

### **Barker Care Limited**

# Eden Mansions Nursing Home

### **Inspection report**

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20 March 2019

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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:

Eden Mansions is a care home and was providing personal and nursing care for up to 106 people. At the time of the inspection there were 100 people living at the service, some of whom were living with dementia. Accommodation was provided across four separate 'villas' within the main building.

#### People's experience of using this service:

People continued to be protected from abuse and avoidable harm. There were sufficient staff to meet people's needs and safe recruitment procedures were followed. Medicines were administered and managed safely and staff used personal protective equipment [gloves and aprons] effectively to prevent and control the spread of infection.

The service continued to be effective. People's needs were assessed and personalised care plans developed to ensure that effective care was delivered in line with legislation and good practice. People were supported by well trained and knowledgeable staff. A choice of nutritious food was offered which people were complementary about. When people were unable to make decisions about their care and support, the service was working within the principles of the Mental Capacity Act 2005. People were supported to access a range of health and social care services to maintain their health and well-being.

People and visitors told us that staff were kind, treated them with respect and without discrimination. Visitors were made to feel welcome within the home. People had access to advocacy services when needed to ensure their rights were protected.

People were supported by staff who had a good understanding of their care and support needs and personal preferences. Each person had a personalised care plan so that the care delivered was tailored to their needs. An activities team co-ordinated a daily programme of activities based upon the likes and interests of the people living at Eden Mansions. People and visitors we spoke with knew who to speak with if they had any concerns or complaints.

Although there had been changes to the management team since the last inspection, the service continued to be well-led. There was a process to assess and monitor the quality of the service. Staff and the management team promoted a person-centred and open culture, working well with other agencies.

#### Rating at last inspection:

At the last inspection the service was rated Good. [5 September 2016].

Why we inspected: This was a planned inspection based on the previous rating.

# 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.	



# Eden Mansions 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by two adult social care inspectors, an assistant inspector, two specialist advisors and two experts-by-experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The specialist advisors were nurses.

Service and service type: Eden Mansions is a care home which provides residential and nursing care for up to 106 people. At the time of this inspection there were 100 people living at the home.

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:

The inspection took place on 19 and 20 March 2019 and was unannounced.

#### What we did:

Prior to the inspection we contacted Cheshire East Council to seek their views of the service and looked at the latest Healthwatch report. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We saw that their report provided a positive view of the service. We also reviewed information we held about the service and checked whether we had received any notifications about events which the provider is required to tell us about by

law.

Providers are required to send us key information about their service, what they do well and improvements they intend to make. This information helps support our inspections. We looked at the information the provider had sent us about the service in the Provider Information Return (PIR).

During the inspection we spoke with the regional manager, registered manager, two villa managers, four nursing staff, seven care staff, a care co-ordinator, activities co-ordinator, services manager and home administrator. We spoke with 12 people who lived at Eden Mansions, 12 relatives and a quality officer from the local authority. We looked at ten care plans, 15 medicine administration records [MAR] and other records associated with the running of the service.

We carried out observations at various points during the inspection including the use of 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 give their views.

Following the on-site inspection visits the registered manager and regional manager provided some additional information.



### Is the service safe?

### Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person told us "Yes, safe here, like home".
- Staff received training about safeguarding people from abuse and whistleblowing, [reporting to external agencies], and were aware of their responsibilities in this regard.
- Policies and procedures were in place providing clear guidance for staff and staff knew where they were kept.
- Staff told us that they felt able to report any concerns and that they would be listened to.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Accidents and incidents were recorded. Villa managers and the registered manager had oversight to identify any emerging themes and trends.
- Learning was captured and measures implemented to prevent recurrence.
- There was some confusion about recording of unexplained bruising. However, when this was brought to the attention of the management team they reminded all staff of the correct procedure to follow.
- Risks were assessed and plans implemented to mitigate. Care records provided detailed information about people's individual risks in order for staff to keep people safe from avoidable harm.
- Regular checks were carried out to ensure that the environment was a safe place for people to live.
- There was an emergency plan in place to show how the service would continue in the event of an emergency.
- Fire drills were carried out and improvements recommended following a Cheshire Fire and Rescue audit had been actioned. The registered manager was to follow up a query regarding one action.

