

Anchor Hanover Group

St Edith's Court

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

St Edith's Court is a residential care home providing personal care without nursing for up to 39 people some of whom maybe living with dementia. At the time of inspection 39 people were using the service. The service is set over two floors in a residential area and is purpose built.

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

One person said, "They're all very good to me. I couldn't think of being anywhere else." Another person said, "I like living here. It's a very good home. The staff are very kind and nice. There's always someone around when you want them. There's a lot going on and they have the most beautiful gardens."

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. There were systems in place to minimise the risk of infection and to learn lessons from accidents and incidents.

People were supported safely by staff who had been recruited and employed after appropriate checks had been completed. Staff who had received the training and had the appropriate skills to support people. Medication was dispensed by staff who had received training to do so.

The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. 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 support this practice.

People were supported to eat and drink enough to ensure they maintained a balanced diet and referrals to other health professionals were made when required. The environment was well maintained and suitable for the needs of people.

Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences of care. Staff worked to promote people's independence.

Care plans were reviewed on a regular basis. People were supported to follow their interests and participate in social activities. The registered manager responded to complaints received in a timely manner. People were supported at the end of their life.

The registered manager had systems in place to monitor and provide good care and these were reviewed on a regular basis.

Rating at last inspection

The last rating for this service was Good. (last report published 10 February 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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

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.

St Edith's Court

Detailed findings

Background to this inspection

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

Inspection team

The inspection team consisted of one inspector, an assistant inspector and an Expert 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.

Service and service type

St Edith's Court is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

Before the inspection, the provider completed a Provider Information Return (PIR). We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed previous reports and notifications that are held on the CQC database. Notifications are important events that the service must let the CQC know about by law. We also reviewed safeguarding alerts and information received from a local authority. We used all this information to plan our inspection.

During the inspection

We spoke with seventeen people and seven relatives and observed interactions with staff. We spoke with the registered manager, deputy manager and three care workers.

We reviewed a range of records. This included five care files, two staff files, multiple medication records and information held in relation to the running of the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes to safeguard people from the risk of abuse
- People told us they felt safe living at the service. One person said, "I feel perfectly safe here. I've got this buzzer on me and they come quickly when I press it"
- Staff knew how to keep people safe and protect them from safeguarding concerns. Staff were trained and able to identify how people may be at risk of harm or abuse and what they could do to protect them. One member of staff said, "I would report anything to a manager or go outside to the CQC."
- The registered manager clearly displayed around the service notices and posters of independent organisations people and staff could contact if they had a safeguarding concern, and discussed with staff in meetings the process of how to raise a concern.
- Where the registered manager had raised safeguarding concerns they had worked with staff and the local authority to learn from these and put processes in place to keep people safe.

Assessing risk, safety monitoring and management

- Staff undertook risk assessments to keep people safe. Assessments were aimed at supporting people's independence and covered such areas as, nutrition, mobility, falls prevention and pressure area care.
- Risk assessments also identified how to keep people safe if they are using flammable creams. Staff knew to ensure bedding and clothes were washed at the correct temperature to avoid a build-up of cream which can become a fire hazard.
- Staff were trained in first aid and knew what action to take in an emergency or if somebody became unwell.
- The provider employed a maintenance person for the general maintenance of the service and used external contractors for any additional work needed. For example, we saw carpet fitters removing carpet in preparation for laying new carpet. Before they started work the service's health and safety requirements were discussed with them by a representative of the provider to ensure people were kept safe during the work. Regular health and safety checks were completed.
- People had fire risk assessments and personal evacuations plans for staff to follow. Regular checking of fire drills and checking of fire prevention equipment was completed.

Staffing and recruitment

- The registered manager used a dependency tool to indicate how many staff were needed to provide support and care to people. They generally worked above this number to ensure there were enough staff to engage with people in social activities.
- In addition to care staff there were ancillary staff such as cleaners, administrator, kitchen assistant, cook

and maintenance staff. One relative said, "There's always someone around. I've never had to search for someone to answer a question"

- There was a consistent staff team and where agency staff were utilised they used a regular agency, so they had a chance to know people and their routine.
- The registered manager had an effective recruitment process in place and staff recruited were suitable for the role they were employed for. When agency was used their skills, training and suitability was checked by the registered manager.
- People had commented how good they found some agency staff and had asked for them to become permanent staff members. We saw the registered manager had recruited them to permanent posts.

