

## Central England Healthcare Limited

# Eversleigh Nursing Home

### Inspection report

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### Ratings

Overall rating for this service

Good 

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?

**Good** 

# Summary of findings

## Overall summary

About the service: Eversleigh Nursing Home is a care home with nursing that provides accommodation and personal care for up to 42 older people. At the time of our visit, 33 people lived at the home.

People's experience of using this service:

People felt safe and were protected from avoidable harm. Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about people's well-being.

Risk management plans informed staff how to manage risks associated with people's care. However, systems to check the environment and equipment were safe for people were not always effective.

Immediate action was taken to address this.

There were enough clinical and care staff with the appropriate skills, knowledge and experience to meet people's needs and provide effective care. Staff had defined responsibilities and received the training and guidance they needed to complete their role well.

The service had built good relationships with other healthcare professionals to ensure people received safe consistent care.

People's nutrition and hydration needs were met, and they received their medicines as prescribed.

Staff followed people's personalised care plans to ensure people had the care and support they needed.

Staff were committed to ensuring people's needs were met in a welcoming and friendly environment and motivated to have a positive impact on people's lives.

Staff understood the principles of the Mental Capacity Act 2005, so people could continue to have maximum choice and control of their lives.

People were offered opportunities to engage in activities and events they were interested in.

The registered manager understood their regulatory responsibilities and shared information with stakeholders in a timely way. They had introduced several initiatives at the home to improve outcomes for people and to raise quality standards.

Rating at last inspection: At the last inspection the service was rated as good overall. (The last report was published on 21 December 2016). At this inspection we found the service required improvement within the safe domain but remained good overall.

Why we inspected: This was a planned inspection based on the date and the rating of the previous inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our Effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our Caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

**Good** ●

### Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

**Good** ●

# Eversleigh Nursing Home

## Detailed findings

### Background to this inspection

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

**Inspection team:** The inspection was carried out by two inspectors and a specialist advisor. A specialist advisor is a qualified health professional.

**Service and service type:** Eversleigh Nursing Home is a care and nursing 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.

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

**Notice of inspection:** The inspection visit took place on 15 May 2019 and was unannounced.

**What we did:** Before the inspection we reviewed information we held about the service. This included notifications the provider is required by law to send us about events that happen within the service such as serious injuries. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

We sought feedback from the local authority who work with the service. The feedback was used in planning for the inspection and helped identify some key lines of enquiry.

To gain people's views and experiences of the service provided, we spoke with eight people who used the service and five people's relatives/friends. We looked at the six people's care records, including risk assessments and care plans. We looked at 32 people's records relating to medicines administration. We also

observed the care and support provided and the interaction between people and staff throughout our inspection visit.

We spoke with the operations manager, the development and delivery manager and 10 members of staff, including the deputy manager, a nurse, three care staff, an activities co-ordinator, two catering staff and two domestic staff.

We reviewed information the service held about how they monitored the service they provided and assured themselves it was meeting the needs of the people they supported. This included audits, staff training and accident/incident records.

# Is the service safe?

## Our findings

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

Requires Improvement: There was limited assurance about people's safety. Some aspects of the service were not always safe. Regulations were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe at the home and relatives confirmed this.
- Staff were trained in safeguarding and knew what to do and who to tell if they had concerns about the well-being of any of the people using the service. One staff member told us, "If I was concerned, I wouldn't have any problems reporting anything that was wrong." Another said, "If you feel somebody's health needs are not being met, you can safeguard it."
- The provider understood their regulatory responsibilities to refer safeguarding concerns to the local authority and CQC as required.

Staffing and recruitment

- There were enough clinical and care staff with the appropriate skills, knowledge and experience to meet people's needs and provide effective care.
- Staff told us there were always enough staff on duty which ensured they consistently worked in accordance with safe practice.
- The registered manager maintained a clear oversight of staffing levels. Each month they reviewed individual risks and dependency levels to ensure people's needs could be met safely and timely.
- At our last inspection we found the provider had an effective recruitment process to prevent unsuitable staff working with vulnerable adults. Ongoing monitoring since that inspection had not raised any concerns in this area and the operations manager confirmed the provider continued to follow a 'values based' recruitment policy. They explained, "The first thing we look for is attitude. We can't employ staff who don't want to care. We have to be sure they are staff who are willing to be part of the team."

