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Eirenikon Park Residential 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?	**Good**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

We carried out this unannounced inspection of Eirenikon Park on 18 January and 2 February 2016. Eirenikon Park is a care home that provides residential care for up to 12 people. On the day of the inspection there were 10 people using the service. There is also a domiciliary care agency operating from the service. This service was providing personal care and support in the local community for approximately 16 people. The service was last inspected in February 2014 and met the requirements of regulation.

The service had a registered manager in post. 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.

There were suitable facilities available to store medication safely in the residential service. However, medicines in stock for one person were inaccurate. Records had not recorded where the medicine had been refused and therefore the level of stock was inaccurate. Some medicines which had belonged to a person who had died had not been returned to the pharmacist. The registered manager was not carrying out audits of medicines which would highlight where issues were occurring. This meant peoples medicines were not being managed in accordance with medicine regulation and good practice guidance. There were safe systems to manage people's medicines in their own homes. Records showed medicines were being administered at the prescribed times.

Records for people using the domiciliary care agency included evidence of people being involved in their care planning and reviews. In addition, people s consent was sought in respect of the care and treatment they were receiving. However, some records in the residential service required updating to show where involvement was taking place and consent had been sought. People told us they had been involved in their care planning and asked for their consent before any support was provided.

There were a variety of methods in place to assess and monitor the quality of the service. Meetings and surveys had taken place and showed people were engaged with and listened to. However, medicine audits had not taken place resulting in discrepancies in administration not being identified and acted upon.

Staff recruitment files contained the relevant recruitment checks, to show staff were suitable and safe to work in a care environment, including Disclosure and Barring Service (DBS) checks. However, whilst DBS confirmation numbers were recorded there were no dates included to show when the check had been received. It was therefore not possible to identify if the member of staff had commenced employment at the service after the DBS had been received. There were no commencement dates in place to confirm when staff had commenced working in the service. Pre-employment checks had been completed to help ensure staff had the appropriate skills and knowledge required, to provide care to meet people's needs.

We have made a recommendation for the provider to address this.

There were sufficient numbers of care staff to support the needs of the people living at the service and using the domiciliary care service. People were being cared for by competent and experienced staff. People had choices in their daily lives and their mobility was supported appropriately.

Staff understood the needs of people being supported, so they could respond to them effectively. We observed care being provided and spoke with people who used the residential services and domiciliary care service, their families and healthcare professionals who visited the service regularly. All spoke positively about the staff and the registered manager. One person told us, "I love living here. The staff are all wonderful and caring". A family member told us, "(Persons name) has settled here very well. I can walk always knowing (persons name) is safe and well cared for". People using the DCA service told us, "Excellent service, always here on time and stay longer many at time" and "Can't fault any of the staff. They know just what I need and get on with the job".

Staff supported people to be involved in and make decisions about their daily lives. If people did not have the capacity to make certain decisions the service had systems in place to act in accordance with legal requirements under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. This was to protect people and uphold their rights.

People were protected from the risk of abuse because staff had a good understanding of what might constitute abuse and how to report it. All were confident that any allegations would be fully investigated and action would be taken to make sure people were safe.

People told us they knew how to complain and would be happy to speak with the registered manager if they had any concerns.

Equipment and supply services including electricity, fire systems and gas were being maintained.

We identified a breach of the regulations. You can see what action we have told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe. Medicine records were not always accurate and medicines which were no longer required were not being returned to the pharmacist. Lack of auditing medicines had not identified these issues.

There were sufficient numbers of suitably qualified staff on duty to keep people safe and meet their needs.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was being abused.

Is the service effective?

Good

The service was mainly effective. People were involved in their care planning and review. However some records required updating to demonstrate this.

People had access to healthcare professionals including doctors, chiropodists and opticians.

Staff supported people to maintain a balanced diet appropriate to their dietary needs and preferences.

Is the service caring?

Good

The service was caring. Staff were compassionate and treated people with dignity and respect.

