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Edmore House Residential Home

Inspection report

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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

About the service: Edmore House Residential Home is a 'care home'. People in care homes receive accommodation and personal care. The care home accommodates 18 older people in one adapted building. There were 17 people living at the home when we inspected.

What life is like for people using this service:

- People enjoyed living at the home and were complimentary about the way it was managed. One person told us, "It's really good, for everything. I'm very happy here; it's like living in a hotel."
- People, relatives and staff told us they saw the provider and registered manager regularly, and found them approachable.
- A health professional who visited the home to support people living there emphasised how well staff knew people's health and well-being needs, which helped to ensure their health and well-being was promoted.
- Staff understood risks to people's safety and supported them to stay as safe as possible.
- There were sufficient staff to care for people at times people wanted assistance.
- People were supported to have their medicines safely and checks were undertaken to ensure these were administered as prescribed. People's medicines were reviewed, and staff worked closely with health and social care professionals to ensure people's medicines were managed well, and their health outcomes improved.
- The risk of infections and accidental harm was reduced, as staff used the knowledge and equipment provided to do this.
- Staff spoke warmly about the people they cared for. People were confident to ask for assistance and reassurance from staff when they wanted this, and staff took time to provide this in the ways people preferred.
- People told us staff respected their rights to make their own decisions about their lives and care. Where people needed support to make some decisions staff assisted them, using people's preferred ways of communicating.
- Staff had received training and developed the skills they needed to care for people, through induction and on-going training. People told us staff knew how to help them.
- People had good access to other health and social care professionals and staff followed any advice given. This helped to ensure people experienced good levels of well-being and physical health. Relatives were confident their family member's health needs were promptly met and told us staff kept them informed of any concerns.
- People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.
- Staff ensured people had opportunities to do things which they enjoyed and people were supported to keep in touch with others and faith groups, who were important to them.
- The views of people, relatives and other health and social care professionals were considered when people's care was assessed, planned and reviewed, so people's needs continued to be met, and based on people's preferences.

- Procedures were in place to take any learning from complaints and to further improve people's care.
- People's wishes for their care at the end of their lives had been planned and the views of their relatives considered.
- The registered manager and provider checked the quality of the care provided and encouraged suggestions from people and staff to improve people's care further. One relative told us because of this, "It's brilliant here. I'd like to be here myself. If I need to go in to a home, this is where I would like to come."
- The registered manager kept up to date with best practice developments, so they could develop the care provided further.
- We found the service met the characteristics of a "Good" rating in all areas; For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good. The last report for Edmore House Residential Home was published on 8 January 2016.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service remained rated Good overall.

Follow up: We will continue to monitor intelligence 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.

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Edmore House 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 as part of our regulatory functions. This inspection checked 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 expert by experience carried out the 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: Edmore House Residential Home is a care home. People in care homes receive accommodation and nursing or personal care. 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 when preparing for and carrying out this inspection: We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and professionals who work with the service. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spent time with people in the communal areas of the home and we saw how staff

supported the people they cared for. We used the Short Observational Framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with eight people who lived at the home and two relatives, to gain their views about the care provided. We also spoke with the provider's representative, the registered manager, five care staff and a member of catering staff. In addition, we spoke with a health and social care professional who regularly supports people living at the home.

We reviewed a range of records. This included two people's care documents and multiple medication and records, and records about safeguarding people's liberty and freedoms. We also looked at records relating to the management of the home and checks undertaken by the registered manager. These included systems for managing any complaints, checks on medicines administered and minutes of residents' meetings, and minutes of meetings with people and staff.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes

- Systems were in place for staff to regularly communicate information about people's safety needs, and to promote people's safety.
- The registered manager and staff had received training and understood what action to take in the event of any concerns for people's safety.

Assessing risk, safety monitoring and management

- People and relatives were very positive about the way staff met people's safety needs. One person explained staff also considered their emotional well-being when helping them to stay safe. One relative told us safety was managed so well they would elect to live at the home, themselves.
- People's safety needs and risks were assessed and their safety needs considered when their care was planned. For example, staff considered if people needed extra help to move around the home safely, or if people needed any specific assistance to maintain good skin health.
- People's safety and well-being was monitored and plans to keep them as safe as possible were regularly reviewed. People's wishes and the views of their relatives and other health and social care professional were considered as part of this process.
- Staff promptly assisted people when they needed support with their safety.

