

Edenplace Limited

Eden Place Mental Health Nursing Home

Inspection report

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Date of inspection visit:
27 September 2019
30 September 2019

Date of publication:
17 October 2019

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Eden Place is a mental health nursing home, which provides care for up to 34 people over three floors. People had their own bedrooms and some had en-suite facilities whilst others shared communal bathroom facilities. People had access to communal lounge and dining areas and a secure outside area. At the time of our inspection there were 32 people living at Eden Place.

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

At our last inspection we found breaches of the regulations. These related to good governance as the provider had not taken responsibility to ensure the premises and equipment were safe, maintained or fit for use. At this inspection, we found sufficient improvements had been made to meet the regulations. However, further improvements were still required to ensure the service was consistently safe and responsive to people's needs, and audits were used to ensure a quality service was provided.

Since our last inspection, improvements had been made in the environment. Some refurbishment of communal bathrooms had taken place, along with some redecoration of the home. Further redecoration was planned for. Outstanding gas safety work had been completed and environmental safety checks had improved.

Staff knew people well and how to protect them from harm, but did not always have important information to refer to if needed. Staff had received training on how to protect people from the risks of abuse and understood the importance of reporting any concerns.

The home was clean and odour-free and staff understood how to reduce the risks of spreading infection. People had their prescribed medicines available to them and were supported with these from trained care staff or nurses.

There were sufficient staff on shift to meet people's needs and the provider had a safe recruitment system to ensure staff's suitability to work at the home.

People's needs were assessed before they moved in to live at the home. They had choices about how they spent their time and were supported by staff who worked within the principles of the Mental Capacity Act 2005.

People's hydration and nutritional needs were met, and choices were offered. People were supported to access healthcare professionals whenever needed.

Positive caring interactions took place and staff promoted people's independence. People's privacy and dignity was respected.

Activities took place inside and outside of the home. People were supported to practice their faith if they chose to. Relatives felt their family member was well cared for and had no complaints. There were some systems in place for people and their relatives to give their feedback on the service, such as 'resident meetings'.

The manager's checks did not always identify when staff had not completed records as required. Further improvement was required to the managerial oversight through audits to ensure these were robust and identified any issues where improvements were needed.

Rating at the last inspection

The last rating for this service was Requires Improvement (published 3 October 2018) and there were breaches of the regulations. The provider submitted actions plans to tell us what they would do and by when to improve. At this inspection, whilst some improvements had been made and the provider was no longer in breach of the regulations, further improvements were required. The rating for the service continues to be Requires Improvement.

Why we inspected

This was a planned inspection based on the rating of the last inspection.

Follow up

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

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 consistently safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not consistently responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led.

Details are in our well led findings below.

Requires Improvement ●

Eden Place Mental Health Nursing Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

Inspection Team

One inspector and an assistant inspector carried out this inspection on the first day of our visit on 27 September 2019. On the second day of the inspection, the inspector and assistant inspector returned and were accompanied by a specialist mental health nurse advisor, to complete the inspection.

Service and service type

Eden Place Mental Health Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection

The first day of the inspection was unannounced. We told the provider we would return on 30 September 2019 to complete our inspection.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. This included details about incidents the provider must notify us about, such as abuse. We also sought feedback from the local

authority and professionals who work with the service. The local authority had undertaken a quality monitoring visit in June 2019 and found some improvements had been made, related to safeguarding, incident reporting and working within the Mental Capacity Act 2005. We used all the information to plan our inspection visit.

During the inspection

We spoke with ten people and four relatives. Some people living at the home could not give us feedback due to their complex mental health. We spent time with people in communal areas, observing interactions and support they received from staff. We spoke with four members of care staff, two nurses, three kitchen staff, a maintenance staff member, the human resources manager, the general manager and the provider. We reviewed a range of paper and electronic records. This included a review of eight people's care plans, multiple medication records, daily checks and people's food and drink records. We also looked at records relating to the management of the home. These included environmental safety checks and lifting equipment checks undertaken by external professionals as legally required. The provider's checks undertaken on the health and safety of the home and staff training records.

An opportunity for people, relatives and staff to give us feedback following our visit, was given by us leaving a poster displayed in the home about our inspection.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now remained the same and continues to be rated 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 people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong
At our last inspection the provider had failed to have effective arrangements in place to keep the environment safe and free from potential risks. This was a breach of Regulation 15 (Premises and Equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made and the provider was no longer in breach of regulation 15. However, further improvements were still required to ensure the overall safety of the service.

