

Evendine Care Limited

Evendine House Residential Home

Inspection report

Evendine House
Evendine Lane, Colwall
Malvern
Worcestershire
WR13 6DT

Date of inspection visit:
24 January 2019

Date of publication:
08 May 2019

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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 ●

Summary of findings

Overall summary

About the service: Evendine Residential Home is a 'care home'. People in care homes receive accommodation and personal care. The care home accommodates 20 older people in one adapted building. There were 19 people living at the home when we inspected were 18 people, several of whom were living with dementia.

People's experience of using this service:

- People enjoyed living at the home and were complimentary about the way it was managed.
- People, relatives and staff told us they saw the provider and registered manager regularly and found them approachable.
- Staff understood risks to people's safety and supported them to stay as safe as possible.
- There were enough staff to care for people at times people wanted assistance.
- People were supported to have their medicines safely and checks were undertaken to ensure these were administered as prescribed.
- The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment provided to do this.
- Staff spoke affectionately about the people they cared for. People were confident to request support and reassurance from staff when they wanted this, and staff took time to provide this in the ways people preferred.
- People told us staff respected their rights to make their own decisions about their lives and care. Where people needed support to make some decisions staff assisted them, using people's preferred ways of communicating.
- Staff had received training and developed the skills they needed to care for people, through induction and on-going training. People told us staff knew how to help them and knew what to do if they suspected anyone was at risk of harm.
- People had good access to other health and social care professionals and staff followed any advice given.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.
- Staff ensured people had opportunities to do things which they enjoyed, and people were supported to keep in touch with others and religious practices that were important to them.
- The views of people, relatives and other health and social care professionals were considered when people's care was assessed, planned and reviewed, so people's needs continued to be met, and based on people's preferences.
- Procedures were in place to take any learning from complaints and to further improve people's care.
- People's wishes for their care at the end of their lives had been planned and the views of their relatives considered.
- The registered manager and provider checked the quality of the care provided and encouraged suggestions from people and staff to improve people's care further.
- The registered manager kept up to date with best practice developments, so they could develop the care provided further.

Rating at last inspection: At our last published inspection on the 24 January 2018 the provider was rated as Requires Improvement.

Why we inspected This was a planned inspection based on the ratings at the last comprehensive inspection. The rating has improved to Good overall.

Follow up: We will continue to monitor the service through the information we receive until we return, as part of the inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our Safe findings below.

Good 

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good 

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good 

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good 

Evendine House Residential Home

Detailed findings

Background to this inspection

The inspection:

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

Inspection team: One inspector carried out the inspection.

Service and service type: Evendine Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: This inspection was unannounced on 24 April 2019.

What we did: When preparing for and carrying out this inspection; we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff supported the people they cared for. We spoke with four people living at the home, and two relatives to gain

their views about the care provided. We also spoke with the registered manager, deputy manager, the quality manager and four care staff. In addition, we sought the views of one health and social care professional, who regularly supports people who live at the home.

We reviewed a range of records. This included two people's care documents and multiple medication records. We also looked at records relating to the management of the home and checks undertaken by the registered manager. For example, systems for managing any complaints, checks on medicines administered, three recruitment files and the provider's audits on the care provided, and action plans arising from these.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At our last comprehensive inspection on 15 and 23 March 2018, this key question was rated 'Requires Improvement'. This was because of an incident where a person was being physically restrained. At this inspection, we found steps had been taken to make improvements to avoid such incidents. We also found staff had received safeguarding training and knew what to do if they suspected any form of abuse. Therefore, the rating for this key question has increased to 'Good'.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place for staff to regularly communicate information about people's safety and well-being needs.
- Staff had received safeguarding training and understood what action to take in the event of any concerns for people's safety.

Staffing and recruitment

- The suitability of potential staff to care for people was checked prior to their employment.
- Staffing levels were based on the dependency needs of people living at the home. People told us they felt there were enough staff.

Assessing risk, safety monitoring and management

- People's safety needs and risks were assessed and considered when their care was planned.
- People's safety and well-being was monitored and plans to keep them as safe as possible were regularly reviewed. People's preferences and the views of other health and social care professionals and people's relatives were also reflected in plans for people's safety.
- Staff promptly assisted people when they needed support with their safety. For example, when a person became anxious, staff quickly offered kindness and reassurance.

Using medicines safely

- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- The home environment had recently been decorated and was well maintained and clean.
- Staff followed the training they received to reduce the likelihood of infections, and to promote people's health. For example, when delivering personal care, they used gloves and aprons.