Staffing and recruitment

- New staff had been supported to understand people's safety and well-being needs.
- The suitability of potential staff to care for people was checked prior to their employment.
- There were sufficient staff to care for people at times to suite people. Staffing levels were based on the needs of people living at the home. One person told us staff promptly provided assistance when they had used their buzzer.

Using medicines safely

- People were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

Preventing and controlling infection

- The home was well maintained and clean. One person said, "[The home] nice and clean."
- Equipment, such as aprons and gloves, was available to reduce the likelihood of the spread of infections. Staff followed the training they received to promote people's health, and the registered manager regularly checked the cleanliness of the home.

Learning lessons when things go wrong

- Staff communicated information about incidents so any learning could be taken, and risks to people further reduced.

Is the service effective?

Our findings

Effective – this means that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- The wishes of people and the views of their relatives and staff were considered when people's needs were assessed. This helped to ensure people's care preference and needs were understood.
- The views of other health and social care professionals were also considered when people's needs were assessed.

Staff skills, knowledge and experience

- People were positive about the way staff cared for them. One person told us, "It's a very good home. I'm getting looked after really well."
- Staff had opportunities to gain the skills they needed and to develop their skills further. One staff member told us about the training they had done, which was linked to the needs of the people they cared for. The staff member said, "The training here is good. It makes you aware of how to help residents, and makes sure you are up to date."
- New staff undertook an induction which included support from experienced staff, so people consistently received care from staff who knew their care needs and preferences.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed their meals. One person told us, "All the food is lovely here." Another person said, "I've been here four years, so they [staff] know what I need, and they go out shopping specially."
- People were supported to have enough to eat and drink to remain well. Where people needed a specific type of diet, or support to maintain their safety when eating this was provided by staff.
- Staff regularly encouraged people to have enough to drink and the timing of meals reflected people's wishes.

Staff providing consistent, effective, timely care within and across organisations; Supporting people to live healthier lives, access healthcare services and support

- People and relatives told us staff knew people's health needs, and to see their GPs and District Nurses, so they would remain well.
- A health professional who regularly visited the home to support people told us, "Calls to us are justified, and [registered manager and provider's name] have a sensible, practical approach to people's health needs. They always follow any advice given, and have trained staff well."

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

- People's rooms reflected what mattered to them and enabled them to connect with people who were important to them. People enjoyed a number of communal areas to spend time quietly, or to socialise as

they wished.

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 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met.

- We found the MCA and associated Deprivation of Liberty Safeguards were applied in the least restrictive way, authorisation correctly obtained, and any conditions observed.

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: 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

- People liked the staff who cared for them. One person said, "Yes, they are very good staff. I've got to know them and they know me."
- Relatives highlighted how told caring the approach was from the service and the staff. One relative told us, "The staff are wonderful. They are friendly and you can approach them. If you need anything, or want to know anything, they are great."
- Staff were very positive about their relationships they developed with people. One staff member said, "You have bonds with people. It makes it a happy home, and (staff) are close to residents, and they feel supported."
- People were cared for by staff who knew them well. For example, we saw staff understood how people liked to be addressed, and what interested them. Staff used this knowledge when providing support, so people were relaxed and enjoyed life at the home.
- Staff were gentle, and comforting when people wanted reassurance. We saw staff provided reassurance to people in the ways they preferred.

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

- People told us staff respected their rights to make decisions about their care and this supported them to live their lives as they chose. This included how they wanted to spend their time, what time they wished to get up and retire to bed, and who would provide care to them.
- Staff sought people's views on the care proposed for them, and listened to people's responses.

Respecting and promoting people's privacy, dignity and independence

- People's confidential information was securely stored, to promote their privacy.
- People's right to dignity and independence was considered when their care was planned. One person told us they had been asked about the gender of staff member they would like to support them with personal care. The person told us staff had respected their decision.
- Staff gave us examples of the way they respected people's need for independence. For example, people were encouraged to undertake what elements of personal care they could manage, and people's right to independence was recognised in respect of their administration of creams to support good skin health, where this was appropriate.