#### Staffing and recruitment

- People's dependency was assessed and reviewed to determine staffing levels.
- There were sufficient staff to meet people's needs although there were times when staff were busy completing tasks.
- People told us they thought there were enough staff. They told us, "Yes, I don't think they are short of staff any time".
- Safe recruitment procedures were followed.

#### Using medicines safely

- Medicines were managed and administered safely by staff who were trained and competent to do so.
- Protocols were used for medicines that were administered as and when needed. Having protocols in place follows best practice guidelines because they provide information to staff about when people might require those medicines. When we identified there was no protocol for some medicines the registered manager

carried out a review to address this.

Preventing and controlling infection

- Eden Mansions was visibly clean and tidy.
- There was a plentiful supply of personal protective equipment [PPE], gloves and aprons which we observed were used appropriately.
- Staff were aware of measures to take to prevent and control the spread of infection.



### 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

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

Staff support: induction, training, skills and experience

- There was an induction programme in place for new staff to prepare them for their role.
- Staff received ongoing training in a wide range of health and social care topics.
- During the inspection, a staff member stated they had to pay for additional training and we queried this with the regional and registered managers. The regional manager confirmed that this was not correct, where training needs were identified and free to attend training was not available in a timely manner, the registered provider would fund the required training. This information was then cascaded to all staff.
- Staff were provided with opportunities to review their work and development needs.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and if conditions of authorisation were being met. We found that the service was working within the principles of the MCA.

- Care plans evidenced that people, and where appropriate, their families/representatives, had been involved in decisions about the care provided.
- Decisions to administer medicines covertly [hidden], had been made in the person's best interests with involvement of relevant persons.

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People's individual dietary needs were catered for, including to meet cultural needs.
- Food served was of a good standard and people were offered choice.
- We observed the lunchtime experience on two villas and found there was a pleasant atmosphere and that

people enjoyed the food served. Staff supported people who needed help with their food in a kind and discreet manner.

• People were supported to maintain their health needs with access to a range of health and social care services. For example, dietician, optician, and GP.

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

- Eden Mansions was nicely decorated throughout.
- The premises and environment were designed and adapted to meet people's needs. Corridors were wide enough for easy wheelchair access. There was clear signage, including pictorial signs, to help people find their way.
- People's rooms were personalised with items they had brought with them and pictures they had chosen.
- A new Summerhouse had been built in the grounds.

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

- A detailed assessment of people's needs was carried out before they came to live at Eden Mansions to ensure the service could provide the necessary care and support.
- People were cared for by staff who knew their needs well.
- A visitor told us "[Relative] is being well looked after, I have no concerns, she has improved a lot since coming here".



# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

- People and visitors told us that staff were kind and treated people with respect. One person told us staff were "Very friendly" and another said, "They are always pleasant and caring".
- •We observed kind and caring interactions between staff and the people living at Eden Mansions.
- People's diverse needs were respected and care plans identified people's cultural and spiritual needs.
- People and relatives told us they felt they were treated fairly and without discrimination. They were able to discuss their needs, for example with regard to culture and religion and we saw that these were well reflected in care planning.
- Staff supported people to maintain their independence as much as they were able. One person told us "I brush my own hair and clean my teeth but need help with everything else".
- Staff respected people's privacy, for example by knocking on doors before entering rooms.
- Visitors we spoke with told us that they were made to feel welcome within the home. One person told us "Definitely. Make a drink and I can eat here for a small charge".

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

- People were supported to express their views in the planning and decisions about their care.
- People who were unable to make decisions about their care, and did not have family or friends to support them, had access to advocacy services. An advocate is a person who supports people who do not have family or friends to ensure their rights are protected.



