

# Four Seasons (Evedale) Limited

# Evedale Care Home

## 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 well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Evedale Care Home is registered to provide personal and nursing care for up to 64 older people. At the time of our inspection 49 people lived at the home and 3 people were in hospital. Accommodation is provided in a purpose-built building across two floors. One floor provides specialist care to people who lived with dementia.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. We considered this guidance as there were people using the service who have a learning disability and autistic people.

Right Support:

Risks associated with people's care and the environment were not always fully assessed and well managed. We made a recommendation about improving environmental checks. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were recruited safely and there were sufficient staff to provide people's planned care and support.

Right Care:

Care plans and risk assessments were not always completed in a timely manner. People received personalised care from staff who knew them well and ensured their rights and dignity were promoted and protected. Staff understood their responsibilities to keep people safe and protect from harm.

Right Culture:

Quality monitoring systems and checks were in place. However, further improvement was needed to ensure issues were fully identified and reviewed to ensure action taken was effective. Staff felt supported by the registered manager who promoted an open and inclusive culture. The staff team worked in partnership with a range of professionals to achieve good outcomes for people.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 14 December 2020) and there was a breach 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 we found improvements had been made and the provider was no longer in breach of

regulation.

The overall rating for the service has remained requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

#### Why we inspected

This focused inspection was prompted by a review of the information we held about this service. This report only covers our findings in relation to the key questions safe, effective, and well-led. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

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](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### **Is the service well-led?**

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# 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 Health and Social Care Act 2008.

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 team consisted of 2 inspectors, a specialist advisor and an Expert by Experience. Our specialist advisor was a registered nurse who had expertise in supporting older people and people living with dementia. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### 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 dependent on their registration with us. Evedale Care Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

## Notice of inspection

This inspection was unannounced.

## What we did before the inspection

We reviewed information we had received about the service since they registered with CQC and sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also used information gathered as part of our monitoring activity that took place on 21 February 2023 to help plan the inspection and inform our judgements.

## During the inspection

We spoke with 6 people who used the service and 3 relatives about their experience of the care provided. We spoke with 15 members of staff including the regional manager, registered manager, clinical lead, nurses, housekeeper, cook and care staff. We also spoke with 2 healthcare professionals who were visiting the service at the time of the inspection.

We carried out general observations of the way people were supported. We reviewed a range of records, including 7 people's care records. We looked at 4 staff files in relation to recruitment and staff support and a range of records relating to how the service operated and was managed.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection, the provider had failed to ensure effective monitoring systems were in place to ensure medicines were safely managed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 12.

- People received their medicines as prescribed from trained staff whose competencies were regularly checked.
- Some people were prescribed medicines 'as and when required'. Protocols were in place to inform staff how and when these medicines should be given.
- Medicines were stored, administered, and disposed of safely in line with best practice.

### Assessing risk, safety monitoring and management

- Fire safety risks were not always identified. For example, we saw 2 internal doors were damaged, and some fire doors had been wedged open which was a fire risk. The provider responded immediately during the inspection to ensure these concerns were addressed.

We recommend the provider implements robust systems and checks to ensure all environmental safety issues are quickly identified and resolved.

- Risks associated with people's care were not always fully assessed and well-managed. For example, a person's care plan did not include guidance for staff to help mitigate the risk of them choking, a known risk. Despite this shortfall staff understood how to support the person safely. We brought this to the attention of the registered manager who took action to address this during the inspection.
- Accidents and incidents, including falls were documented. A monthly analysis of the information highlighted any patterns or trends which was used to identify if lessons could be learnt to reduce the risk of reoccurrence.

### Preventing and controlling infection

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Two staff members were observed demonstrating poor hygiene practice when

removing soiled bedding to the laundry.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

There were no restrictions on people visiting the home at the time of the inspection. One person told us, "My visitors come when they like."

#### Systems and processes to safeguard people from the risk of abuse

- People felt safe with staff. One person said, "Staff are very good and helpful." Another person told us, "Staff are always popping in, it makes me feel safe here."
- Staff had received safeguarding training and understood their responsibilities to report any concerns. One staff member told us, "I would report any concerns straight away and know the manager would act on them immediately."
- The registered manager understood their responsibility to report any concerns to the local authority and to CQC to ensure any allegations or suspected abuse were investigated.

