

Accomplish Group Support Limited

Eynesbury House

Inspection report

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12 November 2018
17 December 2018

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Eynesbury House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and we looked at both during this inspection. The home accommodates six people in the main house and three people in a separate annex, known as The Mews.

The inspection included two visits to the home. The first visit, on 31 October 2018 was unannounced. We arranged with the registered manager to return on 12 November 2018 to carry out our second visit. We received further information on 17 December 2018.

At our previous inspection in August 2017 we found several areas in which the home needed to improve. We rated the home as Requires Improvement overall and in all five questions. At this inspection (October and November 2018) we found that the staff team, led by a new registered manager and deputy manager, had made a number of improvements.

There was a registered manager in post who understood and carried out their responsibilities. They provided good leadership and direction for the staff team.

People felt safe and were protected as far as possible by staff who were trained to report any avoidable harm or abuse. Staff had assessed any potential risks to people and had put measures in place to reduce the risk. There were enough staff to meet people's assessed needs and keep people safe. The provider's recruitment process reduced the risk of them employing unsuitable staff.

Staff followed the correct procedures to prevent the spread of infection and knew how to report any accidents and incidents. Staff had undertaken training in how to give medicines safely and as they had been prescribed.

Senior staff carried out assessments of people's needs to ensure that staff could meet those needs in the way the person preferred.

New staff received a thorough induction during which they shadowed more experienced staff. Staff undertook a range of training in topics that assisted them to do their job well. Staff supported people to shop and cook their own meals and involved other healthcare professionals to support people to maintain their health.

Staff supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible.

People liked the staff. Staff treated people with respect and showed they knew each person well. People were involved in planning their care and support. Staff respected people's privacy and dignity and

supported people to remain as independent as possible.

Support plans were personalised and gave staff detailed guidance relating to the support each person needed. People received personalised support that was responsive to their individual needs.

A complaints process was in place and the registered manager responded to complaints. The provider had a policy in place to meet people's end-of-life care needs when the person needed this.

Staff felt supported by the registered manager and the deputy manager. Staff were clear about their role to provide people with a high-quality service, thus upholding the provider's values. Staff liked working at this home.

The provider had a quality assurance system in place. The system included a number of ways in which people, their relatives and staff could give their views about the home and how the provider could improve it. The provider carried out audits and monitoring checks on all aspects of the service delivered by the staff.

The registered manager worked in partnership with other professionals to give people joined-up care.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Staff understood their responsibilities and were competent to protect people from harm.

Staff assessed and managed any potential risks to people. Staff gave people their medicines safely.

The provider employed enough staff to meet people's assessed needs and keep them safe. The recruitment process made sure staff were suitable to work for this service.

Is the service effective?

Good ●

The service was effective.

Senior staff assessed people's needs to ensure that the service could give them the support they needed.

Staff undertook training in a range of topics so that they could do their job well.

Staff supported people to eat and drink well. Staff involved other professionals to make sure people remained as healthy as possible.

Is the service caring?

Good ●

The service was caring.

People and staff got on well together and liked each other.

Staff respected people's privacy and dignity and helped people to maintain their independence.

People were involved in making their own decisions about the care and support they wanted.

Is the service responsive?

Good ●

The service was responsive.

Care plans gave staff detailed guidance on how to meet each person's individual needs.

Staff arranged as many activities, outings and entertainments for which their fund-raising efforts were able to provide the funding.

The registered manager responded to complaints in line with the provider's complaints policy.

Is the service well-led?

The service was well-led.

The registered manager provided good leadership and was aware of their responsibilities. They notified CQC of important events that happened in the service.

Staff knew and upheld the values of the service.

The provider had a quality assurance system in place which gave people, their relatives and staff opportunities to comment on the quality of the service.

Good ●

Eynesbury House

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 inspection included two visits to the home, on 31 October 2018 (unannounced) and 12 November 2018 (announced). We received further information on 17 December 2018. The inspection was carried out by one inspector.

