



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Inspection Report on

Mount Eveswell Younger Persons Unit

**22 Eveswell Park Road
Newport
NP19 8GS**

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Description of the service

Mount Eveswell Care Home is registered with the Care and Social Service Inspectorate Wales (CSSIW) to provide accommodation and nursing care for 16 adults aged 18 to 64 years. Within this number two people aged 65 years and over requiring nursing care can be accommodated at the home.

The home is operated by Helden Homes Limited (the registered provider) and they have a nominated individual who represents the company and who oversees the management of the home. The manager is Manoj George who is registered with CSSIW and Social Care Wales.

The home is situated on the east side of Newport on an elevated site, midway between the districts of Maindee and Christchurch.

Summary of our findings

1. Overall assessment

We found that people receive a good standard of person centred care and residents spoken with perceive they are well cared for. People were well presented and we witnessed lots of positive interaction between staff and residents.

People's care needs are understood by knowledgeable and skilled staff and they receive support from a range of visiting health and social care professionals to remain as healthy as possible.

We found the environment at Mount Eveswell was clean and appropriate equipment and facilities were available to meet the service's aims and objectives. The home could be improved with a dedicated dining area.

We identified some areas for improvement including more robust quality assurance systems and the recruitment process for agency staff required development.

2. Improvements

- The home's statement of purpose has been reviewed to include a timescale for complaints which is within regulatory timescales.
- The recruitment process for new staff has been improved to include verification of the reasons for leaving all previous employments (which involved work with children or vulnerable adults).

Requirements and recommendations

Section five of this report sets out our recommendations to improve the service and areas where the care home is not meeting legal requirements. These include the following, recruitment processes, quality assurance, implementation of the 'Active Offer' regarding the Welsh language, the environment, review of activity provision and opportunities for residents and staff to be involved in the 'running' of the home.

1. Well-being

Summary

People's comments about the care they received at Mount Eveswell were positive and included *"they are great here and I am looked after"*. Care was delivered by a staff team who were familiar with the residents and committed to delivering personalised care. It was evident that staff have a clear understanding of what is important to people living at the service. A review of weekend activity provision and opportunities for residents with nursing needs should be undertaken.

Our findings

Observations throughout our visit indicated that people relate well and have good relationships with the staff that care for them. We saw that interactions between care workers, the manager and residents were relaxed and residents were consistently treated with dignity and care. The approach from staff was gentle and care was not rushed. Residents were spoken to in a respectful manner and staff were skilled and tactile in the support they offered. For instance, one resident had complex communication needs. We saw a staff member giving time and focussed attention to the individual so their needs could be understood. A further example was staff checking that a person was positioned so they were not in the sunlight and their hand position was comfortable. Residents responded positively to staff interactions and it was clear that there were friendly, warm relationships.

Staff we spoke with had worked with the service for a number of years and they told us how much they enjoyed working at the home and that staff did the best they could for residents. We found the evidence indicated that residents were supported by staff who understood the day to day routines in the home and people's individual needs and preferences. This reinforces residents' feelings of being recognised and valued by others. Comments from one resident included, *"staff are outstanding"* and two relatives told us, *"the whole family are very happy with the care x..... receives, the care is excellent, we cannot fault it"*.

People are able to make choices regarding their care. Resident's told us they mostly felt they had control over decisions regarding their daily lives. They were able to choose the way their care was provided and felt their privacy and dignity was maintained. Two residents told us they had a shower on alternate days, one stating he would prefer if this was on a daily basis. Staff said as far as possible residents were able to choose when they wanted to get up, go to bed and personal hygiene preferences. Discussion was undertaken with the manager regarding staff actively offering a choice on a daily basis as people's individual wishes may vary from time to time. We saw that people were well groomed and were supported to make choices over their attire. Residents were provided with choices about what they ate and records showed that people were having their preferred meals. We concluded that people using the service have their wishes and choices respected and their individual preferences and identities are recognised.

