Care Quality Commission

Central England Healthcare (Wolverhampton) Limited

Eversleigh Care Centre

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Requires Improvement
Is the service effective?	Requires Improvement
Is the service caring?	Requires Improvement
Is the service responsive?	Requires Improvement
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

This inspection was unannounced and took place on 6 February 2017. At the last inspection in February 2016, we found the provider was not meeting the regulations in relation to the safe management of medicines, the overall rating was 'requires improvement.' Following the inspection the provider sent us an action plan of what they would do to meet legal requirements of regulation 12, of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found the provider was no longer in breach of this regulation. However, we identified a new breach of the regulations and improvements to governance, staffing arrangements and how people received care that was personalised to their needs were required.

Eversleigh Care Centre is registered to provide accommodation with nursing and personal care for up to 84 people including older people, people living with dementia and people with physical disabilities. The home caters for people who require, residential, nursing and respite care. The home is divided into three units, Garden's House, West Park and Robinswood. On the day of the inspection there were 68 people living at the home.

Although there was no registered manager in post a new manager had been recruited in October 2016 and they advised us they planned to submit an application to become the registered manager once they had completed their probationary employment period. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

We found there were not always sufficient numbers of staff available to respond to people's care and support needs in a timely way. People told us they felt safe, but staff were not always able to respond promptly to requests for support. People received their medicines as prescribed and systems used to manage and monitor the administration of medicines were safe. Risks were assessed and managed and any changes to people's risks were shared with the staff team. The provider carried out pre-employment checks to ensure staff were safe to work with people.

People did not always receive the required support at meal times to enable them to make choices or enjoy their food. People felt that staff had the skills and knowledge to meet their care and support needs. Staff received induction and training which was relevant to their role. People were asked for their consent before care was provided and where people's rights were restricted this had been done lawfully within the boundaries of the Mental Capacity Act (MCA). People were supported to access healthcare professionals when required.

People told us they received support from staff who were kind, but who did not always take time to engage with them. Some staff were focused on support tasks rather than people. Most people we spoke with felt they were involved in day to day decisions about their care and people and relatives told us staff provided dignified support which protected people's privacy.

People told us there were not enough leisure opportunities and activities which supported people's hobbies and interests were not widely available. People and relatives felt they had been involved in the assessment and planning of their care and knew how to complain if they were unhappy about any aspect of their care and support.

Recent management changes meant the home had been without a registered manager since April 2015. Although systems were in place to monitor the quality of the service provided some areas requiring improvement identified at our last inspection had not been addressed. In particular the deployment of staffing at mealtimes. People expressed mixed views about the care they received at the home. People and their relatives had been invited to give feedback about the home. People, staff and relatives felt the new manager was approachable and supportive. The provider had notified us of events and incidents as required by law.

During this inspection we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 always safe.

There were not always enough staff available to respond to people's care and support needs. People received their medicines as prescribed. People were protected from the risk of potential abuse because staff knew how to recognise and report potential abuse. Risks were managed to ensure people were supported safely.

Is the service effective?

Requires Improvement

The service was not always effective.

People were not always supported in a timely manner to eat their meals. People received care and support from staff who were skilled and who received regular supervision from the manager. People were asked for their consent before care and support was provided. People were supported by staff to access relevant healthcare services when needed.

Is the service caring?

Requires Improvement

The service was not always caring.

People received support from staff who they described as kind, but did not always have time to spend with them. People were involved in day to day decisions about their care. People's privacy and dignity was respected by staff.

Is the service responsive?

Requires Improvement

The service was not always responsive.

People did not have access to activities and hobbies that interested them. People and their relatives were involved in the planning of their care and staff knew people's individual preferences. People and relatives knew how to raise concerns about the care they received and there was a system in place to manage complaints.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Although some improvements had been made since the last inspection further improvements were still required. People could not be confident they would receive an effective service because the provider's governance systems did not always assess, monitor or improve the service delivery. The provider did not have a registered manager in post. However, people were given the opportunity to tell the provider about their experience of using the service.

CareQuality Commission

Eversleigh Care Centre

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 6 February 2017 and was unannounced.

The inspection team included two inspectors, a specialist nurse advisor, whose area of expertise was older people and dementia and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of service. As part of the inspection we looked at the information we held about the service. This included statutory notifications, which are notifications the provider must send us to inform us of certain events, like serious injuries. We also contacted the local authority and the clinical commissioning group (CCG) for information they held about the service. This helped us to plan the inspection.