#### Staffing and recruitment

- People told us enough staff were on duty to meet their needs. One person said, "Staff are nice and diligent. If I ring my bell, I only wait a few minutes."
- Staff were available when people needed them during our visit and people's requests for assistance were responded to promptly.
  - Staff were recruited safely. The provider sought references and completed DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Learning lessons when things go wrong

- Some improvements had been made following our last visit. For example, robust checks on medicines had been implemented to ensure all medicines were administered safely and in line with best practice.



# 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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Care plans and risk assessments had not always been completed in line with the provider's policy. For example, we identified an end-of-life care plan was not in place to inform staff of the person's wishes which was important due to their diagnosis. The registered manager ensured one was completed immediately, following our feedback.
- People had confidence in the ability of staff to provide effective care. One person said, "The staff consult me about everything and act on what I'd like done." A relative told us, "[Person] is well looked after, staff are on top of their health needs and are always available."
- People's needs were assessed before they moved into the home. This information was used to develop care plans and risk assessments. Staff told us, "The information tells me about a person's needs and how they want to be supported."

Staff support: induction, training, skills and experience

- Records showed staff had completed mandatory training. This included topics such as safeguarding, learning disabilities and dementia. Staff spoke positively about the training, one staff member said, "The training is good, it helps me do my job well."
- However, during our visit we observed staff did not always implement their training effectively in their everyday practice. For example, we saw staff handling soiled linen incorrectly.
- Staff received support and guidance through regular supervision sessions and competency checks by the management team.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food. One person said, "The food is good, I can't complain." Another person told us, "You get a choice of your main meal, if I don't like it, they will get me something else."
- Staff were aware of people's dietary needs and followed recommendations made by healthcare professionals. For example, staff told us which people needed fortified meals. This is food that has extra nutrients added for people at risk of malnutrition.
- People confirmed they had access to healthcare professionals when needed. One person told us, "My doctor came in last week at my request and the chiropodist did my feet the other day."
- Staff worked in partnership with other healthcare professionals such as GPs, physiotherapists, and district nurses. This supported people's health and wellbeing.

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

- People had personalised their bedrooms with photographs and personal possessions.
- The environment met people's needs and a range of nicely decorated communal areas including a spacious garden were available for people to enjoy.

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 MCA 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 when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People told us, and we saw staff worked within the principles of the Act by seeking people's consent prior to supporting them.
- Care plans contained capacity assessments and decisions relating to a range of aspects of care had been made in people's best interests.
- The registered manager understood their responsibilities under the Act. Where needed, to keep people safe, authorisations were in place to restrict people's liberties.

# 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 our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Although systems and processes were in place to drive improvements within the home, further improvement was needed, as the concerns we found during our inspection had not been identified. For example, audits of care plans had not identified an epilepsy and end of life care plan were not in place.
- The management team were responsive to issues raised during the inspection. Immediate action was taken, and issues were quickly resolved.
- People and relatives spoke positively about staff. One person said, "The staff are brilliant." A relative told us, "Staff are supportive and very helpful."
- The registered manager demonstrated an understanding of the regulations and their responsibilities. For example, they had informed us about important events within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were happy with the service provided. One person said, "I'm happy, the staff are lovely." A relative told us, "[Person] is so happy here."
- People were encouraged to provide feedback on the service through resident meetings and annual questionnaires. Recent feedback from people led to a wider variety of menu choices being offered.
- Staff gave positive feedback regarding the open, honest and supportive culture of the service. One staff member said, "I feel valued and supported by the registered manager, we all work well as a team." Another staff member told us, "Communication is good, the people living here are our priority."
- The provider's policies and procedures promoted inclusion and diversity and reflected protected characteristics as defined by the Equality Act 2010.

Working in partnership with others; 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

- Staff liaised with a range of health and social care professionals involved in people's care to support their physical health and wellbeing as seen in the records we viewed.
- The registered manager understood the need to be open and honest when things went wrong in line with the responsibilities under the duty of candour.

#### Continuous learning and improving care

- The registered manager acknowledged improvements were needed and had started to review people's care records and implemented additional environmental checks following our visit.
- Prior to our visit the management team had reviewed the handover process and identified ways to streamline this, to reduce the amount of time staff were spending away from people.