Mrs Janet E Brooke

The Everley Residential Care Home

Inspection report

86 Stepney Road
Scarborough
North Yorkshire
YO12 5BS
Tel: 01723 369471
Website:theeverleyresidentialcarehome.co.uk

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Ratings

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

Overall summary

The Everley Residential Care Home is a small residential home on the outskirts of Scarborough. It provides accommodation for up to five older people. Four people were living at the home on the day of our inspection. The front door was secure to prevent unauthorised people gaining access to the home. All bedrooms were personalised and one bedroom had an en suite bathroom.

At our last inspection on 13 August 2013 the registered provider was found to be compliant with the regulations.

We observed staff interacting with people in the communal areas of the home. We saw people were treated as individuals and with dignity and respect. Staff

Summary of findings

were knowledgeable about people's likes, dislikes, preferences and care needs. They approached people using a calm, friendly manner which people responded to positively.

Staff received training to ensure people's rights were respected and they were safeguarded from abuse. We saw that some people living at the home appeared to have problems remembering things. Staff we spoke with told us how they encouraged and supported people to make decisions for themselves, which helped people to live the life they chose.

Staff were able to describe the different types of abuse that may occur and said they would report any issues straight away. Staff told us how any issues would be reported to the local authority for them to be considered under their safeguarding of vulnerable adults procedures. This helped to protect people.

People had care plans and risk assessments in place. These were about to be reviewed and rewritten for everyone at the home to make them more personalised.

The medication storage cupboard required a new lock to be fitted to ensure people living at the home could not gain access to medication being stored.

People were offered appropriate food and drinks to maintain their nutrition. Those who required some prompting were assisted by patient and attentive staff which ensured people's nutritional needs were being met.

Activities provided at the home were mainly spontaneous. Staff were seen to sit and spend time with people to give them emotional support and comfort. They reminisced with people about their life. Entertainers visited the home to provide music and chair aerobics.

We observed there were enough staff on duty to meet people's needs on the day of our inspection. Staff told us there were enough staff provided to take care of people. The staff carried out the cooking, cleaning and laundry duties in the home between providing care to people. Staffing levels provided at the home were flexible to ensure people's needs could be met.

We found that the registered provider placed the emphasis on providing good care to people, However, they agreed audits of the service, recording of supervisions for staff and reviewing and updating people's care records had not taken place in a timely way.

We have made some recommendations in this report to help to improve some issues that we found with the safety of the environment, medication recording and auditing of the quality of service provided.

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?

Requires Improvement

The service was not safe. We identified actions that needed to be taken by the registered provider at the time of our inspection to create a safe environment. This related to the fire doors at the home and to trip hazards upstairs.

Staff were knowledgeable in recognising signs of potential abuse and issues were reported to the local authority. Risk assessments were undertaken to establish any risks present for people who used the service.

There were sufficient numbers of staff to ensure that people had their needs met in a timely way.

We found the medication cupboard required a new lock to be fitted and the registered provider, when giving medication, had to be reminded to sign for this after it had been seen to be taken.

Recommendations have been made regarding the issues we found.

Is the service effective?

Good

The service was effective. Changes in people's health and care needs were monitored and were reported to health care professionals.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLs). The registered provider knew when to gain an independent mental capacity assessment, they were currently refering everyone to the local authority for further assessment to help to protect people's rights.

People received a nutritious diet and drinks were available at any time. People at risk of weight loss had their condition monitored to help protect their wellbeing.

Staff received training in subjects to help develop their skills. Supervision was undertaken and appraisals were occurring to help support the staff.

Is the service caring?

Good

The service was caring. We observed staff treated people with dignity, respect and kindness. Staff were knowledgeable of people's needs and their likes, interests and preferences.

People were listened to were asked about the care they wanted to receive. They were supported by staff who encouraged them to be as independent as possible and were supported to choose how to spend their time.

People we spoke with told us they were satisfied with the care and support they received. Relevant health care professionals were involved in monitoring and maintaining people's health and wellbeing.

