

Mrs S L Pitman and D J Wheeler

# King Edward Care Home

## Inspection report

7-9 Warbreck Drive  
Blackpool  
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Date of inspection visit:  
13 February 2019

Date of publication:  
25 February 2019

### 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:

King Edward Care Home is located in the North Shore area of Blackpool. The service can accommodate a maximum of 13 people of whose primary care needs are those of persons who live with dementia. At the time of our inspection visit there were 12 people who lived at the home.

People's experience of using this service:

People who lived at the home told us they were happy with the care provided for them and staff were caring and compassionate. They told us staff were kind and attentive and spent time with them. Relatives spoken with during the inspection told us they were happy with the care provided and had no concerns about their family members safety.

We observed the daily routines and practices within the home and found people were treated equally and their human rights were respected.

Procedures were in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

Staff had been recruited safely, appropriately trained and supported. They had skills, knowledge and experience required to support people with their care and social needs.

Risk assessments had been developed to minimise the potential risk of harm to people during the delivery of their care. These had been kept under review and were relevant to the care provided.

We saw there was an emphasis on promoting dignity, respect and independence for people supported by the service. They told us they were treated as individuals and received person centred care.

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 practice.

People's care and support had been planned proactively and in partnership with them. People felt consulted and listened to about how their care would be delivered. Care plans were organised and had identified the care and support people required. We found they were informative about care people had received.

Staff responsible for assisting people with their medicines had received training to ensure they had the competency and skills required. People received their medicines as prescribed and when needed and appropriate records had been completed.

Meal times were relaxed and organised around people's individual daily routines. People who required help to eat their meals were supported by caring, attentive and patient staff.

People were supported to have access to healthcare professionals and their healthcare needs had been met. The service worked in partnership with other organisations to ensure they followed good practice and people in their care were safe.

The services had a complaints procedure which was made available to people and their family when they commenced using the service. The people we spoke with told us they were happy with their service and had no complaints.

The registered managers used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek their views about the service provided.

Rating at last inspection:

Good. (Report published 13 August 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 re-inspection programme or if any issues or concerns are identified.

## 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.

# King Edward Care 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 team consisted of one adult social care inspector.

Service and service type:

King Edward Care Home is a 'care home.' People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. The Care Quality Commission (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 comprehensive inspection visit took place on 13 February 2019 and was unannounced.

What we did:

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports.

We also checked to see if any information concerning the care and welfare of people supported by the service had been received. We contacted the commissioning department at Blackpool Borough Council and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

As part of the inspection we used information the provider sent us in the Provider Information Returns. This is 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 did not use the Short Observational Framework for Inspection (SOFI) during our visit. SOFI is a way of observing care to help us understand the experience of people who could not talk with us. This was because people who lived at the home were able to speak with us and tell us about their experiences living at the home.

During the inspection visit we spoke with a range of people about the service. They included three people who lived at the home, four relative's and one healthcare professional. We also spoke with the registered manager, deputy manager and one care staff member. We observed care practices and how staff interacted with people in their care. This helped us understand the experience of people supported by the services.

We looked at care records of two people, staff recruitment, training, supervision records and arrangements for meal provision. We also looked at records relating to the management of the home and the medicines records of four people. We reviewed the services staffing levels and walked around the building to ensure it was clean, hygienic and a safe place for people to live.

# 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

- Throughout the inspection we observed safe care practices with staff being kind and patient with people in their care. People who lived at the home who were able to speak with us told us they felt safe in the care of staff who supported them. One person said, "The staff are kind and caring and I feel safe in their care."
- The service had procedures and systems in place to protect people from abuse and unsafe care. Staff had received training and knew what action to take if they became aware of or suspected a safeguarding issue. They understood what types of abuse and examples of poor care people might experience.

Assessing risk, safety monitoring and management

- Care plans seen had risk assessments completed to identify potential risk of accidents and harm to staff and people in their care. Risk assessments we saw provided instructions for staff members when they delivered their support. These included nutrition support, medical conditions, mobility, fire and environmental safety. The assessments had been kept under review with the involvement of each person to ensure support provided was appropriate to keep the person safe.
- We saw personal evacuation plans (PEEPS) were in place for staff to follow should there be an emergency. Staff spoken with understood their role and were clear about the procedures to be followed in the event of people needing to be evacuated from the building.