Assessing risk, safety monitoring and management

- People's needs had been assessed to identify any risks to their health and wellbeing, such as mobility, nutrition and skin damage. Risk management plans informed staff how to manage identified risks.
- Staff understood the importance of risk management and most records evidenced people were receiving appropriate care and treatment in accordance with their risk management plans. However, we found there were insufficient records to support management of risks around diabetes and when people were fed through a tube directly into their stomach (PEG). The provider took immediate action and implemented a system to ensure the actions taken to minimise risks were clearly recorded.
- The provider had systems and processes to check the environment and equipment was safe for people. However, we found some risks had not been identified. Three windows above the ground floor did not have appropriate window restrictors in place. Some people's personal emergency evacuation plans (PEEPs) required staff to use a piece of equipment to facilitate evacuation which was not available in the home. One person had bed rails without protective bumper covers and there was no risk assessment to inform staff

how potential risks of injury were to be mitigated. The provider arranged immediate delivery of the equipment required to minimise these risks to people's safety.

- Thickeners were not stored appropriately. Thickeners are added to fluids for those people who have been identified as being at high risk of choking. Thickener was found in one person's bedroom which meant it was accessible to people as they walked around the home. NHS England issued a safety alert in February 2015 of the need for proper storage and management of thickening powders; this was in response to an incident where a care home resident died following the accidental ingestion of thickening powder. The thickener was immediately removed and staff reminded of the associated risks.
- Whilst the risks we identified had not caused harm to people or staff the potential they created was a concern to us. The provider promptly addressed our concerns.

#### Learning lessons when things go wrong

- Accidents and incidents were reported and recorded.
- The registered manager monitored and analysed accidents, incidents and falls to identify any trends or patterns and ensure, where necessary, appropriate action had been taken to minimise the risks of a reoccurrence.
- There was an open culture in the home where learning from mistakes, incidents and accidents was encouraged. Information from any outcomes from complaints, investigations or updates was shared with the staff through individual or group meetings.

#### Preventing and controlling infection

- The home was clean and odour free and the provider had policies and procedures on preventing and controlling the spread of infection.
- Staff had been trained in infection control and prevention and used personal protective equipment, such as gloves, when supporting people with personal care.

#### Using medicine safely

- Medicines were recorded and administered safely. People received their medicines as prescribed and medicine administration records (MAR) had been completed correctly.
- People's care plans included information about how they liked to take their medicines.
- Medicines were stored safely. There were clear records of storage temperatures and medicines were dated once opened. This reduced the risk of medicines becoming ineffective from incorrect storage or being used past their expiry date.
- Protocols to guide staff when administering 'as required' medicines were mostly in place. Immediate action was taken to replace four protocols that were missing.
- Staff giving people their medicines had received training in safe medicines management and had their competency to administer medicines regularly assessed. However, we found handwritten amendments to the MARs had not always been signed by a second member of staff to ensure their accuracy. The provider later confirmed checks of the amendments confirmed the administration instructions had been transcribed accurately.

# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this. Legal requirements were met.

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

- People were assessed before they moved to the home to ensure their needs could be met and any planned outcomes to support their health could be achieved.
- Care plans were developed for each identified need people had and staff had clear guidance on how to meet those needs. The plans were regularly reassessed to ensure they continued to be reflective as people's needs changed.
- Protected characteristics under the Equality Act 2010 were considered.

Staff support: induction, training, skills and experience

- During induction staff worked alongside experienced members of staff and were provided with information about the service, including policies and procedures. The provider's induction reflected best practice recommendations.
- Staff were given the right guidance and knowledge to support people. They received relevant, ongoing training for their roles and the provider monitored this to ensure staff skills were kept up to date. Some staff had completed national vocational qualifications in health and social care to expand their knowledge.
- Staff received support from the registered manager and senior staff through regular supervisions and appraisals. Observations of staff practice ensured staff were compliant with the training provided.

