Eversley Care Home Limited

Eversley Rest Home

Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

This inspection took place on 19 September 2018 and was unannounced. At the last inspection completed on 13 July 2017 we rated the service Requires Improvement.

At this inspection we found improvements had been made and the service was now rated as Good overall.

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

Eversley Rest Home accommodates up to 28 people in one adapted building. At the time of the inspection there were 25 people using the service.

There was a registered manager in post at the time of our inspection. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Governance systems were not always effective in identifying concerns and driving improvements whilst some improvements had been made, following our last inspection, more were needed.

People received their medicines as prescribed. Risks to people were managed safely and documentation about people's care was consistently completed, including when people had an accident. People were protected from the risk of cross infection and safeguarded from abuse. The provider learned when things went wrong. There were sufficient staff available to meet people's needs and staff were safely recruited.

Staff had received training; and felt supported in their role. The environment was suitable for people's needs and they received consistent care from staff. People were supported to meet their dietary needs. People were supported to maintain their health and well-being.

People had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

People received support from staff that were caring. People's communication needs were planned for. People were respected and their privacy was protected. People received dignified care and support.

People's preferences were clearly documented and staff understood these. People's end of life wishes were documented. People were clear about how to make a complaint and these were responded to.

Notifications were submitted as required and the registered manager understood their responsibilities. We

people and their relatives were engaged in the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

People received support from sufficient amounts of safely-recruited staff.

Risks to people's health and well-being were assessed and plans were followed.

People were protected from the spread of infection.

People's medicines were administered safely.

People were safeguarded from potential abuse.

There were systems in place to learn when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs were assessed and planned for.

People were supported by staff with the right training to provide safe care.

The environment was designed to meet the needs of people.

People's rights were protected by staff that worked within the principles of the MCA.

People's nutrition and hydration needs were met and they could have a choice of meals and drinks.

People received support to monitor their health.

Is the service caring?

Good

The service was caring.

People were supported by caring staff.

People were involved in choices about their care and communication needs met.

People's privacy was maintained, and staff treated people with dignity and respect.

Is the service responsive?

Good

The service was responsive.

People could follow their interests or spend time doing activities they enjoyed.

People's needs and preferences were followed by staff, and documented in people's care plans.

People understood how to make a complaint.

People were supported to identify their preferences for support with end of life care.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The systems in place to ensure quality care were not always effective.

People were involved in the service and asked about the quality of the service.

Staff felt supported by the management team.

The provider notified us of incidents.

Eversley Rest Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 unannounced inspection visit took place on 19 September 2018. The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). This is 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.

During the inspection, we spoke with seven people who used the service and three relatives. We also spoke with the registered manager, the nominated individual, a director, an activity worker, the cook and three staff.

We observed the delivery of care and support provided to people living at the location and their interactions with staff. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed the care records of five people and three staff files, which included pre-employment checks and training records. We also looked at other records relating to the management of the service including rotas, complaint logs, accident reports, monthly audits, and medicine administration records.

Good

Is the service safe?

Our findings

At our last inspection on 13 July 2017, we rated safe as Requires Improvement. At this inspection we found improvements had been made and Safe was rated as Good.

People mostly told us there were enough staff to meet their needs and they didn't have to wait long for support. One person said, "There are enough staff around when I need help." Another person told us, "I feel safe here and I think there is enough staff. There is a buzzer in my bedroom but I don't need to use it." One person told us, "I ring the buzzer and mostly the staff come. Sometimes I have to wait because they tell me others need their help more than I do." Staff felt there were sufficient staff to meet people's needs but on occasions people had to be asked to wait for a while. One staff member told us, "There are times when it would be good to be able to provide the help people want straight away all the time. It's not nice to have to tell people to wait."

People had their needs met by staff, however one person was observed having to wait for staff to support them to the toilet. This was because staff were busy helping others as it was nearly lunchtime, staff were apologetic and comforted the person whilst they waited for other staff to be available. This was an isolated incident, however the provider and registered manager said they would review staffing levels to ensure they were sufficient. The registered manager confirmed following the inspection they had updated the dependency tool and would now do this on a weekly basis to continually monitor staffing levels. They also told us there was to be a trial of an additional member of staff being available in the mornings to assist with staff deployment at busy periods and ensure people did not have to wait for their care. We will check this at our next inspection. This showed whilst there were sufficient staff available to meet people's needs, some improvement was needed to ensure people did not have to wait.