Summary of findings

Is the service responsive?

Good 

The service was responsive. Assessments were undertaken to identify people's needs and these were used to develop care plans for people who used the service. People's needs were known by the staff. Information was passed to staff about changes to people's needs to ensure people had their needs met.

Staff were knowledgeable about people's life history so they could speak with them about their lives and family and help them to reminisce. Some activities were provided; some were spontaneous which helped people to feel engaged. People were assisted to go out with family into the local community if they wished.

People we spoke with told us they would complain if they were dissatisfied with the service. However, people raised no issues. The registered provider and staff told any issues raised would be acted on immediately to ensure that people remained happy with the service they received.

Is the service well-led?

Requires Improvement 

The service was not well led. The emphasis was placed on care provision but the quality assurance system had not been maintained and some improvements were needed in recording care reviews and supervision that were reported to have occurred. Maintenance was also not recorded routinely.

The culture and values of the service were understood by staff.

Recommendations have been made regarding the issues we found.

The Everley Residential Care 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 26 November 2014 and was unannounced. An inspector carried out this visit with the assistance of 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.

During our inspection we looked at all the communal areas of the building including individual bedrooms, with people's permission. We observed people in the communal areas of the home and whilst they had lunch. We observed the registered provider handling medication and discussing people's care with staff on duty. We looked at records. This included two people's care records. Records relating to the management of the service including; medication administration records, fire checks, staff rotas, two staff training supervision and appraisal records and the complaints file.

We spoke with the registered provider who undertook the day to day management of the home and to one member of staff on duty during our visit. There were no relatives visiting the home and we did not gain any response to our request to gain feedback about the service from visiting healthcare professionals.

We received information from Healthwatch. They are an independent body who hold key information about the local views and experiences of people receiving care. CQC has a statutory duty to work with Healthwatch to take account of their views and to consider any concerns that may have been raised with them about this service. We also contacted the Local Authority to find out their views of this service. Neither organisation raised any concerns about this registered provider.

Requires Improvement

Is the service safe?

Our findings

People appeared relaxed in the home environment. The front door of the home was secured to prevent any unauthorised person gaining entry to the home. Everyone was asked if they felt safe living at the home, they all confirmed this. One person said "Oh yes. I feel very safe here."

Staffing levels on the day or our visit were adequate to meet people's needs. During our visit we spoke with the registered provider and with one other member of staff who were on duty. The staff rota confirmed two to three staff were provided during the day to look after people; currently four of the five beds were occupied. The registered provider told us staffing levels were flexible and were provided by a small team of staff and bank staff who could be called on to cover staff holidays and other absence. This ensured that people were looked after by staff who understood their needs. Recruitment of new staff did not occur often as there was a stable staff group in place.We reviewed recruitment processes in place which were thorough and which contained steps to ensure people living at the service would be protected from unsuitable staff.

The registered provider confirmed staff had undertaken training about safeguarding people from abuse. Staff understood the different types of abuse that might occur and confirmed they would report issues straight away. They spoke with us about incident's in the past that had been reported to the local authority to be considered under their safeguarding of vulnerable adults procedures. Staff training records confirmed safeguarding training had occurred and this had helped them to ensure people living at the home were protected from abuse.

During our visit we observed staff responding to people in a kind, professional and timely way to help to maintain their safety. People had risk assessments in place for example, for the use of oxygen and for the risk of falls. Individual risks to their health and safety were known by the staff. We noted that staff observed people as they worked to help to maintain their wellbeing.

During our visit we looked around the home environment. We saw that everyone living at the home was downstairs. A stair lift was provided for people to gain access to the first floor. We saw that the dining room had piles of papers on every surface; it looked well lived in and could have been tidier. Upstairs we saw ironed clothes were hanging from the top of people's bedroom doors and on the emergency fire door release mechanisms and two bedroom doors were wedged open. There was also a trip hazard, a part from a vacuum cleaner on the floor upstairs. We immediately pointed these issues out to the registered provider, who removed the clothing, which they said had only just been placed there to 'air off'. The door wedges were discarded and the trip hazard was removed. We discussed with registered provider and member of staff the importance of keeping fire door and floors free of obstacles to help to maintain people's safety. The registered provider should ensure that they lead the staff team in maintaining a safe environment. The dining room door closure which was replaced the evening of our visit should have been addressed before.