We spoke with nine people who lived at the home, five relatives, seven care staff, the head chef, the manager and the area manager. We looked at seven records about people's care and support, medicine administration records, three staff files and the systems used to monitor the quality of care provided.

Requires Improvement

Is the service safe?

Our findings

At the previous inspection in February 2016, we found people did not always receive their medicines as prescribed. This was a breach of the Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014. At this inspection we found improvements had been made to medication management and the provider was no longer in breach of the regulation.

People received their medicine as prescribed. People told us they were happy with the way they received their medicines. One person told us, "Staff manage my medicines and I get them on time." We looked at systems used to manage medicines and found the administration of medicines was accurately recorded and medicines were stored safely. We observed medicines being administered at lunchtime and saw staff asked people if they were in pain or discomfort and responded by offering them pain relief where required. Nursing staff were responsible for the administration and management of medicines and we observed systems were in place to ensure the administration of medicines was accurately recorded and medicines were stored safely in accordance with best practice guidance. This included regular auditing of Medicine Administration Records (MAR). One nurse told us, "Checking the MAR during the morning shift enables us to identify any trends if medicines were not being administered. We found one person was regular refusing their morning medicines so we contacted their GP to see if the timing of the medicine could be changed." This demonstrated systems in place to identify any concerns with people's medicines were effective and responsive to people's changing needs.

At our previous inspection in February 2016, we found that staffing arrangements needed to be reviewed to ensure people's needs were met effectively. At this inspection were found improvements were still required. People consistently told us they had to wait for staff, and that there were delays in staff responding to the nurse call system. One person, who was cared for in bed told us, "I'm stuck in here and I never see anyone. Staff take ages to come if you press your buzzer." Another person shared with us their concern for other residents, "I worry about [person's name], I worry that they will fall. Staff can't be everywhere at once I know that, staff have such a lot to do." A relative expressed concern about their family member, saying, "The staff are nice enough, but I sometimes come in to the lounge and there's no one in here with people, anything could happen." Another relative expressed similar concerns, "The staff seem ok, but they are so busy it's hard to catch them to talk to them." We spoke with staff members who expressed mixed views about whether there were enough staff to respond to the nurse call system and to meet people's needs. One staff member said, "There is sometimes a shortage of staff, which means we can't meet people's needs straight away." Another staff member told us, "I am confident there are enough staff."

We observed the levels of staffing throughout the home and found there were not always enough staff to respond to people's needs in a timely way. We saw that one person who required support with their meals waited at the dining table for a period of time in excess of 30 minutes before their food was served, as staff were not available to assist them. We observed two people whose bedrooms were on the upper floor of one of the wings of the home who were cared for in bed, were left alone for long period of time without being observed. We heard one of these people shouting for staff from their bedroom and they had to wait for over 30 minutes before staff responded to them. We asked the deputy manager about how these two people

were supported; they told us people were checked hourly. We asked to see the recordings of these checks however the deputy manager was unable to locate them. Therefore, we were unable to confirm if regular checks had been carried out. We found there were not sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's needs.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We discussed our observations and concerns with the manager and provider. They told us they used a dependency tool, which enabled them to ensure there were enough staff on each shift to meet people's needs. We saw that on the day of the inspection the home was staffed to the level indicated by the dependency tool. However, the manager told us they were in the process of reviewing the staffing levels at busy times of day, which included meal times. They also told us they monitored the response times to the nurse call systems and had shared these records with relatives who had raised concerns in the past.

People we spoke with told us they felt safe. One person told us, "I feel safe here because the staff look after me." Another person said, "I feel ok here, the staff work hard and are kind to us." A relative we spoke to told us, "Yes, I'd say [family member's name] is safe. I have no complaints." Staff we spoke with knew how to report concerns about people's safety and could identify signs of potential abuse. One staff member said, "If I saw poor care practice or was concerned about someone I'd report it to the team leader or the manager. If they didn't respond appropriately I'd contact CQC." We spoke with the manager about recent safeguarding incidents and they demonstrated a good understanding of their responsibilities in terms of reporting safeguarding concerns to the local authority.