Learning lessons when things go wrong

- Staff communicated information about incidents, so any learning could be taken, and monitored so risks to people further reduced.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

At our last comprehensive inspection on 15 and 23 March 2018, this key question was rated 'Requires Improvement'. This was because we found improvements were required to ensure staff had received structured induction training to meet the individual needs of people they supported. At this inspection, we found steps had been taken to make improvements. Therefore, the rating for this key question has changed to 'Good'

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

- People's needs were assessed before they came to live at the home. A relative described how the registered manager discussed their family needs with them prior to moving into the home so ensure their needs and preferences were met.
- Staff applied learning effectively in line with best practice, which led to positive outcomes for people and supported a good quality of life.

Staff support: induction, training, skills and experience

- Staff received appropriate support which promoted their professional development and assessed their competencies. They told us they were given the opportunity to identify any additional training they needed during supervision sessions with their manager and they could discuss any issues and concerns.

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

- People we spoke with were all very complimentary of the food served at the home. One person told us "The food is excellent. I can't fault it."
- People were supported to maintain a healthy diet. At lunchtime staff were permanently on hand to support people if needed. However, they enabled people to eat undisturbed and unaided unless the person indicated they needed assistance.
- Fresh fruit, snacks and drinks were available in different places throughout the home for people to help themselves.
- People's eating and drinking needs were monitored. When concerns had been raised health care professionals had been consulted such as speech and language therapists [SaLT] for advice.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Where people required support from health and social care professionals this was arranged, and staff followed guidance provided by such professionals. A visiting health professional told us "Communication between the staff [at the home] and my team is now very good."
- Throughout our inspection we saw staff responded to people's needs in a timely way and shared relevant information to keep up to date with people's current needs. We saw all staff attended a daily handover to ensure they were accessing the latest information regarding people's care and support needs. The provider also operated a system called "resident of the day", to take the opportunity to gain the views of each person to the care provided to see if the person required any further support..
- People told us staff supported them to attend routine health appointments, opticians and dental appointments, so they would remain well. On the day of our inspection a visiting optician was visiting to undertake people's sight checks.

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

- Since our last inspection the provider had undergone a redecoration programme to improve the environment. We saw the home environment had been adapted to meet the needs of people with dementia, such as signage, to help people find their way around their home. For example, people's photographs were displayed on their personal room doors, if they wished.
- People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations or the decoration of the home environment. For example, people were involved in the chosen décor and decorations for their personal rooms.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- People's capacity to consent to their care and treatment was assessed where required.
- Staff had received training about MCA and DoLS and demonstrated a clear understanding of how to support people with decision making. We saw staff asked people for their consent before they provided any support and knew how to communicate information to enable people to understand what they were being asked to consent to.
- Where people were assessed as not being able to make a specific decision, the registered manager and staff followed best interests processes and recorded the involvement and views of those who were important to the person.
- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, and authorisation correctly requested.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

At our last comprehensive inspection on 15 and 23 March 2018, this key question was rated 'Requires Improvement'. This was because we found improvements were required to ensure people were treated with the dignity and respect they deserved. At this inspection, we found steps had been taken to make improvements. Therefore, the rating for this key question has changed to 'Good'

Ensuring people are well treated and supported; respecting equality and diversity

- People enjoyed and wanted to spend time in the company of staff and the registered manager and were confident to ask for any help they wanted. For example, we saw one person kiss a staff member on the cheek and request a kiss from staff. They responded spontaneously, and the person gave them a smile and a giggle.
- All the staff we spoke with were passionate about providing kind and compassionate care to the people they supported. One staff member said, "We're all like one big family. Its important people get the respect they deserve."
- Staff supported people to express their individual lifestyle choices and considered the needs of other people living at the home as part of this process.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make their own choices about their day to day care. This included how they wanted to spend their time, and what assistance they wanted. One person said they regularly decided if they wanted to help to help with the garden, so raised garden beds had been supplied to help them achieve this.
- Staff took time to offer people support they may want, and to listen to people's decisions. Although activities were on offer no one was forced to join in. Some people chose to sit and watch the wildlife instead and this was respected.
- People were supported to have advocates, if they required, to make some decisions about their care. This included if it was in people's best interests to access health care services

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and independence was promoted in the way their care was planned. For example, people's care plans gave staff guidance in promoting people's independence in relation to personal care. This helped to ensure, people would be encouraged to do elements of their own care, and/or through providing mobility equipment
- People's confidential information was securely stored, to promote their privacy.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs
People's needs were met through good organisation and delivery.

