

Eastern Healthcare Ltd

# St Edmunds Residential Home

## Inspection report

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Norfolk  
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Tel: 01493662119

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Requires Improvement** 

Is the service caring?

**Good** 

Is the service responsive?

**Requires Improvement** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

St Edmunds is a residential care home providing accommodation and personal care to 37 people. The service can support up to 39 people. The majority of people living in the service were older adults.

The building was large with accommodation over three floors. There were two lifts and two stairwells granting access between the floors. There were variations in levels on all floors which were mostly accessed by means of shallow ramps.

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

Recruitment systems were in place; however, we found some checks on documentation needed to be more robust.

People were supported with their eating and drinking, and care plans were in place which included their preferences and any specialist dietary needs. However, where people were at risk of losing weight documentation needed to be clearer, so external professionals could determine treatment plans. Further training is required so staff understand the importance of this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Some improvements were however needed to ensure that appropriate documentation was completed accurately and contained the most up to date information.

People told us they found their care and support to be safe and were satisfied with the care they received finding staff to be kind and caring. Staff were aware of their responsibility in relation to the reporting of any abuse. Newly appointed staff received induction training and worked alongside experienced members of staff.

People had access to activities provided by an activity co-ordinator. However, some people told us improvements were needed at the weekends, and we have made a recommendation about this.

Care records contained some person-centred information but were not always accurate. Staff were however able to tell us people's current needs and preferences.

There were governance systems in place which included quality audits. However, some had not identified the issues we found and therefore need to be strengthened in some areas. The registered manager and operations manager acted promptly to rectify areas identified as needing improvement, both during and following the inspection.

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

### Rating at last inspection

The last rating for this service was good (published 9 May 2017).

### Why we inspected

This was a planned inspection based on the previous rating.

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

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for St Edmunds on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We have identified one breach in relation to governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe

Details are in our safe findings below

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below

**Requires Improvement** ●

### Is the service caring?

The service was caring

Details are in our caring findings below

**Good** ●

### Is the service responsive?

The service was not always responsive

Details are in our responsive findings below

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led

Details are in our well-led findings below

**Requires Improvement** ●

# St Edmunds Residential Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

One inspector, one assistant inspector, and one Expert by Experience carried out this inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

St Edmunds 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 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 for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and two relatives about their experience of the care provided. We spoke with six members of staff including the registered manager, deputy manager, operations manager, care workers, and the activity co-ordinator.

We reviewed a range of records. This included five people's care records and five medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and additional evidence relating to people's care, sent to us by the registered manager. We spoke with one professional who recently visited the service.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe.

### Staffing and recruitment

- Pre-employment checks were in place, but were not always sufficiently robust. We found an historical offence had been reported by a staff member. However, there was no reference to any discussion or risk assessment being completed on this at interview or any separate file note to ensure they were still suitable for the role.
- Gaps in employment history were not always explored. There was different employment history information on one staff members curriculum vitae and application form that hadn't been identified.
- There were enough staff to meet people's needs quickly and keep them safe. The management team had identified the need for a fourth member of staff to work during the night and were in the process of recruiting additional staff.

### Assessing risk, safety monitoring and management

- Risks were not always fully explained. For example, where people were at risk of choking, there was no guidance for staff on what action to take in the event of a choking incident.
- Some people required a pressure mat at night which alerts staff if the person tries to stand. However, night care plans did not always include that this was required so staff knew the mat should be put in place.
- Some information in relation to moving and handling was contradictory. For example, one person was moved using a hoist, but their care plan mentioned the use of a walking frame. Staff told us the person did not use a frame, and therefore there was a risk that the incorrect equipment could be used if staff were not familiar with the person's needs.
- Following the inspection, the operations manager confirmed that care plans had been reviewed and accurate and more detailed information had been added.
- There was a good standard of fire safety at the premises. People had emergency evacuation plans, but we found these needed to be more detailed. For example, several PEEPs said the person should stay in a safe area until they were evacuated but did not specify where this was.
- The provider's maintenance team had carried out checks on the temperature of the water to prevent the growth of legionella bacteria. Equipment such as hoists had been serviced.

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

- People told us they felt safe in the home and with the staff team. One person told us, "I walk with a stick. I've had no falls since I've been here, but I feel safe because I know if something did happen there's always someone to help." Another said, "On the whole I feel safe. There are carers here all the time, so I know I can get help if I need it."
- Staff spoken with knew how to protect people from potential abuse. Staff had been trained on

safeguarding people and were knowledgeable about the different types of abuse.