People spoke highly of the staff and told us that they were supported with kindness and experienced flexibility in their routines.

Staff respected people's wishes and provided care and support in line with those wishes

Is the service responsive?

Good

The service was responsive. People received personalised care and support which was responsive to their changing needs.

People were able to take part in a range of group and individual activities of their choice.

Information about how to complain was readily available.

Is the service well-led?

Requires Improvement

The service was not always well led. Medicine audits were not taking place and resulted in a discrepancy not being identified and acted upon.

The service sought the views and experiences of people, their families and the staff in order to continually monitor the quality of the service.

Staff said they were supported by management and worked together as a team, putting the needs of the people who lived at the service first.

Eirenikon Park Residential 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 took place on 18 January and 2 February 2016. The inspection team consisted of one inspector.

A Provider Information Return (PIR) was received from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed information held about the service and notifications of incidents we had received. A notification is information about important events which the service is required to send us by law.

During the inspection we spoke with five people who were able to express their views about living at Eirenikon Park and two visiting relatives. We spoke with four staff members. We also spoke with a visiting district nurse. Following the inspection visit we spoke with Local Authority commissioners of the service.

When we inspected the domiciliary care service we visited three people in their own homes, spoke with two relatives and three staff members.

We looked around Eirenikon Park and observed care and support being provided by staff. We looked at six people's records of care. We looked at three staff files, medicine records and records used in relation to the running of the service including minutes of meetings, service certificates and quality assurance survey results.

Requires Improvement

Is the service safe?

Our findings

People told us they felt safe living at Eirenikon Park and with the staff who supported them. A relative said, "They (staff) understand what (persons name) needs. Cannot fault the staff. Yes I feel confident when I walk out of here (persons name) is well cared for". Another relative told us, "It was a difficult time when (person's name) came here but it was the right decision. We feel (person's name) is very safe living here".

People using the domiciliary care service told us, "We have the same staff nearly all the time so we feel really safe" also, "The staff know just what they are doing, I have every confidence in them" and "I wasn't well and they (staff) went over and above to make sure I was well cared for".

There were arrangements in place for the administration of medicines in the residential service. This included suitable and safe storage of medicines. It was clear from the Medication Administration Records (MAR) people had received their prescribed medicines at the appropriate times. Some people had been prescribed creams. Most prescribed creams had been dated upon opening. This meant staff were advised when the cream would not be safe to use and need to be disposed of as expired. The registered manager was made aware of those creams not dated and responded immediately reminding staff of the importance of ensuring all prescribed creams were dated.

Medicines procedures in place to support people using the domiciliary care service were safe. Records showed accurate details of medicines being prescribed for people. Where people administered their own medicines the service kept a list of those medicines. Medicines were being administered at the prescribed times and recorded by staff administering the medicines.

The service had arrangements in place for the recording of medicines that required stricter controls. However, in one instance those records had not recorded where the medicine had been refused and therefore the level of stock was inaccurate. The inaccuracy was due to staff not recording the correct balance when medicine had been refused by the person. The registered manager was not aware of this as they were not carrying out medicine audits which would have alerted the manager to the issue. Some medicines which had been prescribed for a person who had died had not been returned to the pharmacist. This meant peoples medicines were not being managed in accordance with medicine regulation and good practice guidance.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The staffing rota showed where changes had been made to ensure there were enough skilled and experienced staff on duty to keep people safe and meet their needs. People received care and support in a timely manner and staff were not rushed. We observed staff were available to help people in the lounge and dining area, so that people could call upon them if required. Staff told us, "Love working here. It's a very homely place and we get to know all their needs" and "We are a close knit team so support each other". There were examples of good practice where staff responded to people quickly in order to avoid a fall by

providing the persons walking aid. In another instance a person who became anxious about their meal being too hot. Staff responded quickly. Care plans included instructions to staff about some people's anxieties and how to respond.