People have opportunities to engage in leisure and social activities to promote their emotional wellbeing. There was a planned activity programme in place; however one of the activity coordinator's told us that a flexible approach to providing support with activities was in place depending on people's motivation and preferences on a specific day. Activities

included bingo, quizzes, board games and arts and crafts. Residents told us they enjoyed the many organised trips and these included visiting Porthcawl, bowling and the cinema. Meetings were held with residents on a weekly basis to discuss activities and what ideas the residents might have. During our visit, the activity coordinators were not available, the main activity was residents watching television, although later in the morning staff played Connect 4 and made it a group activity (with those who could participate) which residents clearly enjoyed. Comments from one resident included: *“we have great trips out and I love the games, but I get bored on the weekends as there is nothing to do”*. One visitor to the home told us the activities and trips were very good, unfortunately some residents who required nursing care, did not have the same opportunities for community access. The manager told us that it is more difficult to organise community access for specific individuals, however as far as possible trips out are organised. We judged that many people are given opportunities to participate in activities; however a review of weekend provision and opportunities for people with more complex needs should be undertaken.

People are not always encouraged to express themselves in relation to the running of the home. There was no evidence that residents and relatives meeting had taken place since May 2016. The manager stated that there is good communication with relatives and residents on a daily basis; however this would be an area that he would look to develop. We saw that should anyone wish to make a complaint the complaint process and information was made easily available in the front entrance. We saw there were no complaints in 2017. We also viewed a file containing many thank you cards from relatives regarding the care of their family member. Regular residents/relatives meetings, where people are encouraged to attend, will provide an opportunity to strengthen opportunities for consultation in matters relating to the running of the home. We concluded that people are not always provided with opportunities for consultation, which will enable them to have a ‘voice’ in matters relating to the running of the home.

2. Care and Support

Summary

Overall we considered that people's care needs are understood by staff and they receive support from a range of visiting and in-house health professionals to remain as healthy as possible.

Our findings

Residents receive the assistance they require to maintain their physical and emotional well-being. We reviewed a sample of resident's care documentation including the individual service plans (care plans). Care plans are important documents which should outline a person's entire needs and the support they require from staff to meet those identified needs. We found the documents to be up-to-date, with evidence that the plans were regularly reviewed to ensure they remained current.

We noted that care plans were supported by comprehensive risk assessments that were kept under review. We saw that any incident having a bearing upon the level of risk was recorded to ensure these documents remain relevant to an individual's needs. The documentation detailed evidence of referrals to the primary health care team and multidisciplinary meetings where health professionals involved review people's plans and evaluate what works well and if changes are required for people to maintain or improve their emotional/psychological health. Residents also have access to 'in house' psychology, occupational therapy and physiotherapy services. Staff can easily access advice from the professionals employed to provide the 'in-house' therapeutic/clinical services. This aids and compliments the assessment and care planning processes. Discussions with staff demonstrated they were aware of resident's individual's needs, their current condition and what interventions had taken place. We concluded that residents therefore have support to be healthy as possible.

People enjoy a healthy and nutritious diet. The home had been inspected by the Food Standards Agency and awarded a five star rating which is considered 'very good'. Mealtimes are appropriately spaced and flexible to meet people's needs. We observed lunch being served, residents clearly enjoyed the meal that day and they told us the food in the home was very good. The chef and kitchen staff were aware of any residents nutritionally at risk and provided specially enhanced dishes when necessary. We did make a comment regarding the lack of a dedicated dining area (more information is detailed in the Environment section of this report). Based on the above we concluded that mealtimes are a mostly positive experience and people's nutritional needs are being recognised and met.

The well-being of people is promoted because there are safe systems for managing medication within the home. We did not complete a full medication audit on this occasion as we saw evidence that an inspection had been undertaken by the Aneurin Bevan Health Board pharmacist in February 2017 and recommendations made had been met by the home. Regular audits were also undertaken by the private pharmacy service used. We noted that no medication errors had been reported to CSSIW since the last inspection. Based on the above we conclude that processes are in place for the safe administration of medication.

3. Environment

Summary

Overall we found the environment at Mount Eveswell was clean and appropriate equipment and facilities were available to meet the service's aims and objectives. The home could be improved with a dedicated dining area.

Our findings

People benefit from a clean but not always tidy environment. The home is not purpose built and only one bedroom has an en-suite facility. The home had three accessible shower facilities and three bathrooms for residents use. All residents in the home have specialist wheelchairs or chairs and there was a lack of domestic comfortable seating as it would not be utilised by residents and there was insufficient space to provide both. This did impact on the homeliness of the environment. Specific communal areas such as bathrooms and the small area adjacent to the main ground floor lounge looked untidy. This was because there were random items of storage and old unused toiletries. We saw that residents' bedrooms had been personalised and reflected each occupant's individuality which encouraged a sense of belonging. We acknowledged the difficulties of providing a homely environment because of the equipment needs of individuals, however random storage items in communal areas and staff notices on corridor walls further created an 'institutionalised look'. We judged that residents may not always feel uplifted by the environment.