We recommend that the registered provider ensures that there is no obstruction to prevent fire doors from operating correctly and that they are maintained to operate effectively.

Downstairs the door between the dining room and entrance hall had a noise activated fire door closure in place. However, this door was wedged open. We asked the registered provider to remove the wedge. This door closure was not working effectively and could not hold the door open. This was replaced on the evening of our inspection and this was confirmed to us by the registered provider.

We saw that one person had a personal evacuation plan (PEP) in place to advise the emergency services of the help and assistance they would require. We asked to see these for the other people living at the home. They were not in place. We discussed with the registered provider that everyone living at the home required these. The registered provider confirmed with us the following day that these were now in place and up to date for everyone.

We saw that a new fire panel had been installed recently; a fire alarm test was conducted during our visit so we could see that this was effective. These tests were carried out on a regular basis. Electrical equipment at the home had been electrically tested to ensure that it was safe for people to use. The stair lift was serviced regularly along with the boiler as part of the general maintenance of the home.

We looked at the medication systems. We saw that people had Medication Administration Records (MAR) in place.

Requires Improvement

Is the service safe?

People's known allergy were recorded to help advise the staff. We observed that there were no unexplained gaps on people's MAR charts. Medicines were ordered by the registered provider, the supplying pharmacy recorded the amount of medication sent to the service on each person's MAR. The registered provider told us they visually checked this on receipt to ensure it was correct. The registered provider told us returned medication was collected by a representative from the supplying pharmacy; they said they had not needed to return any medication for a long time because they did not over order.

Only staff who had undertaken medication training were allowed to handle medication. This was confirmed by a member of staff we spoke with. We observed the registered provider giving medication. We saw that they signed the person's MAR before the person took their medication. We discussed this with them. They said they had been nervous being observed and would not usually have sign the MAR until the person had taken their medication. We gained advice from our pharmacist regarding this who confirmed the MAR should be signed after medication was taken.

We recommend that people's MAR charts are signed by staff after the medication has been witnessed as being taken.

The storage cupboard for medication had a broken lock; this cupboard had been secured by having an internal latch fitted. We tried to open the medication cupboard and could not open it by pulling at the door. We observed that the latch currently being used to prevent people gaining unauthorised access to the medication seemed to be effective, however, the lock needed to be replaced. The registered provider confirmed a new lock would be fitted. We have asked that the registered provider confirm to us that this has been undertaken.

We recommend that a new lock be fitted to the medication storage cupboard.

Controlled medication was stored in a metal safe in the medication storage cupboard. We checked the balance of some of the controlled medication stored at the home. We found the balance of these items to be correct. We noted that usually there were two signatures from staff to confirm this medication had been given and was witnessed as given. However, on one occasion in the controlled medication register the manager had signed to say a controlled medication had been administered but no second member of staff had witnessed this. On discussion we were informed this had occurred on an evening when all the other staff had gone home so there was only the registered manager present to sign for this medication. A medication fridge was provided to ensure medicines requiring cold were stored within the correct temperature range to remain effective. There were no medications at the home currently in use that required cold storage.

Good

Is the service effective?

Our findings

Following our last inspection the registered provider had reviewed their working arrangements because they used to work seven days a week. They were now having two evenings and nights off per week. The registered provider told us that people who used the service normally required minimal assistance during the night. Another member of staff provided additional night staff cover to make sure the registered provider had a break.

The registered provider had accommodation on site as well as locally so they still offered 'on call' assistance, help and advice to staff on duty at the home. They told us they preferred this. Staff confirmed they could gain help and advice from the registered provider at any time. They confirmed this was helpful.

