were responsive to their needs. One person’s visitors told us, “I think the staff here are very good, they know how [person who used the service] likes things done and they stick to that. I have no concerns about the care provided.” People confirmed they could get up and go to bed at times that suited them. One person said, “I get up early and that’s my choice. I have always been an early riser but occasionally I stay up late, if I want to, I don’t think there are any set rules here like that.” This demonstrated that people’s routines were taken into consideration and respected.

People were supported by staff to remain active and do things they enjoyed. We saw that when able, people were

encouraged to go out of the home independently. Opportunities were provided for people to participate in recreational activities, such as chair exercises, craft work, bingo and flower arranging. One person told us, “I love the flower arranging and I usually keep my flowers as a centre piece on the table at meal times.” Another person showed us the plants they had won playing bingo, which staff had placed in the area this person chose to sit. The person told us that they watered their plants every day and it was clear to us that they enjoyed looking after the plants. People told us they enjoyed the organised activities and a couple of people mentioned the keep fit and singers. We saw that people were supported to spend time as they wished, such as reading the daily papers, magazines and books and sitting chatting to each other. One person told us, “It’s lovely here, I am very happy, this is my home now.” This showed us that people felt at home and relaxed and were enabled to spend their time as they preferred.

People we spoke with did not have any complaints about the service. One person said, “I don’t have any complaints but I wouldn’t hesitate to say if I did. I am sure the staff would be obliging if I had any issues, they are all extremely helpful.” Visitors told us that if they had any complaints they would report them to the manager. One visitor said, “I get on very well with the manager and I can talk to her about anything. They couldn’t get anyone better. I have discussed issues with her in the past and they always got sorted.” We saw there was a copy of the complaints policy on display in the home. Records were kept of complaints received and we saw that complaints had been responded to promptly and addressed.

Is the service well-led?

Our findings

People and their visitors told us they had seen improvements since the move to the new providers. One person said, “The new owners are redecorating and they are ever so friendly, they always come and have a chat, ask us how we all are, it’s lovely really.” A visitor told us, “The new owner is very approachable.” We saw the providers took time to chat with people throughout the day and check on their welfare. Staff said about the new providers, “They are making a difference. Listening to us and turning the home around.” The provider had implemented changes to the home. For example, some of the bedrooms had been refurbished and several items of equipment and furniture had been purchased. We saw that an additional hoist had been purchased to support people and a shower room and small bathroom were being refurbished to create two wet rooms. This showed us that the provider was adapting the home to ensure people’s needs were met and that all of the facilities available were suitable.

The provider sought people’s views in the development of the home. They told us of the plans they had in place to refurbish the dining room to create a bar and decorate the dining room in to a pub theme. This was done following consultation with people that lived at the home. We saw that meetings were held on a monthly basis for people and their families. One person had a copy of the minutes from the last meeting which they showed to us. We saw that the topics discussed included people’s suggestions regarding alternative Sunday roasts, activities and naming the new themed pub in the home.

The activities coordinator confirmed they consulted with people to gain their views on the activities provided. For example, the home had engaged a fitness coach to provide exercises. People had fed back that the exercises were too vigorous for them. This resulted in another trainer being booked, who now provided gentler exercises on a regular

basis. The coordinator told us that they always consulted people on any planned entertainment and sought feedback on how much they enjoyed it. A newsletter was produced each month to keep people informed and updated on entertainment booked, such as the fireworks display, with hot dogs and jacket potatoes, tea dances at a local company club, trips out to the local supermarket and external entertainers booked. This showed us that the provider and staff supported and encouraged people to participate in entertainment and be included in local community events and facilities.

People’s visitors told us that they were confident that the home was managed well. One person said, “The manager is very nice, friendly and easy to talk to.” Another person said about the manager, “She is lovely, very friendly and approachable.” Staff confirmed that the registered manager was available and easy to talk to. One member of staff said, “If I am concerned about any resident I will write it down and also speak to her so that it doesn’t get missed. She is very approachable and has dealt with problems.”

We saw that the provider had measures in place to monitor the quality of the service and drive improvement. A new care plan format was being introduced that supported a person centred approach to the care people received. Audits were undertaken on the condition of the beds in the home, to ensure they remained suitable and safe. The management of medicines was also audited, to ensure medicines were stored, administered and recorded correctly. The registered manager analysed accidents, incidents and falls to identify any patterns or trends. We saw that when a pattern was identified the manager had taken action to minimise the risks of a re-occurrence. For example three people had been identified as falling frequently. Referrals had been made to the appropriate health care professionals and equipment put in place as needed to reduce the risk of further falls.