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

Personalised care; accessible information; choices, preferences and relationships

- People's care plans reflected their histories, preferences and needs. The views of people, their relatives and other health and social care professionals had been considered when plans for people's care had been put in place and reviewed.
- People's care plans and risk assessments gave staff the information they needed to support people as people wished. For example, if people had any dietary preferences, or preferred night time routines.
- Care staff were encouraged to let senior staff know if people needs or preferences had changed. This ensured people would continue to have the care they wanted.
- People were supported to do things they enjoyed. This included hydrotherapy sessions, carriage riding and meeting up with friends for lunch. Staff regularly checked people had the support they needed to do things that interested them and people's wishes were listened to.
- Staff had also considered as part of care planning if people wanted to maintain contact with people or groups that were important to them. One person explained their spiritual life was important to them and told us they were supported to see a vicar who regularly visited the home.
- People were very positive about the wide range of interesting things which were regularly arranged for them to do. Two people told us they enjoyed the bingo, quizzes, gentle exercises and other activities available. One person told us they were very keen on the arts and crafts sessions, and proudly showed us an item of jewellery they had made.
- We saw posters were in place to let people know what additional activities were available. These included nails pamper sessions, bowling and music and reminiscence sessions.
- The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals, such as information showing people's preferred communication methods. Staff gave us examples of the support they gave to people, so their communication needs would be met. This included individual ways of working with people so their sensory and communication needs would be met.

Improving care quality in response to complaints or concerns

- People and relatives told us they had not needed to make any complaints, because the care was good. One person said, "They've [staff have] told me that if I've got problems I can tell them. There's always someone to talk to."
- Systems were in place to promote, manage and respond to any complaints or any concerns raised. We saw action was taken if any concerns or suggestions had been made, and learning taken from these.

End of life care and support

- Plans setting out people's wishes at the end of their lives considered people's and their relatives' views. Staff gave us examples of the actions taken to support people at the end of their lives so they would be free of pain, and their preferences would be met.

Is the service well-led?

Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support with openness; understanding and acting on their duty of candour responsibility

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC), of important events that happen. The registered manager told us they had not submitted the notifications required in respect of deprivation of liberty safeguards authorisations. The registered manager took immediate action to rectify this.
- At our last inspection we found that the registered manager had completed monthly audits on medication but this had not identified stock recording errors. The audits undertaken also did not identify all protocols to support people with taking as required meds were available. At this inspection, we found the registered manager had taken the actions necessary to address this.
- People and relatives were complimentary about the way the home was managed and told us they found the registered manager and provider approachable. One person said, "No question about it. You can go to [registered manager's name] about anything."
- One relative told us about the culture at the home, and how this focused on the needs of their family member. The relative said, "I spoke to [provider's name]. He said he thinks people should be treated how he would want his mom to be treated. And he follows through on that. Enough said."
- An external health care professional who regularly visited the home emphasised how welcoming staff made the home. The health care professional told us the way the home was led meant there was a low turnover of staff, and this meant people's needs were very well known, which enhanced their well-being.
- Staff enjoyed working at the home. One staff member explained staff were encouraged to work together to ensure people received good care. Another member of staff told us about the support staff received from senior staff to care for people and said, "It means you get such satisfaction in being there for people."
- The registered manager had ensured systems were in place to enable information sharing across staff teams and to promote team work for the benefit of people living at the home. These included staff meetings and one to one meetings for staff with their managers. Staff we spoke with emphasised they could obtain support without delay from senior staff. One staff member explained the registered manager also kept staff update with guidance through information contained in wage slips.
- The registered manager told us, "I am proudest of the care we give to the residents, and the attitude of staff. This means we have good relationships, and they are looked after well."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People, relatives and staff told us they were encouraged to make suggestions about the care provided.

This helped to ensure people's needs continued to be met.

- The registered manager gave us an example of the effective ways they worked with several other health and social care professionals. This included work with Clinical Commissioning Groups on specific projects to ensure people were prescribed only the medicines they needed. This had helped to ensure people's health needs were met, and wastage was reduced.
- Staff told us the systems put in place by the registered manager promoted effective working with other health professionals. This included very positive relationships with District Nurses, diabetes specialists and Advance Nurse Practitioners, which benefited people when they required prompt support with their well-being and health.

Continuous learning and improving care

- The registered manager and provider checked the quality of the care given. For example, checks were made to ensure people's medicines were administered as prescribed, to review any accidents or incidents, and to ensure the environment at the home was safe.
- The registered manager kept up to date with best practice through meetings with commissioners, training and research, so they could be sure people were supported to enjoy a good quality of life.