People using the DCA service told us staff were usually on time and stayed for the agreed time, with some people saying many staff often stayed longer. One person told us, "I don't have any problems with the times. If ever they (staff) are late we get a call to let us know what's happened and what to expect".

There was a skills mix of staff which was reflected on the rota. Most staff worked in the residential service and also supported people in the community. Staff said they worked well as a team and supported each other. For example a staff member had recently been employed was working closely with another member of staff who had been working at the service for some time. In addition to care staff there were ancillary and kitchen staff. People said there were enough staff to meet their needs, and the staff we spoke with said staffing levels were satisfactory. Relatives said, "The staff are always around. It's not a big place and so there is always someone around". and "Nobody seems to have to wait for any length of time. They (staff) are very good if you need them".

Risks assessments were completed to identify the level of risk for people in relation to using equipment, bed rails, nutrition and the risk of developing pressure ulcers. There were also environmental risk assessments for staff supporting people in their own homes. The assessments were specific to the care needs of the person. For example, there was clear guidance that directed staff to know what equipment was needed to move a person safely. When visiting people in their own homes two of the three people required support using equipment. Both people told us they were very confident in the ability of staff and felt safe when equipment was being used to help them mobilise. Staff safely transferred people who had been assessed to be moved using a hoist. Staff told us they had received training in moving people safely using equipment. Training records confirmed this.

Risk assessments were being reviewed monthly or where required should there be a change of risk level. For example one persons health needs had changed. Staff were being supported with advice from health professionals to ensure the persons medical and care needs were being managed. A district nurse told us staff were observant and alerted them to any concerns relating to pressure care. People using the community service told us staff regularly spoke with them about their care and support. For example where staff had identified more care hours were needed to support a person, the plan had been reviewed and allocated time had been increased.

Staff recruitment ensured all relevant checks had been made to ensure they were suitable and safe to work at the service. This included gaining Disclosure and Barring System (DBS) checks and the provision of suitable references The recruitment process ensured staff had the appropriate skills and knowledge required to provide care to meet people's needs. However, whilst DBS confirmation numbers were recorded there were no dates included to show when the check had been received. It was therefore not possible to identify if the member of staff had commenced employment at the service after the DBS had been received. There were no commencement dates in place to confirm when staff had commenced working in the service. Pre-employment checks had been completed to help ensure staff had the appropriate skills and knowledge required, to provide care to meet people's needs.

We recommend the service follows good practice guidance to record suitable evidence of when staff commenced employment to ensure there is a clear audit.

Staff were aware of the different types of abuse and were clear on how they would raise any concerns they

had with senior staff and management. Staff also knew they could raise any concerns with the local authority or the Care Quality Commission if necessary. The safeguarding policy contained information about the various types of abuse, the process for raising concerns and whistleblowing policies. Local guidelines were dated, however the registered manager was about to attend a local authority seminar on local safeguarding protocols where updated guidance would be received. Staff were confident that any allegations would be fully investigated and action would be taken to make sure people were safe. Staff received safeguarding training in order to understand the types of abuse and what action to be taken should abuse be suspected.

Accidents and incidents that took place in the service were recorded by staff in people's records. This meant that any patterns or trends would be recognised, addressed and would help to ensure the potential for re-occurrence was reduced.

Service and maintenance certificates were in place to ensure equipment and services were safe. A recent fire inspection was satisfactory.

Good

Is the service effective?

Our findings

People were able to make choices about what they did in their day to day lives in the residential and domiciliary care service. For example, one person said, "I came to live here because I have a lot of friends in the village and like to meet up if I can" People made their own choices about whether to stay in their rooms, use the lounge area or both. One person chose to stay in their room for most of the day. Another person moved around the service throughout the day and went out for a short time. The persons care plan reported this was a usual routine and staff respected this. A relative told us, "I visit at different times of the day or evening and there is always something going on. It's a very relaxed home where people are encouraged to live as they choose". People using the community service told us, "They (staff) are very competent. They all seem well trained. I am very confident" and "I am not always ready for them (staff), but they don't rush me and take their time with me".

