

Edenplace Limited

Eden Place Mental Health Nursing Home

Inspection report

1 Vicarage Road
Leamington Spa
Warwickshire
CV32 7RH

Tel: 01926313227
Website: www.edenplace.co.uk

Date of inspection visit:
12 October 2022

Date of publication:
24 November 2022

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Eden Place Mental Health Nursing Home is a residential care home providing personal and nursing care to up to 33 people. The service provides support to younger and older people with mental health needs including people who need care and accommodation for substance misuse. At the time of our inspection there were 31 people using the service.

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

Overall, we were assured by the infection, prevention and control practices in the home but found cleanliness and hygiene in some of the shared bathrooms could be improved.

Staff received safeguarding training and risks to people's health, safety and wellbeing were assessed and used to develop holistic assessments of need and care management plans. There were enough staff to support people safely and respond to people's needs in a timely way. Medicines were ordered, stored and administered safely. Overall, we were assured by the service's infection control practices and policies but found some shared bathrooms needed cleaning. The registered managers worked with domestic staff to ensure expectations around cleanliness and hygiene were maintained. Only staff trained to administer medicines could do so. Accidents and incidents were reported and recorded by staff and monitored by the registered manager.

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.

People had person centred care plans which provided staff with information on how people wanted to be cared for, their likes and preferences. Individual and group activities took place and people were encouraged to contribute their ideas and suggestions for day trips and outings. There was some signage around the home, for example to tell people where toilets and bedrooms were located. Planned activities were displayed on a community board, which were confirmed on a daily basis by staff checking which activities people would enjoy. People and their relatives told us they had no complaints and felt if they needed to discuss a concern, staff would be approachable.

We received positive feedback from staff at Eden Place and they were keen to share their experiences during the inspection. Improvements had been made to systems which monitored the quality and safety of care. Residents meetings and key worker progress reports were used to engage people who lived at Eden Place and give them an opportunity to contribute to care planning. Networks such as Skills for Care and nurses support groups were used by the registered managers to share knowledge, keep up to date with good practice and aid continuous professional development.

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

Rating at last inspection

The last rating for this service was requires improvement (published 17 October 2019).

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We undertook this focused inspection to check whether improvements had been made at the service since we last inspected. This report only covers our findings in relation to the key questions Safe, Responsive and Well-led.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Eden Place Mental Health Nursing Home on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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

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 (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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection team consisted of two inspectors and a specialist mental health nurse advisor.

Service and service type

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

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers in post.

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 and gathered feedback from partner agencies. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

During the inspection

We spoke with 10 members of staff including the registered managers, finance manager, nursing staff, care workers and the maintenance person. We spoke with four people and three relatives and 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 reviewed a range of records including four people's care plans and medication administration records as well as documents relating to the management of the service. This included audits and quality assurance checks and recruitment records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training. Their competency and understanding of potential safeguarding incidents and what to report was checked using safeguarding audits.
- The registered manager understood their responsibilities for reporting potential safeguarding concerns to the local authority and us, CQC.

Assessing risk, safety monitoring and management

- Improvements had been made to risk assessments and care management plans. Risks to people's health, safety and wellbeing were assessed and used to develop holistic assessments of need and care management plans. These were reviewed regularly and updated following accidents or incidents such as falls, and when people sustained injuries such as skin tears or bruises.
- Care plans included information on supporting people's mental wellbeing and how to respond if they became upset, agitated or anxious. Staff showed good understanding of how to keep people calm and respond to their mental health needs positively. One staff member said, "Instead of saying no you can't [go home] it is better to have the techniques in dealing with [false beliefs] people have. Keep a calm manner as otherwise it agitates [person]."
- Improvements had been made to fire safety and personal emergency evacuation plans. Scenarios were used as part of fire drills and evacuation plans included information on mobility equipment people needed, and the level of support required from staff.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Staffing and recruitment

- There were enough staff to support people safely and respond to people's needs in a timely way. Staff gave positive feedback about staffing levels including the consistency of the staff team and minimal use of agency staff.
- The provider had systems to ensure the safe recruitment of staff. This included reference requests and Disclosure and Barring Service Checks (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were ordered, stored and administered safely. Only staff trained to administer medicines could do so.
- Protocols provided guidance to staff on administering 'as required' medicines. This is medicine given to people occasionally such as when they experience pain or agitation.
- Each person had a medicine profile which provided a quick summary of their prescribed medicines, what they were for, potential side effects, allergies and room number. This was implemented to share information quickly with external health professionals such as paramedics, and new or agency staff.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Some areas of the home were difficult to clean because the flooring needed replacing and some shared bathrooms needed cleaning. One bathroom had a hand towel instead of paper towels which increases the risk of spreading infection. The registered managers were working with domestic staff to ensure expectations in terms of cleanliness and hygiene practices within the home were maintained.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- There were no restrictions on visiting and the home supported people to have visitors.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded by staff and monitored by the registered manager to learn from them.