#### Using medicines safely

- People's medicines were managed safely. The medicines administration records (MAR) had no gaps in recording. Where people were prescribed 'as required' medicines there was guidance in place to help staff to understand when to administer this type of medicine.
- Staff recorded on a topical medicine administration record when they applied a cream or lotion, and there was a body map to guide staff on where to apply all creams. We did observe some gaps in the recording of these, but the deputy manager told us they were aware and were addressing this with staff.
- People had an identification sheet which held key information such as allergies and a current photograph. There were details of how people wanted to take their medicine. For example, if they wanted it with their meal, on a spoon and what drink they would like.

#### Preventing and controlling infection

- Effective measures were in place to manage the risk of infection.
- The building was cleaned regularly, and all areas were visibly clean and fresh.
- Staff were given adequate stocks of cleaning materials and personal protective equipment (PPE) to ensure the risk of infection was minimised. Audits were used to monitor the effectiveness of cleaning and hygiene in the service, and there were specific housekeeping staff in place.

#### Learning lessons when things go wrong

- Accidents and incidents were recorded and investigated to look at causes. Data logged enabled management to identify any trends in time or locations of incidents.
- Staff were able to discuss incidents at daily handovers. This enabled any learning to be discussed.

## 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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- Where people were assessed as needing to have snacks between meals, the recording system was not clear about what people had eaten. For example, several records stated, "Hot drink and biscuit offered" or, "Choice of hot drinks and biscuits offered". It wasn't clear what people had consumed to evidence if people were having additional calories to increase their weight.
- Where meals were recorded on food charts, it was again not always clear. For example, staff recorded, "Enjoyed lunch and dessert", or "Had a sandwich". More information was required so it was clear what people had eaten to determine their calorie intake. This information is important as it helps to inform professionals such as dieticians about people's treatment needs.
- One dietician told us that they had some concerns about how the service were documenting information, and on one occasion, there was a delay in liaising with them when changes in one person's weight were noted. Following the inspection, the operations manager told us that communication with the dietetic service was often difficult, due to the current systems in place.
- People's care records documented any specialist advice, so staff were aware. This included where drinks and foods should be thickened to prevent choking.
- People told us they liked the food. One person said, "They call [staff member] a cook but they are a chef really. The food is excellent." Another said, "You can have anything if you ask. If you don't like what's on offer you just need to let them know."
- There were drinks and snacks available in the communal areas, such as fruit or packets of crisps.

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.

- People's records made reference to their ability to make decisions about their care, and if they lacked capacity, mental capacity assessments were completed. However, some improvements were needed to ensure documentation was accurate; it was not always clear what decisions were being assessed as the phrasing used was a statement rather than a specific decision.
- One form said that the person had capacity although they could not retain or weigh up information, which was contrary to the guidance on the form being used. There was no record of what had been done to help with the stages of decision making.
- Where decisions had been made with family members or professionals, it did not state who the people were.
- The guidance on the forms being used stated that no one can give consent on behalf of another person who lacks capacity to make the decision for him/herself. There was no reference to Lasting Power of Attorney for health, where they are authorised to do this.
- Where DoLS applications had been made, there were no capacity assessments and associated best interests decisions in relation to this.
- Staff we spoke with understood the principles of the MCA, and were observed to give choice to people when delivering people's care.

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

- Some improvements were needed to ensure the principles of the Mental Capacity Act 2005 were being followed and that decision making processes were clearer when people lacked capacity.
- Improvements were required to ensure people's dietary intake was documented fully so external professionals could determine treatment plans.
- Nationally recognised risk assessment tools were used to assess risks, for example, those associated with skin integrity and nutrition.
- Prior to admission people were assessed to determine if the service could meet their needs. Following the initial assessment, risk assessments and individual support plans were developed.

Staff support: induction, training, skills and experience

- There was an induction, training and supervision programme in place. The induction programme introduced staff to the service, people and day to day procedures. One new staff member told us they had a good induction which was not hurried, and that they got to know people's needs before providing their care.
- The training matrix showed that some areas of training were overdue for some staff, but the registered manager confirmed with us that training sessions had been booked.
- Staff had opportunity for supervision sessions. This process enabled them to talk about any concerns they had and any further training needs. Staff told us they felt supported by the provider and management. One staff member said, "I always get my supervision no problems there, and I do feel listened to."

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

- People's care records showed people were referred to a range of health and social care professionals, including GP's, nurses, and social workers. One person told us, "I'm going to get my hearing tested on [date] that's all been arranged by the staff here." A relative said, "If [relative] needs to see the doctor then they [staff] arrange it and let me know."
- Care records made reference to the level of support required to ensure people received assistance with their oral health if required.