People received support from safely recruited staff. We saw the provider ensured checks had been carried out before new staff started work, which included checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with in a care setting.

Risks were assessed and guidance was in place to help staff minimise risks to people's safety. People and relatives told us they were supported to stay safe. Everyone told us they had access to an alarm to alert staff if they needed them and these were answered promptly by staff. Staff could describe how they supported people and had a good understanding of the steps needed to keep people safe. We saw care plans had detailed information in to guide staff and we observed staff following the guidance during the inspection. For example, one person required equipment for transfers from a chair to a wheelchair. Staff were observed using the correct equipment safely and ensuring the person was comfortable and explaining what was happening whilst the transfer took place. One person was at risk of their skin becoming sore, we found there were plans in place to minimise the risk. Staff understood and could explain what actions they took to keep the person safe and records showed staff followed the person's plan. This meant the person's safety was maintained whilst they were being supported to transfer from the chair.

There was a system in place to learn when things went wrong. We found accidents and incidents were evaluated and peoples' plans were updated and action was taken to ensure the risk of reoccurrence was minimised. For example, where someone had fallen actions were taken to update the persons care plan, and then consideration had been given to whether there were any other factors which needed to be addressed or themes from falls such as staff deployment. We saw this was effective in identifying areas for improvement.

People were supported in a clean environment which protected them from the risk of cross infection. We saw the home was clean. Staff told us they had received training in how to minimise the risk of cross infection, records we saw supported this. We found there were gloves, aprons and hand gels available to staff and we saw these were used. Checks were carried out by the registered manager which ensured the home was clean.

People were safeguarded from abuse. We asked people and their relatives if they felt safe living at the service. One person told us, "I feel safe here." A relative told us, "I feel [person's name] is safe here." Everyone we spoke with told us they felt safe living in the home. Staff were able to tell us how they would recognise abuse and what actions they would take to report any concerns regarding people that may be experiencing any form of abuse. We saw where concerns had been raised these had been reported to the local safeguarding authority as required. Where concerns had been raised about the service these had been investigated by the registered manager. This showed there were systems in place to investigate and report any signs of potential abuse and concerns were raised and staff followed the procedures promptly.

Medicines were administered safely. One person told us, "I'm on medication and get it on time." Another person confirmed, "I get my tablets on time, they are a must." Medicines were stored safely. There was a medicines trolley in place to store medicines and this was kept in a lockable storage area. We saw regular checks were done on the temperature of the storage room. The registered manager told us there were plan underway to develop a new medicines room and they were waiting for work to begin. Stock checks were carried out and we saw these were ensuring people had access to sufficient medicine. Staff told us they were trained in medicine administration and we saw staff followed the policy when administering people's medicines. We found there was guidance for staff on how to administer people's medicines which staff followed. Where people had medicines, which needed to be taken on an 'as required' basis for pain management or to help them calm down, there were detailed guides in place for staff on how and when these should be taken. Medicine administration record (MAR) charts were in place and were mostly completed accurately. We did see some signatures had been missed. The registered manager investigated and found people had received their medicine and the issues appeared to be isolated. They confirmed following the inspection they had introduced daily checks on MAR charts to ensure accurate completion to prevent signatures being missed and enable more prompt action to be taken where they were.

There were systems in place to manage fire safety. We saw actions had been taken to ensure the recommendations of the fire service had been implemented. We saw people had individual evacuation plans in place and staff were aware of these. There was a colour coded system on bedroom doors to help staff know what type of support people needed in the event of a fire.

Good

Is the service effective?

Our findings

At our last inspection on 13 July 2017 we rated effective as Good. At this inspection we found the effective remained Good.

People had their needs assessed and plans put in place to meet them. Staff told us peoples assessments and care plans guided them in being able to provide support to people. Staff had a good knowledge of people's needs and preferences. Assessments were competed ahead of admission and informed risk assessments and care plans. The assessment looked at people's lives and considered for example their physical, social and emotional needs. Preferences were also considered as part of the assessment and this included specific information about protected characteristics. Care plans included information about specific conditions and guidance from other professionals if needed. We saw staff followed the plans in place to provide people with their care and support.