The ground floor did not have a separate area for dining, and tables were provided where people remained in the lounge area to eat their meals. During our visit, the room looked very cramped and crowded. We noted that the upstairs lounge area was not being used by residents as staff training was being held there. Some residents who use the ground floor lounge area do not receive their nutrition at the same time or in the same way as other residents, however they have no choice other than to return to their rooms if they do not want to look at other residents eating their meals. The manager told us that residents are asked if they would like to go back to their rooms during meal services, however most people decline. Utilising other spaces and providing a dining room or similar and promoting their use would further create a community atmosphere, promote socialisation and avoid residents having to watch other people eat when they cannot themselves.

All bedrooms contained specialist equipment such as electric profiling beds and air flow mattresses, which help to provide pressure relief, and can be regulated to the required firmness. All bedrooms had television and telephone connections for use either as a telephone or in conjunction with a modem to use a computer.

Outside areas had paved slabs which enabled easy accessibility for residents in wheelchairs.

People are protected and their safety is maintained. We found the entrance to the home was secure but accessible via a call entry system. Visitor's identify was checked before entering the property along with signing of the visitors book. All confidential records including care and staff files were stored securely in lockable cupboards. Privacy is therefore respected in a secure environment.

Overall we judged that the environment meets people's needs with regard to safety, comfort and cleanliness, but utilising space as detailed above may further promote socialisation and interest.

4. Leadership and Management

Summary

The evidence gathered during this inspection indicated that people benefit from a management approach that is open and positive. However we identified the home is not meeting legal requirements in relation to quality assurance.

Our findings

People have access to information about the home. We viewed the home's statement of purpose and service user guide. These are important documents which provide people with information about the service including the facilities available at the home. We saw that the values and principles of care provided were documented with emphasis placed on the rights of people using the service. We noted that information related to the home providing the 'Active Offer' in relation to the Welsh language was not detailed. We have made a recommendation regarding this in the section entitled 'About the Service'.

Systems were in place to ensure people's rights were considered and protected. The manager advised that consideration had been given to the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and where required authorisations had been applied for in accordance with DoLS. We saw that relevant documentation was available which confirmed that the least restrictive action had been taken and that CSSIW had been notified of all applications and any incidents which affected a resident's wellbeing. We also saw evidence that where required people had access to independent advocacy services.

People cannot always feel assured that systems are in place to monitor the quality of care and management of the home. It is the responsibility of the registered person to establish and maintain a system for monitoring, reviewing and improving the quality of care given to people. This should be undertaken on a three monthly basis and involves speaking to residents and their relatives to gain feedback on their perspective of the quality of care provided. The manager was unable to produce a report of the last two visits by the responsible individual. We did see evidence that the deputy manager had undertaken a 'quality walk around' report. The outcome of the quality assurance process should be published annually and be made available to service users and their relatives/representatives, all stakeholders and CSSIW on request. The manager provided us with a quality assurance report but it did not detail the outcomes from any surveys undertaken with stakeholders or people using the service. We conclude that the quality assurance systems require improvement to evidence there are effective systems and processes in place to underpin all areas of care delivery.

The recruitment process requires development to ensure that people can feel confident they will be cared for by staff that has been appropriately and safely recruited. Recruitment policies and procedures were in place and we saw that relevant checks such as references and disclosure and barring (DBS) checks had been undertaken in relation to permanent staff in the home. However we found that not all of the documentation required by regulation was in place for the agency staff member working that day at the home. Based on this information, we concluded that processes are not always in place to ensure that staff have been sufficiently 'vetted' in a way that safeguards people.

Staff feel supported and involved in the running of the home. We examined the records relating to staff supervision. Supervision in this context refers to a formal meeting between the staff member and their line manager to discuss any practice issues, their training and development requirements as well as any further support the person may need in their role. It is essential to ensuring that staff feel motivated and have the skills required to assist people with complex needs. Records indicated that supervision sessions had been undertaken and all staff spoken with indicated that they felt valued and listened to. We did not see any evidence that staff meetings had taken place. Regular staff 'governance' meetings were held, but minimal staff attended and the meetings focused on the specific care needs of residents and general changes in the running of the home as opposed to staff having an opportunity to contribute towards suggestions and changes for improving the service. We recommended that staff meetings should be held and they are a two way process, where staff feel free to speak up about issues that concern them. Minutes should then reflect this. Staff we spoke with confirmed they would have no hesitation in approaching the management with any concerns they may have.