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

- People's nutrition and hydration needs were met. People were supported to eat and drink enough and maintain a balanced diet.
- Records were maintained when people were nutritionally at risk and they were referred for specialist advice when concerns, such as swallowing difficulties were identified.
- Some people were at risk of losing weight, but it was not clear they were consistently offered snacks fortified with extra calories. This had already been identified by the registered manager and we were assured this would be addressed immediately.
- Mealtimes were relaxed and unhurried. People were offered choices about what they ate and drank and people who needed support received this in a sensitive manner.

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

- Care plans documented people's medical and healthcare needs. Staff monitored people's health and made sure people accessed other services when their physical or mental health changed.



- People were also encouraged to attend routine appointments with the dentist and optician to maintain their health and wellbeing.
- The service had built good relationships with other healthcare professions to ensure people received safe consistent care. The GP visited every Tuesday and a nurse practitioner was available at other times to provide support and assess whether a GP visit was required.

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

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

- People's care plans identified whether they had the capacity to consent to living at the home and to specific aspects of their care. People's care plans were clear when people lacked capacity to make decisions, so staff understood when they had to make day to day decisions in people's best interests.
- Staff worked within the principles of the MCA and sought people's consent before providing them with personal care and assistance.
- Staff demonstrated a good understanding of when they needed to act in the best interests of people who consistently declined support with personal care. They understood how to work in the least restrictive way to ensure people were not put at risk of neglect or poor health and their dignity compromised.
- Where restrictions were placed on people's care, the provider had made appropriate DoLS applications for authority.

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

- Eversleigh Nursing Home is an older builder that has been internally decorated and maintained to a high standard. Communal areas were welcoming and homely.
- People's rooms were decorated with personal belongings to ensure people felt comfortable with familiar items around them.
- There was a small, but well maintained garden people could enjoy in warmer weather.

## Is the service caring?

### Our findings

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care. The registered manager was working towards an outstanding rating in this key question. Legal requirements were met.

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

- People and their relatives told us they were happy with the caring support they received from staff. They told us staff took time with people and provided the assistance they needed without rushing. One person who required significant levels of support when they moved to the home explained, "The carer was so kind and patient with me." A relative told us, "They spend time with [name] and do the extra things, holding her hand when they speak with her, things like that."
- Staff interacted with people in a kind and respectful way and had established warm relationships with them. One person told us, "They are nice girls here, always kind to me, we have a laugh about things. I'm well cared for and they look out for me." A relative said, "I hold the staff in high esteem here because I see they have a caring approach."
- Staff were committed to ensuring people's needs were well met in a welcoming and friendly environment. One staff member explained, "People are often being taken from their home into a strange environment and I do think we try to promote a home from home life here. It always feels very welcoming and that is what people tell us is their first impression." A relative recently commented, "What a difference the staff at Eversleigh make. The time, energy and commitment given is over and above what could be expected."
- Staff were motivated by the registered manager to go the extra mile to make days special for people and were regularly asked to stop and think about how they had made a positive impact on a person's life. Staff recorded their 'GEMS' moments to recognise when they had made someone's day better and to inspire other staff to do the same. For example, one staff member had taken a detour on their holiday to Ireland to visit and take a photograph of the town where a person had been born. Another staff member had produced special flower arrangements to brighten people's rooms.
- Many people were very unwell or frail and were either cared for in bed or chose to spend most of their time in their bedrooms. To prevent social isolation for those people, the registered manager had introduced 'Butterfly Moments'. If people had a butterfly on their bedroom door, it was an invitation for staff and others to 'pop in' as they were passing. On the back of the bedroom door was information about the person and what they liked to talk about so meaningful conversations could be initiated. Relatives, people and staff all understood the significance of the butterflies and confirmed they had been involved in creating information for 'reminiscence moments'.
- Staff understood the importance of promoting equality and human rights as part of a caring approach. People were supported to maintain their personal relationships and their privacy within these relationships was respected. The development and delivery manager told us whilst nobody currently living in the home identified themselves as being lesbian, gay bisexual or transgender, they had previously supported a person from the LGBT community and all relationships were respected. They told us this person had a partner who

regularly visited the home and they had felt comfortable to express their affection in an open, safe and supportive environment.

