Care Quality Commission

Four Seasons (Evedale) Limited

Evedale Care Home

Inspection report

Occupation Road
Coventry
Warwickshire
CV2 4AB

Tel: 02476448292
Website: www.fshc.co.uk

Date of inspection visit:
30 November 2020

Date of publication:
14 December 2020

Ratings

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

Summary of findings

Overall summary

About the service
Evedale Care Home provides nursing and residential care for up to 60 older people, including people living with dementia. At the time of our visit 28 people lived at the home. Accommodation is provided in a purpose built building across two floors.

People's experience of using this service and what we found
Since the last inspection the provider and registered manager had worked to improve systems and recruit a permanent staff team. People experienced better care and outcomes as a result of this and a plan was in place to keep improving the service. A concern identified on this inspection means the provider remains in breach of one regulation. The registered manager took immediate action to address this to continue to manage people's medicines safely.

Risk's associated with people's care had been identified, assessed and updated. Staff knew the support people needed to keep them safe. People were able to access health and social care professionals and staff followed advice they were given.

People and their relatives told us they continued to be happy with the care provided from staff at Evedale Care Home. People's needs and preferences were known by the staff who gave person centred, responsive care. Staff had developed positive relationships with people which led to people feeling safe and happy.

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

Rating at last inspection and update
The last rating for this service was inadequate (published 4 June 2020) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had been made, but the provider was still in breach of one regulation.

This service has been in Special Measures since 4 June 2020. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected
We carried out an unannounced comprehensive inspection of this service on 4 February 2020. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, person centred care and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now

met legal requirements. This report only covers our findings in relation to the Key Questions, Safe, Responsive and Well Led which contain those requirements.
The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Inadequate to Requires Improvement. This is based on the findings at this inspection.
You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Evedale Care Home on our website at www.cqc.org.uk.

Enforcement
We have identified breaches in relation to safe care and treatment in relation to medication at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe. Details are in our safe findings below.	**Requires Improvement**
Is the service responsive? The service was responsive. Details are in our safe findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

CareQuality Commission

Evedale Care 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was conducted by one inspector, one assistant inspector and one nurse specialist.

Service and service type
Evedale Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection
This inspection was unannounced. We contacted the registered manager prior to entry to ensure there was no-one isolating with confirmed of suspected COVID-19 and to ensure the inspectors complied with the service's policy on the use of personal protective equipment.

What we did before the inspection
The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service.

During the inspection
We spoke with five people who used the service. We spoke with twelve members of staff including the provider, registered manager, assistant manager, nursing staff, office staff, care workers and domestic staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We contacted seven relatives by telephone about their experience of the care provided. The provider sent further quality assurance records to validate evidence found.

Requires Improvement

Is the service safe?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant some aspects of the service were not always safe and there was an increased risk that people could be harmed.

Using medicines safely; Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Although improvements had been made, we identified concerns with the safe management of medicines at this inspection. Therefore, the provider was still in breach of regulation 12.
● Our previous inspection found people's medicine were not always managed and administered safely.
● At this inspection the provider's weekly medication process had not included a system to ensure such checks were completed on insulin. This led to out of date medication being administered.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection. They confirmed suitable checks of the medication were in place.

● Medicines were received, stored, and disposed of safely. Staff involved in handling medicines had received training around medicines.
● People's risks had been assessed for both physical and mental health. For example, an assessment was in place for social isolation with a specific COVID-19 impact plan should the person require isolation. One staff member told us, "Each person has a care plan which tells you what support they need and about any risks."

Systems and processes to safeguard people from the risk of abuse
● People told us they felt safe living at Evedale and received care and support from staff they knew and trusted. One relative told us, "I know my father is happy there. I feel I can trust the staff."
● The staffing team had completed training on safeguarding and the home policy on how to escalate any concerns was followed. One staff member told us, "I did safeguarding training during my induction, if I was ever worried about a person, I would tell my senior or the nurse straight away who would make referrals to keep the person safe."

Staffing and recruitment
● Improvements had been made since the last inspection. The staffing team were organised and were clear about their duties and responsibilities.
● Staff were available to support people in the communal areas of the home and people who remained in their rooms.
● The provider's recruitment records showed checks had been made to ensure staff were suitable to work with vulnerable people.