The service has a proactive approach to the learning and development of staff. The staff training matrix confirmed that staff received mandatory training relevant to their role. This included dementia care awareness, mental capacity and deprivation of liberty safeguarding. Three staff members told us they enjoyed their work that their training was good and they felt well equipped to undertake their role. Overall, we conclude that people benefit because staff are supported and have the skills to meet residents' needs.

5. Improvements required and recommended following this inspection

5.1 Areas of non compliance from previous inspections

5.2 Areas of non compliance identified at this inspection

We informed the registered persons that improvements are needed in relation to Regulation 17(2) Schedule 4 of the Care Homes (Wales) Regulations 2002. This is because we examined the recruitment records of the agency staff member working in the home that day and all of the records required by regulation were not in place. A non-compliance notification was not issued because the manager assured us the documentation would be sought immediately from the agency.

We informed the registered persons they were non compliant with regulation 27(4) (a) (b) (c). This was the consequence of a failure to undertake monitoring visits in line with this regulation and produce a report detailing the outcomes of that review.

Immediate and effective action must be taken to address the above matters to ensure that the service is compliant with regulations. We have not issued non-compliance notices as we did not identify immediate or significant impact on the general outcomes for people using the service. Also we have received assurances that urgent action will be taken to remedy identified deficits. The above areas will be tested at the next inspection

5.3 Recommendations for improvement

The following are recommended areas of improvement to promote positive outcomes for people:

- The service's position regarding an active offer in relation to the Welsh language should be included in the home's statement of purpose and service user guide. This will ensure people using the service and other interested parties are clear about what is offered;
- Regular residents/relatives meetings should be held, where people are encouraged and motivated to attend to promote opportunities for consultation in matters relating to the running of the home.
- Consideration of the development of a dedicated dining room or similar to further promote socialisation, interest and a sense of community.
- For staff to actively offer choice of bathing choices on a daily basis.
- Daily audits of the environment should be undertaken to ensure all areas are tidy.

- Staff support: Staff meetings should be a two way process, where staff feel free to speak up about issues that concern them and minutes of meeting should be available which reflect this.
- To review where staff training is undertaken, so it does not impact on residents

6. How we undertook this inspection

We carried out an unannounced inspection as part of the annual inspection process. Our visit to the home was undertaken on 13 July 2017 between the hours of 09:15 and 15:00. We considered the quality of life for people using the service as well as the quality of staffing, the quality of leadership and management and the quality of the environment. We used the following sources of information to formulate our report:

- Information held by CSSIW about the service.
- Observations of daily life, staff interactions and care practices at the home.
- We used the Short Observational Framework for Inspection (SOFI). The SOFI tool enables inspectors to observe and record care to help us understand the experience of people who cannot communicate with us.
- Examination of two resident's care files to determine how assessments were translated into care plans, and how the care plans impacted directly on outcomes for them.
- Observations relating to the home environment.
- Examination of two staff personnel records.
- Examination of staff training and supervision records.
- Examination of a sample of the home's records relating to the maintenance of the environment and equipment.
- Examination of the monitoring reports completed on behalf of the registered provider.
- Examination of the quality assurance process.
- Conversation with four staff and the manager.
- Review of the home's statement of purpose and service user guide.

Further information about what we do can be found on our website www.cssiw.org.uk

About the service

Type of care provided	Adult Care Home - Younger
Registered Person	Helden Homes Ltd
Registered Manager(s)	Manoj George
Registered maximum number of places	16
Date of previous CSSIW inspection	14 March 2016
Dates of this Inspection visit(s)	13/07/2017
Operating Language of the service	English
Does this service provide the Welsh Language active offer?	No
Additional Information: This is a service that does not provide an 'Active Offer' of the Welsh language. It does not anticipate, identify or meet the Welsh language needs of people who intend to use this service. We recommend that the service provider considers Welsh Government's More Than Just Words follow on strategic guidance for Welsh Language in social care.	