People were provided with consistent care. Staff were supported to maintain their knowledge of people's needs. There were systems in place to support staff with communication; we saw handover systems were in place at each shift change which gave information to staff about how people had been and any changes in their needs. Staff told us the handover was effective in keeping them up to date on people's care needs.

People were supported by staff that were knowledgeable and skilled to meet their needs. Staff told us they had an induction into their role and records supported this. The provider used the care certificate for their induction if people had not got another relevant social care qualification. The Care Certificate is a set of standards that health and social care workers adhere to in their daily working life based on 15 standards to ensure staff have the same introductory skills, knowledge and behaviours to provide compassionate, safe, high quality care and support. One staff member told us, "We have supervision and regular staff meetings which are good for sharing information and helping us to discuss things." Staff had regular updates to their training and we saw there was a plan in place to enable the registered manager to keep this up to date. Staff told us they had access to regular supervision and staff meetings and felt supported in their role and records supported this.

People had a choice of meals and drinks. One person told us, "The food here is brilliant, the menu changes regularly, it's pretty good, and always hot." The cook told us they had information about peoples likes and dislikes and the provider sought regular feedback about the menu. The cook told us they checked about an hour before meals were served what people wanted to eat from the menu, however people could choose their meal at the point of serving. We saw staff offered choices at meal times. We observed people could choose different meals and drinks and staff supported them to make decisions. Where people asked for an alternative this was provided. Peoples' nutritional needs were assessed and planned for. One relative told us, "[Person's name] has to have a speech and language therapy (SALT) assessed diet, they manage that here better than they did when [person's name] was in hospital." Staff could describe the type of support people needed to maintain a healthy diet. For example, one staff member told us about one person that was at risk of malnutrition and dehydration, they said there was a risk assessment and care plan in place to assist. Staff explained the person required fortified meals and there were records kept about the persons

food and fluid intake and their weight was monitored, we saw records were in place as staff described. The cook was aware of people's dietary needs.

People were supported in an environment that had been designed to meet their needs. People could access all areas of the home. There were multiple lounge areas and small seating areas around the home. Corridors had been decorated with themes to assist people with orientation and people had chosen pictures to put on their doors to help them locate their bedrooms. Communal areas were accessible and well signposted to support people. There was level access to a court yard garden which we were told people had used frequently during the warm weather. One person told us, "I can go into the garden anytime I want, weather permitting." There were raised flower beds in the garden area, and people had been involved in planting and taking care of the flowers. There was access to equipment to support people with mobility, a lift was in place which people could operate and there were level access shower rooms and adapted bathrooms for people to use that did not have en-suite facilities. We saw there were different images and objects around the home to enable people to have a point of interest. We saw there was a display cabinet in one area of the home and this was used to put different items in to engage people in conversations. The home was an adapted building with purpose built extensions. The provider told us about their plans to renovate the original building to the same standard as the added parts of the home.

People told us they had good access to support with their health and wellbeing. One person told us, "Staff always call the doctor if I am unwell." A relative told us, "The doctor visits regularly." Staff told us they had support from visiting health professionals to guide them in providing care and support to people. One staff member said, "The district nurse comes regularly to those that need it and the doctor visits, some people go out to the doctor's surgery when they are able." We saw there were regular visits from health professionals and their advice was followed by staff.

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 had their consent sought prior to receiving care and support. Staff understood the importance of consent and could describe how they sought this. We observed staff checking with people to gain consent before carrying out their care and support. Where people were unable to consent to their care the principles of the MCA were followed and an assessment was completed with decisions taken in people's best interests.

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). People had their capacity assessed when they were having their liberty restricted. Applications had been made to the authorising body and care plans had been put in place to detail how the person should be supported in the least restrictive way. This showed the principles of the MCA were being followed.

Good

Is the service caring?

Our findings

At our last inspection on 13 July 2017 we rated caring as good. At this inspection we found Caring continued to be Good.