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

- Accommodation was across a ground, first and second floor. There were two lifts and two stairwells granting access between the floors.
- There were clearly signed toilets and bathrooms throughout the building.
- Carpets in communal areas on the ground floor were heavily patterned, but this had already been identified as needing to be changed to a simpler design to support people living with dementia or a visual impairment.
- There was attractive seating outside to the front of the building which had sea views, and the registered manager told us there were plans to create a secure garden at the back of the service that people could access.

# 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 Good. At this inspection this key question has remained the same. 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; respecting equality and diversity

- Staff treated people with kindness and respect. One person told us, "The staff are lovely, I get on well with them all." Another told us, "I've got a television in my room and I mentioned I couldn't really see what was going on because there was glare from the window. Now they've put a blind up for me."
- Staff treated people with warmth and compassion. A relative told us, "I think they're very caring, they do all sorts of things for the residents. The party on Friday was very good and lots of people got involved. They do all sorts like doing the ladies nails and the hairdresser, and [relative] is always clean and smartly dressed."
- Staff had created a relaxed and friendly home. People's body language indicated they were at ease. When people became anxious, staff offered appropriate reassurances.
- Staff were trained in equality and diversity and had a good understanding of how to promote people's rights.

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

- People told us they were not always aware of having a care plan. One person told us, "I'm sure there is one and I remember answering lots of questions when I came here but I don't think I've seen it." Other people told us they were not sure.
- Staff involved people in decisions throughout the day. They asked them what they would like to do and where they would like to spend their time. At mealtimes people were asked where they would like to sit.
- There were residents and relatives' meetings which people told us they attended. One person said, "They have them [meetings] every three months I think, I have been and it can be helpful." A relative told us, "They are useful to know what's going on and people have an opportunity to have their say too. During the meeting they send a questionnaire round, for you to fill in."
- There was a poster displayed at reception entitled, "Your Opinion Matters" with various quotes from people using the service as to what they thought and what the staff had done.

Respecting and promoting people's privacy, dignity and independence

- People were promoted to be as independent as they were able and wished to be. Many of the people living in the home had retained their independence and still accessed the community as they wished. One person told us, "Much of the time I'm able to do most things for myself and don't need much help however, sometimes I get [unwell] and the other day I woke up and could feel it coming on. They [staff] told me they thought it might be better if I stayed in bed and they'd bring me my meals. They looked after me and I'm better again now."

- Staff treated people with dignity and respect. People told us staff knocked on doors and sought permission before entering.
- People's confidential information was held securely on an electronic system which was password protected and only accessible to staff who needed the information to carry out their role.

## 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 as Good. At this inspection this key question has deteriorated to 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

- The service was using an electronic system to create their care plans. This had been in place for five months. Staff were still gaining confidence in using the system, and several new sections of people's care plans were being added to ensure a fuller account of their needs.
- Care plans sometimes contained inaccurate information. For example, one person was referred to the dietician in September 2019, and the service was asked to complete a form about the person's food intake and return it to the dietician. The dietician confirmed this was not received. There was no evidence this had been followed up, and the care plan stated that no external health care professionals were involved in their care.
- Records were not always accurate in relation to DoLS. One record showed an application for a DoLS was not authorised, when in fact it had been. It also stated a representative for the person would be appointed, but there was one already in place.
- Some care plans were not person centred or sufficiently detailed. The registered manager told us that one person needed to be reminded at night about the dangers of mobilising alone for a specific reason. However, this was not referred to in their care plan.
- Food charts needed to be clearer about what people had eaten, specifically around snacks between meals. Several were worded generically, for example, "All residents were offered a hot drink and biscuits."
- Daily notes we reviewed were very task orientated, for example, they did not describe how the person was, if they participated in tasks, and their general well-being.

End of life care and support

- Personalised and comprehensive end of life care planning was not always in place for all people to ensure that staff had the guidance they needed to support people if they entered the final stage of their life. This is important, because a sudden death may occur.
- People's care plans contained a section on 'last wishes'. However, we found these sometimes only contained limited information, such as a funeral plan. Ensuring how people would want to spend their final hours, such as who they want present, the layout of the room, and any sensory requirements, would help in ensuring people's wishes were respected when they were no longer able to communicate their views.
- The training matrix showed that several staff working in the service had not completed end of life training. Following the inspection the operations manager advised us that staff had been enrolled on the training.
- There was nobody receiving end of life care during our inspection, however anticipatory medicines were arranged when needed and liaison with relevant professionals. This enabled staff to act responsively should people's health deteriorate.
- Following the inspection, the operations manager told us that all information within care plans had been

reviewed and updated. End of life preferences were also being reviewed on a three monthly basis.