Prior to the inspection we looked at information we held about the home and used this information as part of our inspection planning. The information included notifications. Notifications are information on important events that happen in the home that the provider is required by law to notify us about. On 2 August 2018 the provider had sent us a completed provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we observed how the staff interacted with people who lived at Eynesbury House. We spoke with two people who lived there. One person's relative emailed us their comments about the service and we also spoke with them over the telephone. We spoke with five members of staff: three support workers; the deputy manager; and the registered manager. We looked at two people's care records as well as other records relating to the management of the home. These included records relating to the management of medicines, fire safety checks and audits that had been carried out to check the quality of the service being provided.

We wrote to eight external health and social care professionals who the registered manager told us had regular contact with the home. Two external professionals responded to our questions and their comments have been included in this report. We also contacted the local authority contract monitoring and safeguarding teams.

Is the service safe?

Our findings

At our previous inspection in August 2017 we found that not all risks to people had been assessed; there were not enough staff to meet people's needs; and medicines were not managed safely. At this inspection we found that improvements had been made.

The provider had systems in place to protect people from abuse and avoidable harm. Staff had undertaken training in safeguarding people and were clear about what they would report and to whom. This included external agencies such as the local authority safeguarding team, the police or CQC. A poster giving details of how to report any concerns was on display in the home's hallway.

People living at the home had also undertaken safeguarding training so that they would know how to keep themselves safe. One person said that the safeguarding training was about "keeping everyone – me and others here – safe." Another person told us that generally they felt safe.

Risk assessment documents had been reviewed and additional risks to each individual, such as when they undertook an activity in the community, had been assessed. Guidance had been put in place so that the person and staff knew how to minimise the risks to promote people's safety???

Staffing levels had improved and there were sufficient staff on duty to keep people safe and meet their needs. Recruitment had been successful and fewer agency staff were employed. Staff told us that staffing was much better than it had been. When agency staff were needed, they were nearly always staff who had worked at the home previously so they knew the needs of the people living there.

The provider had a thorough recruitment process in place so that only staff who were suitable to work at this home were employed. The process included pre-employment checks such as a criminal records check and references from previous employers being carried out before the new staff member was able to start work. All staff had completed training in topics relating to health and safety so that they knew how to keep people and themselves safe.

Fire safety checks were carried out as required. Staff told us about a recent incident when there had been a smell of burning. Staff had called the fire brigade and evacuated the buildings. One person had been very slow to leave, believing it was just a test. A fire safety officer had returned to the service the following day and spoke to the person about the importance of evacuating the house as quickly as possible.

We looked at the way medicines were managed. Staff had started to encourage some people to work towards administering their own medicines. People were at different stages of the process, which was detailed in their individual support plans. Risk assessments and full guidance for the person and for the staff had been put in place. We checked whether staff were giving people their medicines correctly. Staff were managing medicines safely. People received their medicines as they had been prescribed.

People were supported to work together and with staff to keep the home clean. Cleaning products were

stored safely and were available for people for use when they needed them. Some people living at the home, and all staff, had undertaken training in food hygiene. This meant they knew, for example, how to store food safely and the importance of good hand-washing techniques.

Staff understood their responsibilities to raise concerns and record and report incidents appropriately. The registered manager used staff meetings and supervisions to discuss any issues so that lessons were learned.

Is the service effective?

Our findings

At our previous inspection in August 2017 the assessment process had not been thorough enough. This had resulted in two people whose needs could not be met being admitted to the home. Also staff's training had not been up to date. At this inspection we found that improvements had been made.

The registered manager and deputy manager carried out thorough assessments of people's needs before people were offered a place at the home. They explained that the most important part of the assessment was that the new person would be compatible with people already living at the home. They had turned down some referrals even though there was a spare room.