- Overall, risks were well managed by staff who knew people well. One staff member told us, "People living here do have behaviours that challenge, some are minor, but some are extreme. When [Name] becomes challenging, I find a distraction, and that works." A relative told us, "The staff have learned to work with [Name] and when their behaviour is challenging, staff take an abrupt approach which is needed." During our inspection visit, staff acted in a calm way towards people, distracting and engaging people when needed and knowing when to give people their own space so their anxieties were not escalated.
- However, important information about managing risks of harm or injury was not always available to staff to refer to when needed. Some records did not reflect people's changed needs. For example, behaviour risk management plans had not always been updated and a nurse told us information relating to one person was, "Incorrect and out of date".
- One person had sore skin and their wound management plan had not been re-written following a change to their prescribed dressing on 20 September 2019. We discussed the potential risks of current skin care guidance not being followed with the general manager. They assured us the person's wound management plan would be updated so nurses had the correct instructions to follow.
- Staff reported accidents and 'near-miss' incidents. Whilst some individual actions were taken, there was no overall managerial analysis of accidents and incidents to ensure any learning was identified and risks of reoccurrence minimised.
- Improvements had been made in adhering to Health and Safety Executive Guidance. For example, ensuring water temperatures were safe.
- There was a maintained fire alarm system and people had personal emergency evacuation plans (PEEPS). However, these had not always recorded the safest and most effective way to support people in the event of an emergency. For example, we saw one person walked very slowly using a walking stick. Their PEEP instructed one or two staff to support this person to walk to a place of safety. However, in the event of a fire this would not be the quickest way of supporting the person to evacuate the zone or building safely. The

general manager assured us people's PEEPS would be reviewed.

- Staff told us they would 'get people to a safe place' in the event of a fire, however, their fire drills had only consisted of meeting at the fire panel. The provider had not assessed staff's ability to respond in an emergency. The general manager assured us a series of scenario- based timed fire drills would take place for all staff.

Preventing and controlling infection

- There were systems to prevent and control the risk of infection. Staff had completed infection control training and used gloves and aprons to reduce risks of spreading infection.
- Improvements had been made following our last inspection to ensure hazardous cleaning products were always locked away when not attended to. Communal bathrooms had been refurbished and flooring had been replaced which enabled effective cleaning to take place.

Using medicines safely

- People had their prescribed medicines available to them and were supported with these from a nurse or trained care staff member.
- Medicine administration records (MARs) reviewed on our inspection visit had been accurately completed to record people had received their medicines.
- Some people had 'best interest' agreements for their medicines to be given 'covertly'. However, there was no protocol to inform staff how the medicines should be given and with what, to ensure a consistent approach was taken. The general manager assured us guidance for staff would be put into place.

Staffing and recruitment

- There were sufficient staff on shift. One staff member told us, "We have enough staff on shift, plus time to spend with people as well, we don't rush people." People and relatives made positive comments to us about staffing levels and felt staff were readily available.
- The provider's system for recruiting new staff ensured staff's suitability to work there. We reviewed three staff files and required checks were documented. However, one staff's criminal record police-check was dated 2014 and no further checks had been documented. We discussed this with the general manager and they told us a system of 'self-declaration' had commenced on staff during June 2019 and this would be completed by November 2019.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training in how to safeguard people from the risk of abuse and demonstrated an understanding of safeguarding principles. Staff gave us examples of types of abuse and said they would report any concerns to management and 'whistle-blow' to external organisations such as CQC or the local authority if needed.
- The general manager understood their responsibilities in reporting specific incidents to us, commissioners and the local authority.

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 the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met, which they were.

- Improvements had been made following our last inspection. The general manager told us they had completed MCA training which had been beneficial to their understanding of their legal responsibilities.
- Staff followed the principles of the MCA and understood the importance of obtaining consent and best-interest decision making.
- Staff supported people to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Some people told us they had the secure gate code and could come and go as they pleased and had no restrictions placed on them.
- The registered manager understood their responsibilities under the Act to apply for a DoLS when there was a deprivation within people's care plans.
- Information was kept about DoLS applications, so they could keep track of applications and outcomes.