- The development and delivery manager particularly spoke of how dementia could impact on previous lifestyle choices and how they supported people and those closest to them to understand these changes.
- The learning topic of the month was 'LGBT' to reflect the inclusive culture within the home and information was available about contacts and resources to eliminate any potential bullying or harassment associated with diversity.

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

- When people moved to the home they were involved in making decisions about how their care and support needs were to be met and who was to be involved in helping to plan the support they required. One relative told us, "I'm really happy with [name's] care, I've been fully involved in her moving in and her care planning."
- People's communication needs were documented in their care records to support staff in communicating effectively with people and involve them in decision making.

Respecting and promoting people's privacy, dignity and independence

- Dignity was embedded within the ethos of the home. Two members of staff had the role of 'Dignity Champions' to promote the provider's core values for dignity, and support staff to keep these principles at the forefront of the support they gave. We saw the positive impact of dignified care in people's presentation and the time staff had taken to ensure those people cared for in bed were comfortable and had familiar things around them.
- People's dignity was respected because staff saw them as individuals with their own unique history and background. When speaking about people one staff member explained, "It is important to see the person rather than the age-related frailty."
- The provider also demonstrated the importance of promoting people's dignity by providing an environment that was well maintained and comfortable and gave people and their visitors pleasant areas to enjoy each other's company.
- Family members and friends were made welcome when they visited. Relatives were encouraged and supported to maintain an integral role in their family member's care.
- People's right to have their privacy respected was adhered to by staff and upheld within the home. Staff knocked and waited to be invited in when they went to a person's room.
- Care plans were locked away to prevent unauthorised access to personal information.

# Is the service responsive?

## Our findings

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

Good: People's needs were met through good organisation and delivery. Legal requirements were met.

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

- Staff were responsive to people's needs and requests for assistance. They followed people's personalised care plans to ensure people had the care and support they needed. People's care plans were regularly reviewed and updated when their needs and abilities changed.
- People were offered opportunities to engage in activities and events they were interested in.
- To ensure activities were meaningful, people were encouraged to share their views through a 'Residents Forum'. Following feedback from the forum, each day of the week had been given a theme so people knew what events to look forward to. For example, Movie Monday and Tunes on Tuesday. On the afternoon of our visit people joined in a singalong with a visiting musical entertainer.
- Where people had specific hobbies, staff tried to facilitate opportunities for people to enjoy them. One person liked heavy metal music and had been supported to attend an event at a local pub.
- Many people who lived at the home were very frail or unwell and were either cared for in bed or spent most of their time in their bedrooms. Staff told us they had time to spend with people and used their knowledge of people to generate conversations with them. One member of staff told us, "A lot of people's rooms have been personalised so I sit and talk to them about their families and their photographs."
- The activities co-ordinator was exploring ways of improving engagement with people and had developed a collection of resources to encourage and improve reminiscence activities. For example, staff and visitors were asked to send postcards from their holidays which were then used to instigate conversations and prompt past memories.
- People had access to information in different formats including, pictorial and large print. This was in line with the 'Accessible Information Standard' which is a legal requirement to ensure people with a disability or sensory loss are given information in a way they can understand.
- The provider had appointed 'communication champions' to raise awareness of the importance of effective communication and to support staff to consider creative ways of communicating with people.

End of life care and support

- The registered manager and staff continued to demonstrate a strong commitment to supporting people and their relatives before and after death and the service was accredited under the Gold Standards Framework (GSF). The GSF is a national framework of tools and tasks that aims to deliver a 'gold standard of care' for all people nearing the end of their lives.
- People were supported to make decisions and plans about their preferences for end of life care. People's health was reviewed regularly to quickly identify those people who were very poorly so their advanced care plans could be implemented and people received the care they wanted in their final days supported by staff who knew them well.
- Staff were skilled and experienced in end of life care and understood people's needs. Nursing staff had undertaken additional training in providing palliative care to ensure people had a dignified and pain free

death.