Staffing and recruitment

- We looked at how the service was staffed and found appropriate arrangements were in place. We found there were sufficient numbers of staff available to meet people's needs. People supported by the service told us they were happy with their support and staff were available when they needed them. One person said, "Always plenty of staff on duty and they are available if you need them."
- We looked at the services recruitment procedures and found relevant checks had been made before new staff had commenced their employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

Using medicines safely

- We looked at a sample of medicines and administration records. We saw medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. Medicines were managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. This showed the registered manager had systems to protect people from unsafe storage and administration of medicines.
- We observed medicines being administered at breakfast time and saw good practice was followed.

### Preventing and controlling infection

- We looked around the home and found it was clean, tidy and maintained. People praised the standard of cleanliness throughout the home. Staff had received training in infection control and had access to protective personal equipment such as disposable gloves and aprons.

### Learning lessons when things go wrong

- We looked at how accidents and incidents were managed by the service. There had been few incidents. However, where they occurred any incident had been reviewed to see if lessons could be learnt and to reduce the risk of similar incidents.



# 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.

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

- Care plan records contained a full assessment of people's needs. Following the assessment the service had provided a holistic approach towards providing person-centred care. We found the records were consistent and staff provided support that had been agreed with each person.
- Staff applied learning effectively in line with best practice. This led to a good service for people who lived at the home and a good quality of life.

Staff support: induction, training, skills and experience

- Training records showed staff had received training that was relevant to their role and enhanced their skills. All new staff had received a thorough induction on their appointment to the home to ensure they had the appropriate skills to support people with their care. One staff member said, "My induction was completed over two days and was very thorough. I felt it covered everything to support me to undertake my role effectively."
- We found all staff had achieved or were working towards national care qualifications. In addition, staff completed the services mandatory training. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.
- Staff spoken with told us they were happy with the training opportunities available to them.

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

- We found people were happy with the variety and choice of meals provided.
- Lunch was organised and well managed and provided a relaxed and social occasion for people to enjoy their meal.
- People who required assistance to eat their meals were supported with patience and care.
- Staff involved in meal preparation had information about people's dietary needs.

Staff working with other agencies to provide consistent, effective, timely care

- A visiting healthcare professional told us the service worked well with them to ensure people's needs were met. They told us they responded quickly and appropriately to ensure people in their care received the right level of support.
- We saw the service worked closely with health care services including GP's, district nurses, physiotherapists and occupational therapists. This ensured people were able access to healthcare services in a timely manner.

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

- We looked around the home and found it was accessible, homely and suitable for people's needs. Communal space comprised of a lounge and dining room located on the ground floor. Lighting in communal rooms was domestic in character, sufficiently bright and positioned to facilitate reading and other activities.
- The service had Wi-Fi (wireless connectivity) fitted allowing people with computers, smartphones, or other devices to connect to the internet or communicate with family and friends.

Supporting people to live healthier lives, access healthcare services and support

- People's healthcare needs were carefully monitored and discussed with the person or family members as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded.
- The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed people's assessed needs were being fully met, in accordance with their plans of care.

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. Also, whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority. We saw these were being met.

# 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.

Ensuring people are well treated and supported; equality and diversity

- People who lived at the home told us staff were caring and attentive and our observations confirmed this. We saw they were polite, respectful, kind and showed compassion to people in their care. We saw people were relaxed in the company of staff and enjoyed the attention they received from them.
- People visiting their relatives told us they were happy with the care provided at the home and liked the staff supporting their relatives. Comments received included, "The staff are lovely caring people. They really care and interact with [relative] ever so well." And, "Every member of staff is kind, caring and patient. It's so good here I no longer feel guilty about [relative] being in the home."