Staff had undertaken training at induction and periodically to enable them to develop and fulfil their roles. The registered provider was reviewing the staff's training certificates to help them to plan training updates for 2015.

A member of staff we spoke with confirmed they regularly discussed their role and any training they required with the registered provider. We observed that some of these discussions had been recorded on supervision records. We saw that some staff had received some recorded supervision and had an appraisal. The registered provider stated supervision was carried out on a daily basis but was not always recorded; they were considering how to schedule and record supervisions on a more formal basis.

Every person living at the home had their nutritional needs assessed. Information about people's preferred foods and drinks, food allergies, likes and dislikes were recorded. This helped the staff to provide meals and refreshments that people liked. People were weighed on admission and corrective action was taken, where necessary to ensure people received the nutrition they needed.

People were consulted about the food they would like to eat at each mealtime. The registered provider said people could have what they wanted to eat whenever they wanted it. The food prepared was all home cooked and people appeared to really enjoy this. Drinks were offered all the time and at mealtimes. This ensured people's nutritional and hydration needs were met. We observed lunch and saw that people were able to maintain their own independence with eating and drinking. The meal was relaxed and unrushed. Where people required prompting this was done sensitively. Staff ate their lunch with people so there was a real family feel to mealtimes. One person said, "The food is good." Another said, "It is delicious." People were offered different sized portions of food, and second helpings.

Each person at the home had their mental capacity assessed to help to ensure that people who were unable to make their own decisions were protected by the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLs). The registered provider told us people at the home, because they were getting older, had become more forgetful. The registered provider had undertaken further mental capacity training the week before our visit and due to this updated training and recent new guidance they were about to ask the local authority to reassess the mental capacity of some people living at the home to ensure people's rights were being protected.

The care home is a converted domestic residence. Some adaptations have been made to help people move round the home, for example a stair lift had been fitted to help people gain access to the first floor. There was level access to the front door. There was a level area of garden outside the back door then the back garden sloped upwards.

We noted that in the dining room there were piles of paper on the surfaces, this room could have been tidier to make it more pleasant for people to use. The registered provider told us the dining room was going to be redecorated as part of their improvement plans for the home. We saw an en suite bathroom had been created to a downstairs bedroom to improve the bathing facilities provided at the home.

Good

Is the service caring?

Our findings

During our visit we observed that people looked well cared for and appeared to be happy and relaxed in the company of the registered provider and staff. We spoke with all four people living at the home. We received the following comments from them: “The staff are so kind here I’d hate to be in a big establishment. I would not want to be anywhere else.” “It is fine here.” and “I’m well cared for.” People said staff were caring and they said their care needs were met.

We were shown round the home by staff who introduced us to people and explained why we were there. We saw staff knocked on a bedroom door before being asked to enter. We saw people were treated with dignity.

Staff members on duty knew people’s likes and dislikes very well indeed. They were knowledgeable about people’s life histories and important family contacts. We spent some observing interactions between the staff and people in the communal areas of the home. We saw staff were kind and compassionate towards people. Staff were seen to be respectful and spoke to people kindly and with consideration.

Where people required assistance, guidance or support staff were quick to offer this to aid people’s independence. For example, one person expressed a preference to receive their personal care from a female member of staff, this request was acted upon. The registered provider said “The quality of the care drives me, as long as people here are spoilt and treated nicely that is what matters to me. Every day we strive to make this a caring service.”

A member of staff we spoke with said “I really love working here. We always ask residents permission before doing anything and give them a choice.” People who wished to remain in bed and get up later were able to do so. We saw staff return later in the morning to offer personal care and assistance to get up ready for lunch. We observed the interactions between people living at the home and the staff displayed kindness and compassion.

We looked at two people’s care files and we saw that the care and support they had received was recorded along with information about their preferences for their care, likes and dislikes. This helped to inform the staff. We saw that staff asked people about the care they wanted to receive so that people were involved in making decisions about their day to day care. However, we noted people’s care records could have been more personalised. We were shown new care records that the registered provider was implementing to rewrite and further personalise people’s care records.