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 the rating has changed to good. This meant people's needs were met through good organisation and delivery.

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

- People had person centred care plans which provided staff with information on how people wanted to be cared for, their preferences and dislikes.
- Staff knew people well and responded to them in a person-centred way. For example, staff knew it was important for one person to sit quietly and listen to activities rather than to be directly involved, as they preferred to remain alone and silent.
- Staff told us most people's diagnosed mental health condition was stable. Nursing staff had an understanding of the complex mental health conditions people living at the home had. Nursing staff felt they would recognise if a person's mental health deteriorated and would seek advice and support in managing this.

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. During our inspection exercise activities took place with an external specialist, who encouraged people to move around to music from a seated position. People appeared to enjoy the stimulation and interaction this offered.
- People were supported to practice and follow their faith. One person said they knew how to take part in church and religious services, which was supported by staff if this was their choice.
- Relatives could visit when they wished and people were supported by staff to go on day trips and continue with hobbies or interests they enjoy. One person said, "My brother visits regularly. I used to be a screen printer, I like arts and crafts and staff help me sometimes with art activities."
- Residents meetings encouraged people to participate and contribute to future plans for day trips and outings.

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 their carer's.

- There was some signage around the home, for example to tell people where toilets and bedrooms were. Planned activities were displayed on a community board, which were confirmed on a daily basis by staff checking which activities people would enjoy.
- A 'Who is Who' staff photograph board was also on display to show people which staff were supporting them.

- The registered manager told us if people required any materials to be produced in an 'easy to read' format, large print, or a different language, this could all be arranged on request. Throughout the home we saw some posters and notices were displayed in a picture format, such as a picture of the meal on offer on the daily menu in a photograph of a plated meal, so that people could understand what was on offer to them.

Improving care quality in response to complaints or concerns

- Key worker progress reports were used to identify whether people had any concerns or worries about their care or treatment, whether there was anything they would like to change and what worked well for them.
- 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.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received positive feedback from staff at Eden Place and they were keen to share their experiences during the inspection. Management valued the importance of being seen as part of the team and had an open - door policy to promote positive team working and morale. One member of staff said, "I absolutely love it here, 12-hour shifts go quickly, and teamwork makes the day go well."
- Staff demonstrated compassion and real care for the people they supported. Comments included, "If the residents wanted anything the team would go to the moon and back to get it for them" and "I love my job here and the residents."

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

- Improvements had been made to systems which monitored the quality and safety of care. A new clinical manager's meeting had been implemented which reviewed all aspects of the service and care provisions such as admissions, whether people needed increased monitoring, through to recruitment and staff training.
- A series of audits and quality assurance processes operated to maintain oversight of quality and safety in the home, including care practice standards and maintaining the environment and premises.
- One of the registered managers was responsible for auditing the premises and building. There was an ongoing improvement plan which identified areas of the home that required redecoration and updating.
- Accidents, incidents and safeguarding events were monitored and audited. Further improvement to these audits were identified to ensure such events were analysed collectively to enable more effective identification of potential trends or patterns.
- The registered managers understood their responsibilities in relation to duty of candour. Important events and incidents were notified to CQC as required.

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

- Resident's meetings and key worker progress reports were used to engage people who lived at Eden Place and give them an opportunity to contribute to care planning.
- In response to limited responses from staff surveys, the registered managers focused on other means of

gathering feedback from staff such as supervisions and team meetings.

Continuous learning and improving care; Working in partnership with others

- The registered managers were 'train the trainers' which enabled them to tailor specific training to the needs of their staff team and people who lived at Eden Place. They accessed training offered by the local authority in care planning, wound care and oral care.
- Networks such as Skills for Care and nurses support groups were used by the registered managers to share knowledge, keep up to date with good practice and aid continuous professional development.
- The staff team worked closely with external health professionals in response to changes in people's needs.