Using medicines safely

- People were supported to take their medication by trained and competent staff. One person said, "I get my pills regularly every day; they're good at that and they make sure you take them."
- We observed staff supporting people with their medication. Staff wore a tabard with instructions of 'do not disturb' whilst doing the medication round. Medication records we reviewed were in good order.
- The registered manager had processes in place to check the ordering, storing and management of people's medication. Regular audits were completed to check medication was being managed safely.

Preventing and controlling infection

- People were protected from the spread of infections. Staff had received training in infection control and had access to personal protective equipment (PPE) such as gloves and aprons.
- During infectious outbreaks the registered manager had processes and policies in place to minimise the risk of the infection continuing.
- One person told us, "Everything's kept spotlessly clean."

Learning lessons when things go wrong

- The registered manager had systems in place to learn from risks, significant incidents or accidents at the service.
- Lessons learned were shared with staff during meetings and supervision to improve practice and safety for people.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant 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

- People's needs were consistently assessed and reviewed to ensure the care they received met their choices, needs and achieved effective outcomes. Care was managed and delivered within lawful guidance and standards.

Staff support: induction, training, skills and experience

- New staff were given a full induction to the service and worked alongside experienced members of staff when they first started. One member of staff said, "I had a full in-depth induction, which included shadowing, going through paperwork and getting to know people."
- Staff were supported to attend training courses and to achieve nationally recognised certificates. Some staff held training qualifications so that they could train other staff at the service. The provider also facilitated face to face training. One member of staff told us, "I attended head office for end of life training, it was really good, the trainer made it really interesting."
- Staff received supervision and had yearly appraisals with the registered manager.

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

- People were supported to have enough to eat and drink. The registered manager employed two cooks and kitchen staff to provide all meals for people. There was also food and hydration stations available for people to help themselves to snacks and drinks.
- Regular feedback was sought from people on the meals provided and they were included in discussions about menus.
- Meals were a social occasion with most people choosing to eat at least one meal a day in the dining room with others. We saw this was usually the lunch service, people sat in social groups and chatted throughout. There was a choice of food and people could request what they wanted.
- People were complimentary of the food one person said, "The meal was lovely today as usual." Another person said, "We get very good food. I've put on weight since coming here."
- Staff had the information they needed to support any special diets, people's weight was monitored for signs of changes and where necessary referrals were made for medical assessment.

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

- The registered manager worked closely with other agencies who provided support for people's on-going care needs. The district nurse team attended daily to support people's healthcare needs.
- The GP service also attended to provide support and there was a practice nurse attached to the GP service

who visited to provide reviews of people's health and offer advice.

- People were supported to attend health appointments including dentist, optician and hospital appointments. A relative told us, "They're good at keeping us informed, for instance if she needs a doctor or there's any problem."

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

- The service was purpose built and set over two floors. Each person had their own flat with bathroom facilities and a small kitchenette. In addition to this there were communal lounges and dining room and access to a large garden. Since our last inspection the patio area had been updated.
- The provider kept the service well maintained and decorated. All refurbishment such as carpet replacement was discussed with people, so they were kept fully informed by the registered manager.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager took the required action to protect people's rights and ensure people received the care and support they needed. Staff had received training in MCA and DoLS.
- Staff knew how to support people in making decisions and how to facilitate giving them choice over day to day decisions and activities.
- Mostly people at the service had capacity to make their own decisions. Where appropriate applications had been made to the local authority for DoLS assessments.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they were happy living at the service. One person said, "We have very good care here and the carers are very kind people." Another person said, "Generally the staff are very good and some of them are exceptionally kind."
- We saw staff had good relationships with people and observed many occasions of staff laughing with people. The service was lively with people and staff spending time together socialising and talking about their day.
- People's equality and diversity needs were identified and recorded in care plans to ensure their individual preferences and needs were being met. Staff had received training in equality and diversity and there was a champion for diversity to promote people's rights and equality.

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

- People and relatives were involved in planning their support needs. Care plans were person centred and provided staff with all the information they needed to support people.
- Each person was allocated a member of staff as a key worker to support them and work with them to ensure they were comfortable and had everything they needed.
- Care plans were regularly reviewed with people and if they wished relatives and other stakeholders were involved in reviews. One relative said, "We can get a care review when we ask for one."