People we spoke with were not able to tell us if they were involved in reviewing their care records, we noted that some people had relatives who had power of attorney to take part in care reviews. One person we spoke with said “My daughter has power of attorney and everything is discussed with her.” The registered provider told us they spoke with people’s relatives often to make sure all parties were kept fully informed. In any emergency staff escorted people to hospital to ensure people were supported. Relevant information about people’s care and medication was provided to hospital staff so people could receive the care they required.

People’s wishes were recorded about their end of life care. The manager told us how they liked to support people during this time and preferred people to stay at the home rather than go into hospital where this was possible. They said they felt privileged to be able to support people at this time.

Good

Is the service responsive?

Our findings

People had their needs assessed before they were offered a place at the home to ensure their needs could be met. This assessment was carried out by the registered provider. We saw that information was sought from the person, their relatives and other health care professionals involved in their care. We observed that the staff acted upon people's needs, likes and dislikes to ensure people received the support they required.

When people moved to the home, care plans were created from the initial assessment. Once the person was admitted to the home any changes to the person's needs were noted. We saw evidence in people's care records that GP's, chiropodists and other relevant health care professionals visited people to give help and advice as people's needs changed.

People had care plans in place covering all areas of daily living. This included personal care, eating and drinking, sleep, hobbies and interests and for risks associated with their care or medical conditions. The care documentation included how the individual wanted to be supported. This documentation had been updated periodically and as people's needs changed. The registered provider told us that they only updated people's care records when a change occurred but that each month they reviewed people's care records to see if the information was current and up to date. We discussed with the registered provider it may be helpful to record that people's care and condition had been reviewed and that their needs had not changed where this was the case.

The registered provider told us how they monitored people's health and wellbeing and discussed with all parties if people needed to move from the home because their needs could no longer be met there.The registered provider said they would continue to do this, when necessary to ensure people received the right care.

The registered provider told us that people could bring in items from home to personalise their bedrooms. We saw this occurred. The provider information return (PIR) told us that a person had moved to a downstairs room recently and had chosen the colour of their bedroom and where they wanted their furniture to be situated.

We asked the registered provider what activities were available for people. They told us that people because of people's age and increasing frailty preferred activities to be undertaken in the home, but where outings could occur these were arranged. During the summer everyone had gone to The Spa, we were told by staff that people had enjoyed this. In summer outings to the sea front for ice cream had been undertaken. We saw that an entertainer visited the home on alternate Fridays to sing to people. Another entertainer provided chair aerobics for people. We saw that staff asked people on an afternoon and evening what activities they would like to undertake. A member of staff confirmed other activities were spontaneous and provided on an individual basis. They said "We sit and talk to the residents in an afternoon. We'll play games, dominos or cards or talk about anything they want."

Special occasions were celebrated at the home. For example on bonfire night fireworks and parkin had been provided. Christmas events and celebrations were organised and relatives and friends were able to visit and stay for a meal with people if they wished.

People's religious needs were recorded. Staff confirmed people's religious needs were being met. A member of staff said "X is a Christian, their relative brings a Bible and reads to X." Local clergy also visited the home to provide spiritual support when required.

Staff were responsive to the needs of people. We observed that some people were confused at times and were needing reassurance. We observed staff assisting people and reminding them they were there to help and support them. Staff patiently continued to monitor people and offered them assistance and reassurance when necessary. The registered provider may wish to consider if the service could provide services for people with dementia, in view of people's changing needs.

There was information displayed in the home to tell people how to make a complaint. The registered provider told us that they spoke with people every day to gain their thoughts and feelings about the service. There had been no complaints received since our last inspection. A person we spoke with said "I've never had a complaint and I can't see me having one, but If I had I'm sure they would tell me what to do." The registered provider told us that they would investigate any complaints made and ensure issues were resolved because they wanted people to be satisfied with the services provided at the home.

Requires Improvement

Is the service well-led?