People were supported by staff to manage their risks. Staff were aware of risks to people's health and safety and there were systems in place to keep staff up to date with any changes to people's risks. For example, staff told us they had a handover between each shift where they shared information about people current care needs. One staff member told us, "We have to assess how we can maintain people's safety. This involves regular review of risk presented by things such as the use of bed rails, lifting equipment and medication practices." We reviewed records relating to the management of people's fragile skin. Records reflected that where people required regular repositioning to protect their skin from damage this was carried out. We spoke with one person who was regularly supported with repositioning in order to protect their skin and they told us they felt "comfortable and well cared for."

We looked at pre-employment checks carried out by the provider and reviewed three staff files. We found that necessary checks had been carried out prior to staff starting work. These included checks carried out by the Disclosure and Barring Service (DBS). DBS checks include criminal record and baring list checks for persons whose role is to provide any form of care or supervision. Checks on staff member's conduct during their previous employment as well as identity checks helped the provider ensure staff working within the service were safe to work with people.

Requires Improvement

Is the service effective?

Our findings

We found people had varying experiences of mealtimes depending on where they were seated. For example, people who were dining on Robinswood wing were seated at tables and then waited over 30 minutes for their meals to arrive. Some people were not being given the opportunity to make their own choices. Staff were unclear about how they supported people to make choices about their meal. One staff member told us, "We ask people what they would like and if they can't answer we give them pureed, or what we think they like." We asked another staff member if they used pictures of food to help people make a choice and were told they did not. We asked one person who ate their lunch in their room about meal choices, they told us, "I don't have a choice, staff just give it to me." We asked to see the menu and saw it contained two different meal options for lunch; however people were not aware of the choices that were available. We discussed our concerns with the manager who advised they would take action in relation to the issues raised.

Although we observed some poor dining experiences, people and relatives spoke positively about the food they received. One person told us, "I enjoyed my lunch, which was lovely; the food is usually quite nice." Another person said, "Lunch was very nice. I really like the food here, sometimes we have quite a wait, but the food is good." Relatives told us they were also pleased with the quality of meals provided. One relative commented, "Their meals are always lovely. They smell nice and there's a good selection. [Person's name] always enjoys them. The food is good, very tasty." Staff we spoke with were aware of people's dietary requirements, for example, people who required meal that was low in sugar, or a culturally specific diet.

People and relatives we spoke with felt staff had the appropriate skills and knowledge to meet their needs. One relative told us, "I think on the whole staff seem to know what they are doing." Another relative said, "The care my family member received was impeccable, staff could not do any more." Staff told us they received an induction when they started working at the home. One staff member said, "I shadowed an experienced staff member and observed care practices, this gave me an understanding of my role." Other staff shared with us the training they had recently undertaken and told us, "The training helps keep my knowledge up to date." We observed that staff had knowledge of people's individual needs. For example, we saw staff knew how people who were assisted to mobilise liked to be supported and took time to explain things to them in a way they understood. Staff told us they received support from the manager who they met with to discuss their working practices and also receive feedback on their performance in their role. One staff member told us, "I receive regular supervisions from the manager; I am able to ask any questions or raise any issues."

People were asked for their consent before care and support was provided by staff. Throughout the inspection we observed staff asking people for their consent, including whether they were happy to take their medicines and if they were happy to be hoisted. 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. We found assessments had been carried out to assess whether or not people lacked capacity to make certain decisions and these were recorded and

shared with the staff team. Staff we spoke with demonstrated a good understanding of people's individual capacity and shared examples of decisions people were able to make for themselves. People's care records reflected that people and their relatives had taken part in best interests meetings to ensure they were happy with decisions made about their care and support. For example, when considering whether the use of a sensor mat or bedrails was appropriate to keep a person safe.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that a number of people currently living in the home had a DoLS authorisation in place and the manager had a good understanding of their responsibilities in this area. All of the staff we spoke with had received training in MCA and DoLS, but they were not all aware of people living at the home who were subject to an authorisation. However, because they followed guidance in people's care records they did not act in a way that unlawfully restricted people. We discussed DoLS with the manager who was aware of conditions attached to people's DoLS authorisations and was able to tell us how those conditions were being met. They also advised that information would be shared with the staff team to ensure staff did not act in a way that unlawfully restricted people.