New staff undertook a thorough induction, which included training at the provider's training centre. New staff worked alongside experienced staff until they were confident and competent to support people. One member of staff told us, "We mentor and supervise new staff." All staff undertook training in a range of topics, with refresher training at regular intervals. Training was a mixture of face-to-face training and learning on the computer. Staff reported that during the previous few months they had been given time to get up to date with all the training the provider considered was mandatory.

Eight of the nine people living at Eynesbury House prepared their own meals, with varying levels of support from staff. People had a weekly allowance for food. Staff supported people to do their own shopping and encouraged them to eat healthily. This included if they needed a special diet for medical reasons. Staff cooked one person's meals, from a menu that the person had chosen. On Sundays staff cooked lunch for people who wanted to join in.

The provider employed healthcare professionals such as a psychiatrist and a psychologist to work with people who needed their support. Staff encouraged people to arrange reviews of their care with their social worker and others involved in their care, to make sure they received the support they needed from other services. One person was being supported by this multi-disciplinary team to find alternative accommodation nearer to their family.

Staff supported people to visit other healthcare professionals, such as their GP, an optician or a dentist when they needed to. Care records included dates of when appointments had taken place so that staff could remind each person when the next appointment was due. This meant that staff supported people to stay as healthy as possible.

People's current needs were met by the design of the building, with a good-sized garden and lounge/dining area where they could mix with other people if they wanted to. The registered manager told us that people aspired to move into The Mews, where staff encouraged them to be even more independent. The provider had installed a kitchenette in one person's room so they had their own studio flat.

We checked whether the staff were working within the principles of The Mental Capacity Act 2005 (MCA). The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff had received training and understood the ways in which this legislation related to their everyday work. No-one living at the home had been assessed as lacking capacity. Staff supported and encouraged people to make their own decisions and choices. Some people had agreed that they needed staff to assist them with their finances and this was clearly recorded in the care records.

Is the service caring?

Our findings

At our previous inspection in August 2017 we found that staff were not as caring as they should have been and did not always treat people with kindness, compassion and respect. At this inspection we saw that improvements had taken place. Staff really cared about the people they were supporting and were working hard to make sure that each person lived their life in the way they wanted to live it. One person said, "Staff are nice, friendly, not rude and they try to find ways to help us."

Each person had a keyworker from the staff team who was responsible for additional support, such as meeting with the person and devising their activity timetable. One member of staff said, "We support each person as an individual and encourage them to be the best they can be."

People told us they liked the staff and got on well with them. One person explained that staff were "putting me on a better track, keeping me away from trouble, helping me with healthy food and a better sleep routine. I'm really happy that they're helping me." They added, "Most of [the staff] I consider like friends." They were particularly pleased that although they had to be accompanied by staff when they were out, staff looked like family or friends, not staff.

Staff had time to support people to make decisions about their care and about what activities they wanted to do. Staff had good, relaxed relationships with people and showed they cared about each individual.

Staff respected people's privacy and dignity and supported people to be as independent as possible. This ranged from encouraging people to do their own household chores, supporting people to take their own medicines and cook their own meals, to assisting people to take up voluntary or paid employment in the community.

Friends and relatives were made welcome if they wanted to visit the home, as long as the person wanted them there. Most people preferred to go home to see their relatives. Staff supported them to maintain relationships with their friends and relatives, including helping with visits home if they needed help.

Is the service responsive?

Our findings

At our previous inspection in August 2017 we found that people's needs were not assessed well enough before they were offered a place at the home to ensure the staff could meet their needs. We also found that support plans did not always give accurate, up-to-date information about the person's needs; there were not always enough staff to meet each person's needs; and people were not offered enough to do to keep them occupied. At this inspection, we found that improvements had been made.

The registered manager and deputy manager had carried out thorough assessments of the holistic needs of people who wanted to live at the home. They had done as much as they could to make sure that new people were only offered a place if they would be compatible with people already living at Eynesbury House.