Our findings

The registered provider told us they operated an 'open door' policy and were always available to speak with people living at the home, their relations or with staff. There was a staffing structure which gave clear lines of accountability and responsibility to the staff. The registered provider led the staff team on a daily basis, only having two evenings and nights off duty each week. They said even when off duty they would attend the home if needed straight away. We were told daily handovers took place to ensure important information was shared and to delegate areas of responsibility to the staff who confirmed they felt informed by this.

We observed that the registered provider and staff sought people's views all the time. For example, staff asked people what they wanted to do, where they wanted to spend their time and what they wanted to eat. People were seen to be treated as if they were part of a family. People living at the home were asked for their views on a daily basis. The registered provider said, "We have residents meetings every evening in the lounge." However, it was not clear from speaking with people if any changes to the service had been made due to having these informal discussions

The registered provider staff told us people did not respond well to having planned residents meetings because the home was so small and it was run like a 'family' home. We observed that people's views were listened too and were acted upon. We saw a quality assurance questionnaire that had been offered to people to gain their opinions of the service formally. However, the registered provider told us that no-one wanted to complete this because they were asked informally in conversation if everything was alright for them. The registered provider told us how they acted upon any feedback received, for example, a person had said they would like an outing to The Spa. This was arranged for everyone to enjoy.

There were no restrictions on visiting at the home and people went out when they wished to with family or friends. Staff described how they encouraged friends and family to visit and be involved by engaging with them when they visited.

The registered provider told us they took relevant action when people had accidents to look for any patterns to this and gain help from relevant health care professionals to prevent this happening again. We were informed there had been no accidents at the home since our last inspection. They told us that people were not sent to hospital without an escort because the registered provider or other staff could attend the home at short notice. Information was sent with people to ensure continuity of care could be provided.

Staff undertook all domestic duties in the home after delivering care to people. A member of staff confirmed to us that this arrangement was achievable and did not compromise the care and support that people received. This arrangement may however place extra burden on the registered provider who also undertook this work. The registered provider told us that they placed people's care needs and comfort before undertaking 'paperwork' but that they realised the importance of undertaking both. The provider told us this issue would be addressed.

At our last inspection on 13 August 2013 we had found that that quality audits took place and covered areas such as the environment, medication, and care planning. This helped to monitor the service to ensure the health safety and welfare of people was being protected. We asked to see the audits that had been undertaken over the last year. This was to help us to assess the quality of the service currently being provided to people. The registered provider told us that no audits had taken place. They said a pharmacy audit had been undertaken by their supplier about two years ago; this was not able to be located for us to inspect. The registered provider needs to ensure they prioritise time to undertake audits.

We recommend that the registered provider undertaken audits of the service to monitor and maintain the quality of service being provided.

The registered provider told us they reviewed people's care records regularly. We saw people were receiving the care they needed but we could not find in their care records evidence that the registered provider had regularly reviewed people's care records. We did see that when people's needs changed a review was undertaken and recorded. We discussed this with the registered provider. They stated that they did not record the date of their review of these records if there was no change in people's needs. They stated they would now record the date and outcome when they reviewed people's care records. They told us a full re-write of everyone's care records was being

Requires Improvement

Is the service well-led?

undertaken, on new care documentation. We saw the care records were in place for the registered provider to start this. Since our inspection they have confirmed this has commenced.

There were contracts in place for the maintenance of the stair lift and boiler and for testing portable electric appliances. A new fire alarm system had just been commissioned. We asked to see the maintenance book for general issues and repairs. The registered provider told us they did not have one. There were no records of the general maintenance or repairs undertaken. The registered provider kept this information in mind and said they took action to rectify issues that arose. For example, the registered provider discussed with us that the nurse call system had been changed recently to become a wireless system. They demonstrated that people had their own units that sounded different so that staff knew who was requesting assistance. During our visit we did not hear anyone using this system this was because people were downstairs and staff were present. The registered provider told us they were looking at replacing this system in the near future.