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

- Care plans seen confirmed people and their families had been fully involved in their care planning. Records we looked at contained evidence of them being engaged in the development of their care plan throughout the process. Care planning and other documentation had records about their preferences and how they wished to be cared for.
- Information was available about local advocacy contacts, should someone wish to utilise this service. An advocate is an independent person, who will support people in making decisions, in order to ensure these are made in their best interests. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with confirmed staff treated them with respect and upheld their dignity. We observed staff members spoke with people in a respectful way and were kind, caring and patient. We observed staff undertaking their daily duties during the inspection. We saw they respected people's privacy by knocking on their bedroom doors and waiting for permission to enter. One person who lived at the home said, "The staff are very respectful towards me and treat me with dignity." A visiting relative said, "[Relative] loves the staff. They are so kind and respectful."

# 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

- We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care.

- The care files we saw were person centred and individualised documents. They contained detailed information, providing staff with clear guidance about people's specific needs and how these were to be best met. These included people's personal care needs, nutritional support and social interests. Staff spoken with were able to describe people's individualised needs and how these were met.

- People visiting the home told us the service provided a varied range of social activities to keep their relatives entertained and stimulated. Comments received included, "The staff here interact really well with [relative] and other people in the home. There is always lots of laughter when we visit." And, "They provide really good activities here. They have regular singers and organise reminiscence quizzes which go down really well."

- The registered manager was aware of the accessible information standard. This ensured people with a disability or sensory loss were given information in a way they could understand.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure which was made available to people they supported. ● We reviewed one complaint and saw this had been dealt with professionally and appropriately.

- The people we spoke with knew how to make complaints. They felt confident that these would be listened to and acted upon in an open and transparent way, as an opportunity to improve the service.

End of life care and support

- People's end of life wishes had been recorded so staff were aware of these. We saw people had been supported to remain in the home where possible as they headed towards end of life care. This allowed people to remain comfortable in their familiar, homely surroundings, supported by staff known to them. The relative of one person being supported at end of life said, "I am really pleased [relative] has been able to remain at the home at the end of her life. The staff care and are familiar with her needs."

# 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 created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The registered manager told us the service followed all current and relevant legislation along with best practice guidelines. This was to ensure the diverse needs of everyone who used their service were met.
- The provider's systems ensured people received person-centred care which met their needs and reflected their preferences.
- The service was well-organised and there was a clear staffing structure. People spoke positively about how the service was managed. They informed us the registered manager was visible about the home and had a good understanding of people's needs and backgrounds. One person said, "I like the manager she is friendly and helpful."
- Policies and procedures provided guidance around the duty of candour responsibility if something was to go wrong.

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

- The registered manager understood legal obligations, including conditions of CQC registration and those of other organisations.
- We found the service had clear lines of responsibility and accountability.
- The registered manager, deputy manager and staff team were experienced, knowledgeable and familiar with the needs of the people they supported.
- Discussion with the staff on duty confirmed they were clear about their role and between them and management provided a well run and consistent service.

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

- The service had sought the views of people they support through satisfaction surveys. The surveys had been summarised and although feedback was generally positive an action plan had been produced to address any areas where people felt improvements could be made. This showed the service listened and responded to the views of the people they supported.
- People told us they were encouraged to comment on care plans and feedback to the management team through regular review meetings. People also told us they could simply speak with staff if there was anything they wished to discuss or change.
- Staff spoke positively about the support they received from the management team. They told us senior staff were approachable and available for advice and support.

#### Continuous learning and improving care

- Systems were in place to ensure the quality of service was regularly assessed and monitored. These included a wide range of effective audits such as medication, care records, the environment and infection control. We saw evidence the service had acted upon any findings from the audits. This demonstrated improvements were made to continue the home to develop and provide a good service for people who lived there.
- Surveys completed by family and friends of people who lived at the home confirmed they were happy with the standard of care, accommodation, meals and activities organised. Comments received included, 'You couldn't provide better care. The King Edward instils me with confidence.' And, 'So much care, kindness and consideration provided.'

#### Working in partnership with others

- The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as G.P's, district nurses, falls prevention team and occupational therapists. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.