Respecting and promoting people's privacy, dignity and independence

- People told us staff treated them with dignity and respect. One person said, "The staff are extremely polite and helpful. They do a good job. They're friendly and try to make you feel at home and feel that you're not being a nuisance to them." Another person said, "They're always friendly and polite and are never rude."
- Staff were respectful to people, we saw them knocking on room doors asking if it was okay to enter. Care plans identified if people preferred to be supported by a male or female care worker and staff respected this choice.
- People were supported to maintain contact with friends and relatives and there was an open visiting arrangement at the service.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- Before people came to live at the service a full assessment was completed to ensure their needs could be met. The registered manager told us, people and their relatives were invited to look around to see if they felt the service would meet their needs. People were also invited to spend time living at the service for a period to see if they would like to live there permanently.
- Care plans were person centred and included information on people's background and hopes for the future, hobbies and interests, likes and dislikes and preferences on how they wished to receive their care and support.
- Care plans were regularly reviewed with people to ensure staff had the most up to date and relevant information to support people.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Care plans identified people's communication needs and staff knew how to support people.
- People were supported to have eye tests and wear their glasses, and to wear hearing aids if needed.
- Information was shared with people in a format they could understand such as large print if needed.

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

- Social activities were very inclusive at the service with several activities being led by people. For example, a recent fete was organised by people with support from staff. All staff were involved with activities, and there were two planned activities a day.
- One person since living at the service had become very active in arranging activities, they told us, "I organise a coffee morning every Tuesday, Arts and Crafts every Thursday, a shop every fortnight and produce a Newsletter. There's now over 20 coming in to the coffee mornings and 10 or so to the Arts and Crafts." They went on to say how supportive the registered manager had been and how good the staff were at getting involved.
- Another person told us, "I do like the bingo; that's my favourite, but there's lots of different things on and there's a church service every Wednesday"
- Some people were active and went out to various social activities in the community. Staff told us they at times went out for walks with people in the local area.

Improving care quality in response to complaints or concerns

- There was a complaints system in place. Information was available to people on how to raise a complaint. People told us if they had any complaints they would talk to the manager or deputy manager. One person said, "I've no complaints; everything's fine. I like my room and it's a comfortable home"

End of life care and support

- There was no end of life care currently being delivered at the service. However, staff had received training in end of life care and the registered manager had contacts with the relevant health care professionals.
- People's preferences for the end of their life had been explored with them and was recorded in care plans. Where appropriate some people had taken decisions about if they wished to be resuscitated and this was recorded.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- People were very complimentary of the service they received. One person said, "I'm very happy here. I think I'm well looked after." Another person said, "It's a nice home and I'm happy here, the staff and the food are very good."
- The registered manager promoted a positive culture, they told us, "I want people to feel they are treated with respect, to be honest with them, to respect their choices and for them to live life to the full."
- Staff shared the registered manager's vision. One Member of staff said, "We want to make people's days happier, for them to feel relaxed, talk to us and encourage them to do what they want. Another member of staff said, "We want people to be happy and achieve any goals they want to work towards."
- The registered manager understood their responsibility under duty of candour to be open and honest if things go wrong.

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

- There was a positive management structure in place which was open and transparent. Staff told us they felt supported by the registered manager. One member of staff said, "There has been lots of positive changes since the new manager, they have been a breath of fresh air, always tell it like it is. They are supportive and always thank staff for their work."
- People benefited from a staff team that worked together and understood their roles and responsibilities. One person said, "All the staff are incredibly caring and the senior staff in particular; they'll go over and above for you."
- Staff told us they worked well together as a team to support people. They had handover meetings every day and were kept fully informed of people's changing care needs.
- The registered manager had a good oversight of the service and staff worked within regulatory requirements.

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

- The registered manager and staff were good at engaging with people and listening to people's views. They supported people to have autonomy in running their own coffee mornings, activities and newsletters.
- The registered manager held meetings with people and relatives to get their feedback on the service and

listen to their views, opinions and requests for any changes they wanted. Information was fed back in a 'you said' 'we did' format.

- At least once a week the registered manager met with people individually to check how they were and to advise them of any activities that would be happening. One person said, "The manager is very good. She comes around to every room each week. If I had a problem I'm sure she would sort it out."
- The provider also asked for feedback from relatives and staff and used questionnaires to gain views and opinions.
- The registered manager engaged with the local community for example church groups, external entertainers and a local amateur dramatic group who rehearsed with people as their audience.

Continuous learning and improving care; Working in partnership with others

- The registered manager had quality assurances processes in place. Regular audits were completed on all aspects of the service and action plans were in place to work towards continual improvements.
- The registered manager supported staff to continuously learn and develop their skills. They worked in partnership with other healthcare professions to provide training for staff on such things as end of life care.
- Other health care professionals such as practice nurses worked closely with staff at the service to monitor peoples healthcare needs to provide prompt support when needed.