At our last comprehensive inspection on 15 and 23 March 2018, this key question was rated 'Requires Improvement'. This was because we found improvements were required to ensure the provider and staff were responsive to people's individual needs. At this inspection, we found steps had been taken to make improvements. Therefore, the rating for this key question has changed to 'Good'

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The provider had introduced a new electronic care planning tool which reflected care that mattered to people, including their life histories and preferences.
- People and their relatives were consulted on the contents of the care plans to ensure they met people's requests. This helped to ensure people's care plans were up to date and reflected their unique preferences.
- People's assessments, care plans and risk assessments provided staff with the information they needed to support people as people wished. For example, people's preferred routines such as bedtimes and bathing preferences.
- Staff were also given guidance on how to support people to keep in touch with people who mattered to them. For example, we saw plan there were details in people's care records about important family members, with support from staff, so people would enjoy a good sense of well-being.
- People's care plans and risk assessments were regularly reviewed, so people would continue to have the care they wanted as their needs changed.
- People were supported by staff, to do things they enjoyed. A range of different activities and entertainment we on offer seven days a week for people to enjoy. One person told us they had singers local school children visit and even a Shetland pony visited the home.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals. For example, such as information showing people's planned daily activities daily in formats suitable to meet people's individual needs.

Improving care quality in response to complaints or concerns

- Systems were in place to promote, manage and respond to any complaints or any concerns raised. We saw action was taken if any concerns or suggestions had been made, and learning taken from these.

End of life care and support

- People's end of life wishes had been considered and recorded in their care plans to ensure people's

preferences were met.

Is the service well-led?

Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last comprehensive inspection on 15 and 23 March 2018, this key question was rated 'Requires Improvement'. This was because we found the provider had not always notified the Care Quality Commission [CQC] of incidents and injuries that had occurred in the home as required to do so by law. At this inspection, we found steps had been taken to make these improvements. Therefore, the rating for this key question has changed to 'Good'.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Since our last inspection improvements had been made in the oversight and governance of the service. This had been achieved by the registered manager leading their staff team by setting out their vision and values. These which reflected the principles of high-quality standards of living and care centred around each person.
- A new electronic care planning system had been introduced which made it easier for staff to receive and up-date information when people's needs changed.
- We saw evidence of the improvement of application of the duty of candour responsibility, when some concerns had been notified with the CQC since our last inspection.
- The provider had displayed their inspection ratings in the home as required.

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

- At the last inspection the provider did not have a registered manager. At this inspection the registered manager had completed the application process and their registration with the CQC Care Quality Commission [CQC] had been approved.
- All the staff we spoke with to felt clear about their roles and responsibilities and had a commitment to work together as excellent staff team to benefit the people living at the home. One staff member told us, "Staff morale is good here, we all care about the people who live here and their relatives."

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

- The registered manager was actively involved in the day to day running of the service and we heard how the registered manager had made a positive contribution to making the improvements required.

- People who lived at the home, relatives and staff all felt the registered manager was very approachable and supportive. One relative told us they often had a "chat" with the registered manager whenever they visited the home.
- Staff told us that they too were encouraged by the registered manager to express their views and ideas for developing and improving the services provided. They said they felt the registered manager listened to them and respected their views.
- There were systems in place, so people would have the support they needed. These included referrals to external professionals to support people's diverse needs.

Working in partnership with others

- Staff worked effectively in partnership with agencies such as health and social care to ensure people's needs were met. People's care plans contained records of meetings and discussions with GPs and social care professionals.
- The registered manager had arranged resident and relatives meeting to discuss the running of the home and whether improvements could be made. One relative told us, "As a result of these meetings we suggested the garden could be improved to make access easier for people to enjoy. They did this so now mum can go out and enjoy the garden.,"

Continuous learning and improving care. Working in partnership with others

- The registered manager and provider checked the quality of the care given. For example, checks were made to ensure people's medicines were administered as prescribed, and the environment at the home was safe and clean. Where actions were identified, these were undertaken, so people's needs would be met.
- The registered manager kept up to date with best practice through meetings with the provider's other managers and training, so they could be sure people were supported to enjoy a good quality of life.
- The registered manager told us about plans they had for further improving the care available to people. These included developing the home environment further to be more dementia friendly. They had already taken advice from a specialist dementia bus and another dementia specialist home, which showed how the environment could be adapted such as different lighting to support people's needs.