The service environment was large and spacious throughout. It was a bungalow therefore people did not require support to access upper floors. Some areas of the service required some maintenance. This included chipped paintwork and damaged plaster in a bay window of the lounge. There was an ongoing maintenance plan and as rooms became vacant they were being decorated. One room had recently been decorated. People's personal space was comfortable and furnished, in many instances with personal furniture items, pictures and ornaments.

People had access to healthcare professionals including doctors', dentists, chiropodists and opticians. Health checks were seen as important and were recorded on people's individual records. One staff member told us, "Everybody is registered with the local practice and we have a really good relationship. They are very supportive". Staff made referrals to relevant healthcare services quickly when changes to health or wellbeing had been identified. For example, staff had referred a person whose deteriorating dementia condition had resulted in a change so behaviour. By making a timely referral, professional support and guidance had supported the person to receive necessary treatment and change in medication which had resulted in a positive outcome. A relative told us, "They acted really quickly and it has meant (persons name) has been able to remain here which I think is the best outcome".

People told us they were involved in their care planning and reviews however some records did not record this. This was specific to the residential service. The registered manager acknowledged not all records had been updated but that they would be completed in the next few weeks. Consent forms had been signed and agreed for people using the domiciliary service and some of the residential service. Again this was currently being carried out by the registered manager. One person told us, "I have spoken with the staff about them giving me my medicine and I agreed to that".

The lounge and dining area were combined. Most people ate lunch together. This generated diverse conversation with people talking collectively and in small groups. Lunch was a relaxed and social event. There were enough staff to ensure those who required some support received it. People were offered water and juice options. People told us, "I love the meals here. The cook knows just what we want. If I don't like something (staff name) knows what I would like instead". And "It was my birthday and (staff name) made me

a wonderful cake. The baking is very good". Menus were flexible and people had choices if they did not like the daily option. Most people took breakfast when they arrived in the lounge, dining area. There were not set times and people were seen to be asked by the chef as they arrived in the dining room what they would like. All received their choice promptly during the morning period. People using the domiciliary care service told us they were supported with their meals by staff who understood what they liked and didn't like. One person said, "They (staff) make sure I get fresh food in and sort out things that are out of date for me".

The service was aware of the new Care Certificate which replaced the Common Induction Standards. This is designed to help ensure care staff had a wider theoretical knowledge of good working practice within the care sector. The most recent care worker employed by the service was working through the new system to achieve the care certificate. There were training opportunities for staff working at the service. Staff told us they thought access to training was good and reflected their roles and responsibilities. One staff member said, "There is always a training opportunity. I have recently done the diploma in care. It supports us in what we do".

Staff told us they felt supported and they had the opportunity to discuss their performance and development with the manager. Staff training needs were discussed during supervision sessions and reflected training which supported them in their roles. Supervision records were personalised and included details of training undertaken or required, tasks to be completed and feedback on performance.

The registered manager and the staff were aware of the Mental Capacity Act 2005 (MCA). 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).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. The service considered the impact of any restrictions put in place for people that might need to be authorised under the Deprivation of Liberty Safeguards (DoLS). Referrals had been made where the service was concerned about people's right to liberty was being restricted due to the deteriorating mental capacity.

For the domiciliary care part of the service, staff members had the knowledge and skills to interpret what restrictive practice meant. Staff worked with other professional agencies where conditions on authorisations to deprive a person of their liberty were in place.

Good

Is the service caring?

Our findings

People told us they were happy living at Eirenikon Park. They found it to be a good place to live where staff knew what people's needs were and responded to them in a kind and caring way. They told us, "I am pleased I came to live here. They (staff) are so caring and patient" and "I feel very well cared for. No problems at all". A relative told us, "(Person's name) has everything they need and more. Staff couldn't be more patient". A staff member told us, "To work here you have to treat everyone as an individual and respect each person." People receiving care and support for the domiciliary care service told us staff were very kind and considerate. They told us, "Ever so patient. I never feel rushed" and "I find them all (staff) very good at what they do and they make sure my personal care is discreet".