People's healthcare needs were monitored by staff and there were systems in place to ensure that staff were able to identify any changes. People told us they were able to access relevant healthcare professionals when they needed them. One person said, "The dentist recently visited the home and I've also seen the optician and was given some new glasses." Relatives we spoke with also expressed confidence that their family member's healthcare needs were being met. One relative told us, "[Person's name] see's the GP regularly. The staff are very good; they will get the doctor if they need to and always let me know too." We saw that where there were specific instructions in people's care records staff were aware of these and followed the guidance when providing care. For example, staff followed guidance for people who required pressure area care and the care people received took account of their personalised care plan and advice from healthcare professionals.

Requires Improvement

Is the service caring?

Our findings

People told us they felt staff were caring. One person said, "The staff are nice, they know how to look after me." Relatives also expressed positive views about the caring nature of the staff. One relative told us, "The staff are very kind, they always listen to what [person's name] wants." We observed some positive caring interactions, such as staff taking time to ask a person how they were feeling. However, we also observed a number of missed opportunities where staff did not take time to speak with people, or engage with them when they could have done. Although our observations suggested staff were not intentionally uncaring, there were occasions where they appeared focused on a task, rather than people. For example, we saw staff brought drinks to people, but did not take time to talk with them. We saw one person have their food spooned into their mouth without any staff interaction at all. Two people we spoke with told us they felt staff were nice, but too busy to chat. Staff told us they tried to support people in a caring way. One staff member said, "It's important to remember that we as staff are here for the people who live here. I always treat people politely and use their preferred name."

People and their relatives expressed mixed views about whether they were involved in decisions about their care and support. One person told us, "No-one has asked how I would like to be cared for." Another person said, "I don't think I have been asked, but staff know how to care for me." Relatives told us their family members were involved in day to day decisions and were happy with their experiences. One relative said, "The staff know my wife very well, they know her likes and dislikes." Another relative told us, "Staff respect [person's name]'s choices. If they don't want to do something staff don't make them, their choice is respected."

We observed one interaction between a staff member and a person which was undignified and demonstrated a lack of consideration for the person's diverse needs. We shared our observation and concerns about this poor practice with the manager and area manager who assured us action would be taken without delay to ensure this was addressed.

Despite this observation, people told us staff supported them in a way that was respectful of their privacy and dignity. One person commented, "Staff close the door and curtains." Staff also shared examples with us of how they protected people's dignity. One staff member told us, "I always knock on the door before I go into someone's room and cover people with a towel during personal care." People were dressed in a way that respected their individuality and relative's told us their family members were supported to visit the hairdressers regularly so they could maintain their preferred appearance. We saw examples of staff maintaining people's dignity in the way they supported them. For example ensuring bedroom and bathroom doors were closed when in use, and being discreet when asking people about personal care. We also saw staff knocked on people's doors before entering their rooms. Care practices displayed by nursing staff during medicines administration rounds were caring, patient and focussed on the person they were supporting.

People were supported to maintain relationships that were important to them. People's relatives were able to visit at any time. We saw family members visited throughout the day and staff welcomed them.

Requires Improvement

Is the service responsive?

Our findings

People told us they were not supported to maintain their hobbies or participate in activities that interested them. One person told us, "I don't do anything during the day and I get bored." Another person told us the only time they engaged in their pastime was when their relative visited and brought books and magazines. A number of people living at the home were reliant on staff being available to support them to engage in activities, however, there were not always staff available to support these choices. For example on the day of the inspection the activity taking place in the main lounge was a film being shown on the television. However, people in the lounge were not engaged in watching the film and most appeared disinterested. Staff told us they tried to engage people in activities that interested them, but that staffing levels did not always allow for this. For example, the activity co-ordinator was required to cover staff rest breaks, which meant they were unable to deliver a full programme of activities. We asked one staff member about how they supported people on a one to one basis with their preferred interests or hobbies. They told us, "One to one activities can be difficult, we have to cover breaks so it can be a bit hit and miss."

We discussed our concerns about the lack of activities or stimulation with the manager who told us they had identified more needed to be done in terms of personalised one to one activities, and had begun the process of reviewing the activity programme and the role of activity co-ordinators.