### Is the service responsive?

### Our findings

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

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were supported by staff who had a good understanding of their care and support needs and personal preferences. This enabled staff to provide personalised care tailored to the needs and wishes of the individual.
- Each person had a personalised care plan which was reflective of their needs, interests, likes, dislikes and choices.
- Care plans contained detailed information for staff on how best to support people with day-to-day activities They also included detailed information about the care people required to manage their long-term health conditions.
- People's senses such as sight and hearing had been considered and were reflected in their personalised care plan. Preferred methods of communication were also reflected.
- There was a 'resident of the day' system in place which ensured that people's care plans were reviewed regularly so that they remained reflective of current needs.
- A visitor told us "Staff make me feel welcomed. They would give me a cup of tea. If they didn't know the answer to a question I asked them they would always find out and let me know".
- Overall, we found that staff were responsive to individuals, providing support in line with people's needs using distraction techniques effectively. However, during an observation we found that staff did not follow the guidance in a person's care plan to support them when they became unsettled. Staff responded in a manner which was not in line with the respectful approach we saw at other times during the inspection. We discussed our observations with the registered and regional managers who addressed this with the staff concerned.
- When completing the 2018 resident/relative survey, a relative stated 'My [relative] is well looked after, she cannot do anything for herself now but staff make sure all her hygiene and personal needs are met. They encourage her and help her with diet'.
- An activities team co-ordinated a varied activities programme based upon the likes and interests of the people living at Eden Mansions.
- Activities were provided every day and each person had an individual activity record based upon their interests.
- People were supported to access the community and to maintain relationships with family and friends. Individual risk assessments were completed for outings.
- Call bells were responded to in an acceptable time. Spot checks had been introduced to ensure that call bells were responded to promptly and to identify any areas for improvement.

Improving care quality in response to complaints or concerns

•There was a policy and procedure in place to handle and respond to complaints. People and relatives

knew who to speak with if they had a concern.

End of life care and support

- At the time of the inspection there were three people who were receiving end of life care.
- Staff had access to end-of-life training and had a good understanding of how to support a person at the end of their life.
- People's wishes for end of life care had been considered. End of life and advanced care plans were in place and had been discussed with the GP and family members where appropriate. These care plans showed a compassionate approach to caring for people at end of life.
- Complimentary feedback about caring and dignified end of life care had been received from families.
- Where a 'Do not attempt resuscitation' decision had been made, the relevant documentation was clearly displayed at the front of people's care files.



### 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

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

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

- The service was led by a manager who had registered with the care quality commission. A new regional manager had recently been appointed and further changes were to take place following the departure of the compliance manager.
- The registered manager was clear about their responsibilities for reporting to the CQC and the regulatory requirements. We had received notifications about events that occurred within the service and the rating from the last CQC inspection was displayed as required.
- Since the last inspection the service had created the role of 'villa manager'. We received positive feedback about this change.
- The registered manager and staff team engaged with the inspection process throughout, readily supplying all of the information requested by the inspection team.
- Staff spoken with were knowledgeable, clear about their role and the leadership structure.
- The management team completed a wide range of audits to assess, monitor and improve the quality of the service.
- Audits were detailed and showed that learning was identified. However, we found that some had not been completed in line with the provider's own schedule and that, on occasion, additional detail of actions taken was needed. The regional manager explained that part of their remit would involve a review of documentation in place to determine effectiveness, provide guidance and make improvements where necessary.
- The service had been working towards completing an action plan issued by the local authority. We could see that good progress had been made and a quality officer from the local authority, who we met during the inspection, confirmed that they intended to update the plan as they were aware that further actions had been completed.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service had policies and procedures in place which staff could access if they needed guidance.
- Staff and the management team promoted a person-centred and open culture. Outcomes for people were good.
- Meetings were held for staff, relatives and people living at Eden Mansions including daily Head of Department meetings were held to share important information.

• Surveys were carried out to seek people's views of the service. In 2018 22 responses were received with mainly positive feedback about the service. Working in partnership with others • The management team worked in partnership with other agencies to achieve good outcomes for people including healthcare professionals and commissioners of services.