People and their relatives told us they felt staff were kind and caring. One person told us, "I feel listened to. I'm very happy here." Another person told us, "I love it here, I wouldn't live anywhere else. I'm happy here." People told us they were happy with the staff and had good relationships with them. One person told us, "Eversley is my home, it's lovely here." Staff told us they had good relationships with people and knew people well. We observed staff were caring in their approach to people. Staff were observed engaging people in conversation and people were relaxed and smiling in staff presence. People were seen to approach staff and know them by name. This showed people were supported by staff who were caring in their approach.

People were supported to make choices about how and when they were supported and to maintain their independence. One person told us, "I usually get up and often go to the lounge. I decided not to today." Another person told us, "I am independent so need little help. I can go to my bedroom whenever I want." Staff told us they promoted people's independence and ensured people could make choices for themselves. One staff member said, "We make sure people can choose for themselves, for example at meal times if they do not fancy what is on the menu there are always other alternatives." Our observations supported what we were told.

People had their communication needs assessed and plans were in place to meet them. There were clear assessments of people's communication needs and guidance in people's care plans for how best to communicate with the person. The communication plan considered how people needed support with their vision, hearing and verbal communication and cognition. Staff understood the guidance and were observed following this. For example, one plan described how for important discussions a person would benefit from an advocate being present to help with their understanding.

People had their privacy and dignity maintained. Staff understood the importance of maintaining people's privacy and dignity. We observed staff were discreet when offering people care and support. Doors were knocked before staff entered people's rooms. Staff were considerate of visitors and ensured people had time with their family when they came to visit. One person told us, "Visitors can come any time." We saw staff knock one person's door and ask the person if it was ok for them to come in. The person had people visiting at the time and staff asked if they would mind leaving the room whilst they supported the person to move position.

Good

Is the service responsive?

Our findings

At our last inspection on 6 April 2017 we rated responsive as Good. At this inspection we found the service remained Good.

People and relatives were involved in their care and support. People told us they directed their own support. Relatives also told us they felt involved in people's care. One relative told us, "We are always involved in all discussions about [person's name] there have been some discussions with health professionals about how best to support [person's name] going forward."

Assessments of preferences were undertaken including relating to their protected characteristics. Assessments considered peoples preferences in relation to all aspects of their lives. For example, people's preferences relating to their religion, culture and sexuality were documented. We saw there were regular religious services held at the home, for example Holy Communion was held and another church came in regularly to carry out singing and other activities including arts and crafts. We saw there was a decorated colourful "Harvest Corner" in the entrance hall. Staff told us that one person did not celebrate their birthday as part of their culture, so a special afternoon tea had been arranged for them instead which they really enjoyed.

Preferences also considered areas such as meals, personal care and how people wanted to be supported with their correspondence and voting, for example. Staff knew people well and could tell us about their preferences. We saw staff used this knowledge when providing people with care and support. For example, one person had routine which was important to them we observed staff follow this routine on the day of the inspection. This was important to the person and we saw staff ensured this was done. Flowers, personal gifts, cards and a cake was purchased for each person to celebrate their birthday. There was an area available for people to have a meal with their relatives and we saw in the late afternoon visitors were using this area to have tea and biscuits with the person they were visiting.

Peoples life histories were understood and written into people's care plans. The information was used by staff when providing support. For example, one person had previously had a job which meant they were up very early in the morning, the person still preferred to get up at this time and staff supported them, ensuring they had two breakfasts every day as they always had. In another example one person had been a teacher and there were dolls which the person arranged each day like a class room.

People were happy with how they spent their time. People told us there was plenty going on during the day and they were able to follow their interests. One person told us, "There's lots going on here. I enjoy the quizzes. I'm very happy here. The Daily Mail is delivered daily and we share it round." There was a member of staff employed specifically to support activities for people. They told us they had a good budget to provide activities for people and had recently purchased a projector to enable people to watch the royal wedding. A further purchase had been agreed of a marquee for use in summer garden events. Links with the community had been established. For example, a local supermarket had become a regular visitor, bringing items for people as treats and gifts for raffles to assist with fund raising along with invitations for people to go to the

store for coffee. There were pictures of past events which people talked to us about, key events had been celebrated such as St Patrick's Day. A wish tree was in place where people could put things down they wished to do. One person had wished for a gin and tonic so a celebration was arranged for World Gin Day. On the day of the inspection we saw a group of people have a quiz in the morning and then in the afternoon, two people were playing scrabble with a staff member. People appeared to enjoy these activities and were seen laughing and focusing on what was going on.