Support plans were up-to-date and described each person's individual needs in detail so that staff knew what support each person wanted from staff. A one-page profile listed 'what others admire about me'; 'what is important to me'; and 'how best to support me'. This gave staff a brief summary of the person, with full details in their support plans and risk assessments. Each person had a keyworker who they met with monthly to review their support plan and to agree any changes.

People met with their keyworker each week to discuss the activities they wanted to do the following week. A range of activities was on offer, personalised to each individual and based on what the person wanted to achieve. For example, one person was a good cricketer. Staff supported them to attend training every week. They worked alongside the person's parents to support the person to play at cricket matches in Wales. Another person told us how much they'd enjoyed a recent outing to a local zoo. The registered manager told us that there were enough staff to facilitate most of the activities that people wanted to do. They said that people planned and suggested things to do together: "activities that young men do...such as going to the pub, playing snooker, or sharing a take-away."

The provider had a process in place so that people and their relatives could raise concerns. There was a formal, written complaints process available but people also knew they could talk to any of the staff or the managers. The complaints procedure was displayed on notice boards in the home, in easy-read format. There was also a suggestion box that staff encouraged people to use if they wanted to put their issues in writing but not make a formal complaint. The registered manager told us, "All complaints are taken seriously and actioned immediately."

The service was not set up to provide end of life care. However, the registered manager told us there was a policy in place, which staff would follow if someone died. People were being encouraged to talk about their last wishes and these discussions were recorded in their support plans. The registered manager said that for this group of people, young men, some barely out of their teens, the topic was difficult to understand and discuss. However, one person had really embraced it and had chosen the music for his funeral.

Is the service well-led?

Our findings

At our previous inspection in August 2017 we found that the home was not managed well. There was a lack of strong leadership; staff were not working as a team; people were not offered opportunities to put forward their views; and the quality assurance process was not effective. At this inspection we found that improvements had been made.

Staff felt supported by the management team and made positive comments about the improvements that had been taking place. One staff member said, "It's improved a lot from how it was – it's going in the right direction." They added, "[Eynesbury House] is a happier, more friendly place and [staff] work together." Another member of staff told us, "It's a better staff team. We seem to have pulled together, we're much stronger and working well together."

There was a registered manager in place. 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. Our records showed that the registered manager or senior staff completed relevant notifications to send to CQC when required.

The registered manager and deputy manager were aware of their responsibilities to ensure that a high quality service was provided to people and to comply with the legislation. They were proud of the way in which the home had improved and they praised the staff. They said, "They've done us proud. They're motivated, which is great. Staff wanted to do their job but there was no leadership, they needed guidance on how to do things right." Staff were aware of the provider's values. One member of staff explained, "To give the best care we can to the people we support. Encourage them to be the best they can be and to move on."

The provider had a system in place to monitor the quality of the service provided to people. The provider carried out a detailed audit every three months. When the registered manager had taken up their post, the home had scored 43% in this audit. At the last audit, this had increased to 80%. A member of staff said, "It's given staff a boost to know that we're getting there."

The provider had a number of ways in which people living at the home, their relatives and other stakeholders could put forward their views about the home. One person told us that people living at the home had regular meetings to share their ideas. They said they had asked for a smoking shelter in the garden so that smokers did not have to stand out in the rain. The provider had erected a shelter in the back garden.

People were involved in the local community, including using local GP surgeries, visiting pubs and restaurants and walking or cycling in local parks. The registered manager produced a newsletter each month, which was sent to people's families so that they were kept up to date with what was happening in the home.

The registered manager used incidents so that everyone could learn and the service provided would improve. For example, one person had recently asked another person to get them some drugs. Staff had realised that people lacked any understanding about drugs so education had been arranged for them and information had been put on notice boards. This had been a learning experience for everyone.

Staff worked in partnership with other agencies to provide the best possible support to people. This included the person's social worker, GP and other healthcare professionals as well as the professionals employed by the provider.