Preventing and controlling infection
● We were assured that the provider was preventing visitors from catching and spreading infections.
● We were assured the provider was meeting shielding and social distancing rules.
● We were assured the provider was admitting people safely to the service.
● We were assured the provider was using PPE effectively and safely.
● We were assured the provider was accessing testing for people using the service and staff.
● We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
● We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
● We were assured the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong
● The registered manager reviewed all accidents and incidents and documented areas identified for learning.
● Where people may have had an accident, such as a fall, this was reviewed to see if there were actions identified to reduce the risk of reoccurrence. Their care records were also reviewed and updated accordingly.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences
At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 9 (Personalised Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

● People received care which reflected their needs and preferences. One relative told us, "They know [relative] must not have male care staff, they know it has to be someone who is sensitive to their needs."
● Records of care informed staff of how people preferred to receive their care, for example their daily routines. One relative told us, "[Person's name] likes their shave in the morning, they are very precise and likes it before 9.00am."
● Staff knew people well and care was given to meet their personal needs. One staff member told us, "We [staff] will all do everything we can to make sure our residents are happy."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
● Care plans detailed people's individual needs. One relative told us, "They know [relative] so well. They are hard of hearing. If they approach [relative], they know they have to explain what they are going to do."
● Staff knew how best to support people and gain their trust and understanding by using effective communication styles. One relative told us, "They [staff] used a visual reference to help [relative] understand."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
● People enjoyed living in Evedale Care Home, spending their time with support from staff and external entertainers who had visiting the home before COVID-19. One staff member told us, "I have had time to get to know people and their likes and dislikes, we have time to sit and talk with people."
● Relatives had been supported to stay in contact with their family member via, window visits, telephone

and video calls. One staff member told us, "We will all do everything we can to make sure our residents are happy."

Improving care quality in response to complaints or concerns

● The registered manager had investigated and responded to complaints. These had been recorded and used to make changes to people's care. One relative told us, "Prior to lockdown we had suggested getting [person's name] out of bed more often and getting them down to the lounge. They did comply with our wishes."

End of life care and support

● Evedale Care Home offers care and support to people at the end of their life. Nursing staff had received training or had previous experience and were able to support people's end of life needs and wishes. Nursing staff told us, "We sat with them [people] to make sure they were always comfortable and that their environment was peaceful" and "Talking about people's religious views has been really important when it comes to end of life care."

● Training for other staff within the home had not been provided. To provide a holistic approach to people at the end of their life the registered manager agreed training would be provided to all staff within the home.

Requires Improvement

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.

At the last inspection this key question was rated as inadequate. At this inspection this key question has improved to requires improvement. This meant that whilst improvements had been made, further time was needed to demonstrate these had been embedded and would be sustained when occupancy at the home increased as it was currently low.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Since our last inspection the provider sent us action plans to demonstrate how they were going to improve. At this inspection we saw improvements had been made, which ensured people received good quality, safe care.
- While the provider's systems and processes for the management of people's care had improved, further improvements were needed. These included the management of insulin and ensuring all staff received training for end of life care.
- The provider had sufficient and accurate oversight of the service. However, this will need to be sustained as the number of people living at Evadale Care Home increases.
- The registered manager monitored risks, including care plans which was effective, and people were in receipt of safe care. One staff member told us, "The home manager comes to meetings and shares knowledge. The area manager comes in and looks at audits."
- People and their relatives were pleased with the care provided. One relative told us, "She [registered manager] is a lovely lady and she gives you the confidence you could go and talk to her if you had any problems. My [relative] is so happy there."
- The provider had met the legal requirements to display their latest CQC rating.
- Since our last inspection a deputy manager had been appointed, to support the registered manager. They were supported by a team of nurses and senior care staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
- The registered manager continued to demonstrate their responsibility to be open and honest when things

had gone wrong.
● The registered manager was open and honest and was able to identify and make improvements since the last inspection. One relative told us, "Everything seems to be okay. If I have any questions, someone is always there to answer. Nothing is too much trouble for them."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● People and their relatives were positive in the service received and with the registered manager and staff team. One staff member told us, "The first step is finding out what they're interested in and not making assumptions about this based on their age."
● Staff were involved in the home. One staff member told us, "I have no doubt that [the registered manager] will always act on things immediately, residents are very important to them."
● People were asked individually to give feedback about the service through quality questionnaires. These helped the registered manager to make changes and respond to people's request. One member of staff told us, "The residents are happy, and we love them."

Working in partnership with others
● The management team have maintained links with the local authority, CCG and local community to ensure the care offered reflects best practice.

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 Treatment of disease, disorder or injury	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment **Medication monitoring needed review to ensure people received medicines which were in date.**