People received care and support that met their needs because staff had a good knowledge of the people who lived at Eirenikon Park and people who used the domiciliary care service. Staff told us care plans were informative and gave them the guidance they needed to care for people. For example one person's care plan described how they liked to move around the service independently but needed monitoring to maintain the person's safety. During the inspection visit this person moved around the service as they chose. Staff on duty knew how to discreetly ensure the person was safe. This showed the service was responsive to peoples' needs.

Care plans and reviews were written in a 'person centred' way. This showed the persons needs and choices were at the centre of care planning. People gave us examples of when they had been involved in their care planning and reviews. For example a relative said, "They (staff) worked so hard to make sure (persons name) got all the support they needed to help (the person) get through a difficult time". A person using the domiciliary care service told us, "The staff go over and above. They often stay and have a cuppa with me. I have really needed that extra support recently".

Communication between people was gentle and understanding. Staff engaged with people at eye level. For example sitting with the person in order to make them feel more involved. Staff knew the backgrounds of the people they cared for and staff used this information when they were with them in relevant conversations. For example talking with a person about a relatives visit and trip out for lunch to a favourite place.

Staff were respectful and protected people's privacy and dignity. When people were being supported to move around the service staff spoke with them in a low voice and assisted them with the minimum of fuss, reassuring them throughout. People responded positively to this support. People's bedroom doors were closed when care was being provided for them. Staff assisted people in a sensitive and reassuring manner throughout the inspection visit. People were dressed in clean and coordinating clothes and looked well cared for. Staff supporting people in the community told us they always ensured curtains and doors were closed when supporting people with personal care. This was confirmed by people we visited.

Staff were clear about the backgrounds of the people who used the service and knew their individual preferences about how they wished their care to be provided. For example one person liked to move

independently around the service and staff discreetly observed them to make sure they were safe but not restricting them.

Some people had limited mobility but staff encouraged them to move around with the use of personalised walking aids. This showed people's independence was supported. Some people used the lounges and dining room and other's chose to spend time in their own rooms. One person told us, "I was unsteady on my feet when I came here, but now with my walking frame I get about quite well". A visitor told us they were always made welcome and were able to visit at any time. People could choose where they met with their visitors, either in their room or lounge area. Where people required support with mobility in their own homes there was the necessary equipment in place to support staff.

Good

Is the service responsive?

Our findings

People told us they felt their needs were being well met at the service. One person told us, "They (staff) make sure I have everything I need" and "I wasn't feeling too well recently and (staff name) got the doctor straight away. They always do that so you never have to worry". A relative told us, "(Persons name) is really not well now but they [staff] make sure (the person) is very well cared for. They are always popping in to their room to make sure everything is OK. If there are any changes they get the doctor in". People using the domiciliary care service told us, "They (staff) make sure I have everything I need" and "The staff are very competent and know how to care for me".

Staff knew the people they supported well. Care records contained information about people's personal histories and detailed background information where possible. This helped staff to gain a more in-depth understanding of the person. Staff were responsible for making daily records about how people were being supported and communicated any issues which might affect their care and wellbeing. Staff told us this system made sure they were up to date with any information affecting a persons care and support.

People, who wished to move into the Eirenikon Park or use the service of the domiciliary care service, had their needs assessed to help ensure the service was able to respond to and meet their wishes and expectations. Care plans had been updated to provide information of the changes in care plans. For example where a person had required additional support from healthcare specialists and social work team. Referrals had been made and responded to.