People told us they contributed to their care and support planning as far as they were able to. Relatives had been consulted about their family member's needs and preferences. People's care plans recorded their life histories and care and support needs which staff told us they used to provide people with personalised care. Staff we spoke with were aware of people's personal preferences and people confirmed staff knew them well. One person told us, "Staff know me; they know how I like to be washed and dressed." A relative told us they were confident staff knew their family member's preferences, "Staff know [person's name] likes a particular soap and flannel. When the soap starts to run out they remind me to get a new one." Staff we spoke with had a good understanding of people's personal preferences. For example, one staff member shared with us that one person preferred to receive care and support from female staff only, and explained how this was arranged.

We reviewed people's care records and found their changing needs were recorded. Staff told us they received information about changes to people's care needs in handover meetings between each shift. Where people's needs had changed we found their care records had been updated. For example, one person's needs had changed which meant the home may no longer be appropriate for them. We saw a review of the person's placement had taken place and plans were in place for them to move somewhere more suitable.

All of the people and relatives we spoke with knew how to raise a complaint if they were unhappy with the care they or their family member had received. One person told us, "The manager comes round from time to time, if I have any complaints I tell my son and he sorts it out with them." One relative told us, "I have no complaints in the main and deal with things as they go along. If I'm not happy, I tell the staff." Another relative said, "I know how to complain, and have done in the past, it seems resolved for now." We looked at

the log of recent complaints and found there were systems in place to ensure complaints were investigated and responses provided to the complainants. Records showed the provider had discussed concerns with relatives, where appropriate and given a clear indication of how concerns would be investigated.

Requires Improvement

Is the service well-led?

Our findings

Since our last inspection there had been changes in the management of the home. The previous manager had left the home and a new manager had been appointed in October 2016. The new manager told us they planned to submit an application to become registered, following the completion of their probationary period of employment. However, to date, an application has not been received. This means the home has been without a registered manager since April 2015. As of part of the provider's registration they are required to have a registered manager in post. We found although the manager had made some positive improvements in the home, with the support of the management team, further improvements were required. For example, the provider had recognised that improvements were required to people's meal time experiences. The provider had also identified that improvements were required to the support people received with interests and hobbies, but action had not yet been taken to address the lack of personalised activity support.

Quality assurance systems were in place to identify areas for improvement; however, these systems had not identified the issues that we found during this inspection. We saw that a range of checks were completed on care plans, health and safety audits, accidents and incidents records and medicine audits. Improvements had been made to the management of medicines. However, we found that some of the issues highlighted in our last inspection had not been addressed by the provider. In particular, we identified concerns about the deployment of staff at mealtimes and the length of time people had to wait for support during the last inspection and at this inspection some people did still not received appropriate support with their meals, others expressed concerns about the length of time they had to wait for support. Although at the last inspection we had been told changes would be made to staffing deployment, we found that these changes had not taken place.

People expressed mixed views about whether they were happy with the care and support provided at Eversleigh Care Centre. People told us they felt staff worked hard to support them in a kind and caring way, but some people felt staff were too busy to provide anything other than task focused care. Relatives expressed similar concerns, one relative commenting, "It's ok here and staff are nice, but they are very busy." Others expressed more positive views, a second relative said, "The happy, friendly staff and the cleanliness of the home, nothing is too much to ask."

People told us, and we saw from records, that people were invited to give feedback through resident's meetings. Relatives we spoke with told us how they had been involved in the development of the service by attending relatives meetings. One relative told us, "We have meetings, they are not always well attended but they do take place. I can also speak with the manager if I have anything to say." Another relative told us they had also been invited to give feedback, commenting, "Staff talk to us and send us questionnaires about what we like and all that."

People knew who the manager was and told us they found them to be approachable. Staff told us they felt supported by the manager and provider. One staff member said, "I feel quite comfortable to say something if I saw something was not right. I have raised concerns in the past and they were addressed." Another staff

member told us, "The manager is approachable and supportive; I am supported in my role." A third staff member shared with us an example of how they had made suggestions about how the introduction of a piece of equipment would help staff better support people, they told us they felt listened to, and the equipment was introduced.

The manager told us they felt supported by the provider. The provider was present on the day of the inspection and knew people who lived at the home. The manager told us, "I have received a lot of support from the provider; my role is to focus on the care." The manager demonstrated a good understanding of the requirements of their role and had notified us of incidents and events as required by law.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury	Regulation 18 HSCA RA Regulations 2014 Staffing The provider had failed to ensure there were sufficient numbers of suitably qualified, competent, skilled and experienced staff deployed to meet people's needs.