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

- People's nutritional and hydration needs were met. People were satisfied with the choices of meals offered to them. There was a menu board displayed, however some people were not able to access this format of information. We discussed this with a staff member and they assured us they would introduce visual plated option choices when needed.
- Some people had specific dietary needs, including vegetarian and lactose free foods and their needs were met. One relative told us, "The chef asked us for recipes, so they could make things [Name] likes."
- People's weight was monitored, and some people had an identified risk of malnourishment. Whilst kitchen staff fortified (added calories) to people's meals, there were some missed opportunities to offer high calorie snacks during the day. For example, milkshakes were offered but staff had not used full-fat milk or fortified it. The general manager told us their expectation was for full-fat milk to be used and would remind

staff to consistently take opportunities to offer high calorie snacks.

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

- People had access to healthcare professionals. Staff received a high level of support from the GP practice which people were registered with, with weekly visits from the practice and daily telephone support when needed.
- The home referred people to community multi-disciplinary teams such as dieticians and speech and language therapists when needed. People had access to podiatry, dentists and opticians.

Staff support: induction, training, skills and experience

- Staff received an induction and training and felt they had the skills they needed to care and support people in a safe way. Some staff felt more in-depth training would help them develop their skills further in areas such as skin integrity and specific mental health diagnoses. We discussed this with the provider and general manager who agreed these were areas for further development and assured us these would be planned.
- People and relatives felt staff had the skills they needed. One relative told us, "All of the staff seem well trained and meet my family member's needs."

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

- The home was not purpose built. Some adaptations had been made to meet people's needs, such as hand-rails and a non-slip flooring ramp. People could access a secure garden area. Managers told us about 'in progress' refurbishment decoration plans which included further wallpapering to be completed in corridor areas.
- People were supported to personalise their bedrooms as much as they wished to.

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

- People had a pre-assessment before they came to live at the home to ensure their individual needs could be met. These assessments were used to formulate care plans for staff to follow.
- During people's initial assessment they were given the opportunity to share information with the provider and staff to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010).

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has improved and is now rated as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported, equality and diversity

- The environment promoted positive wellbeing. Following our last inspection, the provider had made improvements to the environment and further improvements were planned for. Areas of the home had been decorated, and one person told us they "liked the bistro wallpaper."
- People consistently experienced positive interactions with staff. People described staff as kind, caring and respectful toward them. One person told us, "The staff help me out, they know my routine."
- Relatives gave positive feedback about the staff. One relative told us, "Staff know my family member as well as I do." Another relative described staff as, "Attentive to people."
- During our inspection visit, staff gave people their own space when they wanted this. When people wished to engage with staff, staff were available to provide one to one interaction. One staff member told us, "Some people don't like activities but want to sit quietly and talk with us, especially if they are anxious about something."

Respecting and promoting people's privacy, dignity and independence

- Staff promoted people's independence. Staff gave examples of how they encouraged people to maintain their skills and told us, "I encourage people to wash themselves as much as possible." And, "I encourage people to make drinks for themselves, we have drink dispenser." During our visit, we saw people make use of this.
- People's privacy and dignity was respected. Staff consistently knocked on people's bedroom door before entering, one staff member knocked and asked, "[Name], is it okay if we come in?"
- Staff understood the importance of keeping people's personal information confidential and care records were stored securely.

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

- Staff understood how each person communicated and involved people in making day to day choices about their care. One staff member told us, "[Name] loves wearing jewellery, every morning we make sure she can choose her jewellery and help her put in her hair clips." Another staff member said, "It's important people can choose where they spend their time, though most people follow their same routine each day, this helps their mental health wellbeing."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated Requires Improvement. At this inspection we found some improvement had been made but further improvements were still required. This rating for this key question has remained the same, Requires Improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff knew people well and responded to people in a person-centred way. For example, staff knew it was important for one person to be offered arts and crafts and we saw they spent time painting and working with decorative beads. When call bells sounded, staff responded promptly, and people told us, "We don't have to wait for staff."
- People had individual plans of care, however, further improvements were required to ensure information was person-centred and preferences were recorded. The general manager told us the home had recently changed from paper-based records to electronic 'person centred software' and more detail would be added as staff became more familiar with the system.
- Overall, staff had a basic understanding of the complex mental health conditions people living at the home had. Staff felt they would recognise if a person's mental health wellbeing deteriorated and would seek advice and support in managing this. However, people did not have relapse or a contingency care management plan to guide staff on actions to take when a person declined or disengaged with their support and became mentally unwell. One nurse told us, "We'd write a care plan if needed." Staff told us whilst most people's diagnosed mental health condition was stable, things could change quickly and further training and guidance in care plans would be supportive to them in responding to people's individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Individual and group activities took place. The home had its own transport which was used on both days of our inspection visit. People told us they enjoyed their trips out. In the home people took part in a group 'sing-a-long', played skittles and one person said, "I am the dominoes champion here" and we saw them taking part in a game.
- People were supported to practice and follow their faith. One staff member told us, "I support [Name] to visit their local place of worship every week, it's important to them." A visiting church service was also offered to people at the home.
- Relatives told us they could visit when they wished, and people were supported to maintain important relationships with family members.