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

- There was an activity co-ordinator who worked in the service Monday to Friday, 8am to 2pm. There was a schedule of activities displayed in the service which included arts and crafts, board games, and manicures.
- In the morning we observed three people and the activity co-ordinator making Christmas cards out of coloured paper. When the three people had finished, three more people came in for their turn.
- People told us they enjoyed the activities on offer but sometimes at the weekends they got bored. One person said, "Well nothing happens on the weekend because [activity co-ordinator] isn't here. I do get bored though I am busy in the mornings [doing other things]." Another said, "[Activity co-ordinator] does quite a lot of things, bingo, skittles and craft activities but they cover for the cook on their days off on Wednesday and Thursday. Mind you, [staff member] sometimes does exercises with people, you know, in their chairs." And a third told us, "There needs to be more at the weekends, but they do their best."
- We observed in the afternoon, many people were sitting in their armchairs, and some were asleep. Given the feedback from people, and the work pattern of the activity co-ordinator, we could not be assured that people's individual and specialist needs were being met.

We recommend the provider reviews the current activity provision to ensure it is meeting people's individual and specialist needs, including at weekends.

Meeting 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 to their carers

- People had communication care plans in place. These provided some guidance for staff. For example, whether people wore glasses or needed to use a hearing aid. They also referred to speed of speech and how to communicate effectively with people.
- Staff told us different ways in which they communicated with people. This included speaking slowly and giving people time to answer and being aware of people's body language. We saw that correspondence was read out to people whose sight was impaired.
- One person spoke quietly; we saw staff giving the person the time they needed to explain what they wanted. Staff were patient with the person until they had finished explaining.
- Information displayed around the service provided people with knowledge about events.

Improving care quality in response to complaints or concerns

- There was a complaints process in place. People and relatives knew how to complain. People told us if they had any concerns they would speak to staff or the registered manager.
- There had been one complaint since our last inspection, and we saw that this had been dealt with appropriately by the registered manager.
- There was a, 'suggestions and grumble' box close to the entrance so people and visitors could give their views, anonymously if they preferred.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has changed to Requires Improvement. This was because governance and auditing systems needed to be more robust to identify where improvement was needed.

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

- The registered manager had systems in place to audit the quality and safety within the service. These systems had identified a number of areas where improvement was needed, and a service development plan had been written with the operations manager. This evidenced where progress had been made, and where improvements were still needed.
- The inspection process highlighted some issues which audit systems had failed to identify, such as the documentation of dietary intake.
- Some risk assessments were not sufficiently detailed and there was also a need to review MCA documentation to ensure it was up to date and accurate. We also found one authorised deprivation of liberty safeguard which had not been reported to us by the registered manager.
- The review of care plans was not sufficiently robust; staff such as keyworkers reviewed these, but further monitoring was required to ensure details were accurate, and important information was updated and in the most prominent place.
- More regular monitoring and auditing of people's care records was required by the registered manager so they can assure themselves that people's needs are being met.

The above demonstrates a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Continuous learning and improving care

- The culture was open, and everyone's input was listened to and valued. Staff had confidence to whistle blow, if they felt other staff had exhibited poor practice or were not working in line with the services value base.
- People told us they felt cared for by staff who were kind and caring towards them.
- The staff team would benefit from further training in relation to ensuring people's dietary intake was recorded accurately and in a way that supports external professionals to determine treatment plans.
- The operations manager had already identified the need for further training on the new electronic care notes system for staff, and this had been undertaken. They also identified other improvements such as daily notes needing to be more descriptive and an in-depth description of how people spent their day as well as any nutritional and physical interventions.
- Staff undertook relevant training to enable them to undertake their role. Where staff were overdue

training, sessions had been booked.

- Staff recruitment was in progress to ensure adequate staff were on duty at night.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they received. We found the provider was working in accordance with this regulation within their practice.

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

- Regular meetings took place which were used to consult with people about the service they received and update them on any service developments. People used these meetings to give their feedback and express any concerns or issues they were experiencing. One person said, "I see [registered manager] most days, I think she's involved in everything to do with the place." Another told us, "I think [registered manager] is very hands on, she's always prepared to roll up her sleeves and help the carers. She's very good."
- Staff told us they felt involved and listened to. Regular staff meetings took place to discuss the care people received and issues relating to the service. One staff member told us, "Manager is lovely and very helpful. If I need to swap a shift they try their best."
- Feedback questionnaires were issued to people, relatives and professionals annually.

Working in partnership with others

- Care records evidenced ongoing support from a range of health and social care professionals.
- The registered manager was in the process of forging links with a local primary school whereby children will visit the service, which people welcomed.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance systems had not identified where improvements were required.  17 (1) (2) (c)