People said they were happy with the service and were able to spend their days doing what they chose to. There was a dedicated member of staff who had time to support people in activities of their choice. During the morning and afternoon periods the member of staff had a good response from a number of people to play dominos. In the afternoon some people enjoyed a board game. It created conversation and laughter and was seen to be enjoyed by all who participated.
Some people liked reading and watching television. People using the domiciliary care service said staff stayed for the dedicated time or longer in some instances and that staff were knowledgeable and able to respond to their individual needs.

There was a lot of positive communication between people and staff who came into the lounge throughout the day. Some families took their relatives out when they visited. A relative said, "I regularly take (persons name) out. We recently went to an evening show and dint get back until after eleven. It was not a problem for the staff at all". People had a choice as to whether to take part in activities. One person said, "I like some of the games but not all. Staff always ask if I want to join in they never make me".

People were supported to maintain contact with friends and family. Visitors were always made welcome and were able to visit at any time which we saw during the inspection visit.

Staff responded to individual needs based upon information in the care planning and risk records. Risks associated with peoples individual needs were being recorded and regularly reviewed in order to respond to

changes. Risk planning covered areas including falls, communication, mental capacity and responding to hydration and nutritional risk.

Some people were not aware of whether they had been involved in their care planning and review but most did. One relative told us the manager and staff members frequently kept them informed of any changes of care and support for their relative. In addition care plans showed people had been involved in recent reviews and had signed to say they had agreed to the information recorded.

People and their families were provided with information about how to make a complaint. Details of the complaints procedure were made available to people when began to use the service. People told us they would speak to the manager or staff if they had any concerns. The service had not received any complaints since the previous inspection. One person told us they felt confident the manager would act on any issues they might raise with the service.

Requires Improvement

Is the service well-led?

Our findings

People who lived at the service and those who used the domiciliary care service spoke positively about the registered manager. They felt they could approach them with any issues and that they would be heard. Staff felt well supported by the registered manager. Healthcare professionals told us they had no concerns regarding the management of the service. People told us, "They (registered manager and staff) listen and respond to what we ask them to do" One person told us, "It's a very homely place to live". A relative said, "I am kept well informed about what's going on and changes for (person's name). I think it is very well run".

In most instance audits were taking place to review policies and procedures so they reflected current legislation and guidance. Health and safety and maintenance certificates were updated when necessary. These included regular checks of equipment used at the service. For example, wheelchairs and hoists to ensure the service was safe. In addition fire tests were carried out weekly and emergency lighting was tested monthly. However, by not carrying out medicine audits, meant discrepancies in the way medicines had been dispensed had not been identified and acted upon.

Staff told us the goal for the service was to make people feel inclusive and as comfortable for people as possible. One staff member said, "We (staff) go out of our way to support people either in the home or those we support in the community. It works well". It was important to all the staff and management at the service that people who lived there and those who used the domiciliary service were supported to be as independent as possible and have their choices respected. For example one person liked to keep their room in a certain way, as their personal items were important to them. Staff respected this as was seen during the inspection visit.

There were systems in place for the registered manager to monitor the quality of the service provided to people. This included quality assurance surveys carried out annually in November. They showed people were satisfied using the residential and domiciliary care services at Eirenikon Park. There were comments on all aspects of using the services including, the quality of food, care, premises, daily living, visit times and management. Comments included, "All carers are very good" and "Always smiling which keeps my spirits up".

People we spoke with told us that the registered manager always promoted an open dialogue. Staff said they shared information every day and between shifts. A visitor told us each time they came into the service the registered provider always updated them about what was going on.

Staff said that as well as formal staff meetings, day to day communication was good and any issues were addressed as necessary. Staff told us they used the open communication as an opportunity for them to raise any issues or ideas they may have. They felt confident the registered manager respected and acted on their views. Comments included, "We are a strong team and work well together. If we need to we feel confident to raise any issues with the manager" and "It's a small home and domiciliary care service. I feel we are listened to and can talk things through".

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who use services and others were not protected against the risks associated with safe care and treatment because of unsuitable medicine management.