Improving care quality in response to complaints or concerns

- The provider had a policy and procedure for dealing with any concerns or complaints. This was clearly displayed and available to people, their relatives and other visitors. The provider told us this could be provided in different formats if required.
- The registered manager made themselves available for people and any concerns or suggestions were addressed before complaints were needed. This approach meant there had been no formal complaints in the 12 months prior to our visit.
- People and their relatives knew how to raise concerns about the service and were confident action would be taken to resolve any concerns raised without fear of discrimination. One person said, "Everything is okay, I've no complaints. I feel well cared for, and staff know me well enough." A relative told us, "The manager is always approachable or the nurses. I'd tell them if I was concerned and I think they would sort it out, but I've no current concerns and have not needed to make a complaint."

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care. Legal requirements were met.

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

- The focus of the service was on providing high quality care for people and their families and this was reflected through staff practice. Person centred care was evident in the interactions between staff and people and the care documents we looked at.
- People and relatives were happy with the service provided and the way the home was run.
- The registered manager had introduced several initiatives at the home to improve outcomes for people and to raise quality standards. For example, GEM (Going the Extra Mile) Moments celebrated when staff had done something special outside their role to make a difference to people's lives. 'Butterfly Moments' ensured people cared for in their bedrooms had regular interaction with staff to prevent them from becoming lonely and socially isolated. A 'Communications Corner' ensured people had information in a format that was accessible to their individual needs, so they could continue to have maximum choice and control of their lives.
- The provider and registered manager understood their responsibility to be open and honest when things had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There was a stable management team, led by the registered manager. Staff spoke highly of the registered manager and their leadership. One described the registered manager as, "Nice, professional and very supportive."
- Staff had defined roles and responsibilities. Some staff were 'Champions' in areas such as nutrition, communication and dementia. 'Champions' promoted best practice in their area of interest, raising awareness and developing creative ways of sharing their knowledge through a 'Topic of the Month'. The provider told us feedback from staff was they enjoyed sharing knowledge this way which had led to an overall improvement in standards within the home.
- Staff were supported through individual and team meetings and told us they worked well as a team. The provider acknowledged staff for their commitment to providing high quality care.
- Quality checks were completed in key areas of the service such as medicines, care plans, infection control and accidents and incidents.
- Whilst quality checks had driven improvements in most areas, we found they had not always identified risk to people's safety. For example, some windows did not have appropriate restrictors and one person's bed rails did not have safety bumpers in place. The provider acknowledged our findings and took immediate action to address these issues. They later sent us information about how they were going to strengthen their

quality assurance processes to ensure any shortfalls were quickly identified.

- The provider and registered manager demonstrated a good understanding of their regulatory requirements and had provided us with notifications about important events and incidents that occurred at the home.
- The provider was aware of the potential impact of Brexit and was supporting staff already working in the home. They had also completed a risk assessment of the impact of any potential delays in obtaining products used within the home that came from within the European Union.

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

- People and relatives provided feedback through meetings and questionnaires which supported continuous improvement. The last questionnaire demonstrated people had a high level of satisfaction with the care provided. Minor issues had been addressed through an action plan.
- The registered manager had recently implemented a 'Mum Test' where they asked staff if the home was good enough for their Mum. All the staff who responded said they would be happy for their mother to be cared for at Eversleigh if a need arose. This initiative had been rolled out throughout the provider's other services.

Working in partnership with others: Continuous learning and improving care

- The registered manager attended training, conferences and regular meetings with other registered managers and the provider to further develop their knowledge and share learning.
- The management and staff team had developed positive working relationships with health and social care professionals which assisted in improving outcomes for people.
- The service had been involved in the trial of a new model for the early detection of skin changes in the prevention of pressure injuries. The model had resulted in a national award and been rolled out nationally. There had been no avoidable pressure injuries since the introduction of the model into the home.
- The service has contributed to a project run by a local university to improve patient safety, experience and practice.