Meetings people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability,

impairment or sensory loss and in some circumstances their carers.

- There was some signage around the home, for example to tell people where toilets were. Planned activities were displayed in both a written and pictorial format.
- A 'Who is Who' staff photograph board had not yet been fully updated. The human resources manager told us this was 'work in progress' and would be completed soon.
- Consideration had not always been given to people's individual communication needs. One person told us, "I'm a bit deaf and can't always hear what staff say to me." We discussed this with a staff member and they assured us staff always spoke to this person face to face to promote communication, but agreed pictorial images could be used, for example with mealtime choices. The staff member assured us this would be acted on.

Improving care quality in response to complaints or concerns

- People had the opportunity to attend 'resident meetings' if they wished to. The main agenda item was the discussion of activities and people's ideas for these. The general manager had also used the meeting to inform people of the complaints policy that was displayed on a notice board.
- People and their relatives told us they had no complaints and felt if they needed to discuss a concern, staff would be approachable.

End of life care and support

- The home did not specialise in end of life care. However, the provider aimed to support people's wishes to remain at the home for end of life care whenever possible. The general manager told us they liaised with external healthcare professionals to ensure people spent the final days as they wished to and remained pain free.
- Some people had decisions in place as to whether they should be resuscitated in the event of a cardiac arrest. We reviewed 'Respect' documents and found one person's had been signed and dated in June 2019, by an external healthcare professional. However, managers at the home had not identified omissions in vital information on the form. The general manager assured us immediate action would be taken to address the error and increased checks would take place on 'Respect' agreement records.

Is the service well-led?

Our findings

Well-Led - this means we looked for evidence that the service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. 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; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

At the last inspection the provider had failed to ensure systems and processes to monitor and assess the quality and safety of the service were effective. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection so the provider was no longer in breach of regulation 17, but further improvements were still required.

- The registered manager had been on planned leave for twelve months and in their absence the general manager and human resources manager, based at the home, had managerial oversight of the safety and quality of the services. The general manager told us, "Since the last inspection there has been a lot of improvements to focus on, we have achieved a great deal but still have some to implement." We were informed the registered manager was due to return during October 2019.
- Environmental checks ensured the home was safe for people to live in. Improvements had been made since our last inspection in environmental checks, ensuring outstanding gas safety work and fire door work was completed.
- However, further improvements were required in quality assurance systems. Some checks took place, however, these were not robust. A 'resident of the day' included checks on a named person's care plan and their medicines. However, checks did not identify issues we found, such as a lack of skin integrity risk management plans for those people with identified risks of skin damage and a lack of relapse management plans related to people's mental health.
- The general manager undertook a 'manager's master audit', however, this lacked any depth of managerial oversight. For example, the medicines audit and spot check had not identified potential risks with the home's practice of the first staff member signing for administration when it was the second staff member who had administered medicines to the person. We discussed this with the general manager who told us they would make an immediate change to the practice and ensure both staff signed medicine administration records.
- Records were not always updated or completed as required and managerial checks did not always identify the need for improvement. For example, care records were not always updated when changes in

people's needs had occurred and staff did not always follow guidance in recording details of food consumed by people. Kitchen logs recorded freezers one and three had not been cleaned during 2019. There were also gaps in the weekly cleaning schedule for the kitchen.

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

- People and their relatives gave positive feedback about the service and felt managers could be approached if they had any concerns. However, they did tell us they had not received any feedback survey to complete. The general manager told us they had given priority to improving safety issues and aimed to offer people and relatives the opportunity to complete a feedback survey during Winter 2019.
- The culture of the service and staff morale had improved. Staff told us they felt well supported through one to one and team meetings. One staff member said, "The managers are very good, they listen to us and have made improvements. It's a nicer environment as well now for people living here."
- The rating from the provider's last inspection was displayed, as required, within the home.

Working in partnership with others

- The provider worked in partnership with others. For example, links had been established with a local hospital trust and placements were offered to nursing students.

Continuous learning and improving care

- The general manager recognised the importance of continuous learning. They attended a provider forum group and shared good practices.