People were supported to have their preferences considered when they came to the end of their life. The home was working with a local hospice to develop a pathway for people that required palliative care. There were plans drawn up with specialist nurses, relatives and the person involved in developing the care plan. Staff had regular contact with the hospice to review peoples care. We found peoples wishes had been discussed and there were clear plans in place about people's beliefs and preferences for what happened when they came to the end of their life.

People understood how to make a complaint. People told us they would not hesitate to raise any concerns they had with staff or the registered manager. One person said, "I know the registered manager, they pop in to see me. If I had any concerns I would tell the staff about it." We saw where complaints had been made these had been investigated and a response had been given to the person. We saw action was taken to address people's concerns and the information was used to ensure the service learned from complaints.

Requires Improvement

Is the service well-led?

Our findings

At our last inspection on 13 July 2017, we rated Well-Led as Requires Improvement. This was because the systems in place to monitor the quality and safety of the service were not effective. At this inspection, we found the provider had made some improvements but more were needed and Well-Led continued to be rated Requires Improvement.

The quality of the service was not consistently checked. There was a tool in place to assess the dependency levels of people that used the service. The tool had not been updated for a couple of months. This meant the provider had not checked to see if people's dependency had changed. We did see one person was being cared for in bed and this had not been updated. This meant the provider could not be sure there were sufficient staff to meet people's needs. The provider confirmed following the inspection the dependency tool would be updated weekly and reports sent through to the directors. In addition, a trial of one additional staff member being available for busy periods between 9am-1pm to offer support to people and a review of the effectiveness of staffing was to be carried out. This meant whilst improvements were needed the provider had acted to address these. We will check this at our next inspection.

Checks on MAR charts were not driving improvements. The checks in place on medicine administration had not identified where MAR records were not completed correctly. The registered manager confirmed that daily checks would be introduced to supplement existing audits and ensure action was taken immediately to confirm people had their medicine administered when a missed signature was noted. This showed whilst improvements were needed to how the MAR charts were checked, the provider had acted to address this. Medicines audits were carried out which checked the stocks of medicines on a weekly basis. There were checks of the storage facilities and these were driving improvement.

The training matrix in place was effective in ensuring staff had the right training. We saw where training was due for renewal this was arranged and everyone had the mandatory training in place. Staff told us they felt well supported by the management team and the provider also was visible and supportive of the home and they felt they could approach the registered manager or the provider for support. One staff member told us, "We have good support here from the registered manager and the provider, they are all approachable and are always ready to listen."

The provider sought partnerships with other agencies and engaged in the community. For example, a partnership was in place with a local hospice. The project was a pilot to ensure people considered to be requiring palliative care would be supported by the service to remain in the home with support from specialist staff to consider the persons care needs. The service made links with the local community. There were good links with several places of worship and a local shop which people appeared to enjoy the contact with.

There were other systems in place which were driving improvement and ensuring people had the care they needed. For example, an audit to check people's care plans was effective in ensuring plans were up to date and accurate. The systems in place to check people's daily care records were effective in ensuring people

had the care they needed. Checks on infection control were also effective in ensuring the home maintained a clean environment. Accidents and incidents were monitored and analysis was completed.

People were involved in the service. One person told us, "The registered manager is always around and is so easy to talk to." A relative told us, "the registered manger is really approachable and very hands on, they are always here and offering support." We saw there were regular resident and relative meetings. We found suggestions from these meetings had been put in place. For example, one relative had suggested the home consider something to celebrate how well staff performed and suggested of an employee of the month scheme. We found this had been implemented and anyone could nominate any staff member for an award. The residents and relatives were informed of which staff had won each month and the reason for them winning in a newsletter. We saw this was on display in the home and was sent to relatives through the post and by email if requested. We found the registered manager and nominated individual were known by people and relatives in the service and everyone we spoke with spoke highly of them. A nominated individual has registered with the Care Quality Commission to supervise the management of the regulated activity provided. Like registered managers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The provider had submitted notifications to CQC in an appropriate and timely manner in line with the law. Services that provide health and social care to people are required to tell us about important events that happen in the service, we use this information to monitor the service and make sure the service is keeping people safe.

A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate.