

Elder (UK) Limited

Edensor Nursing and Residential Home

Inspection report

3-9 Orwell Road
Clacton-On-Sea
Essex
Tel: 00 000 000
Website: www.example.com

Date of inspection visit: 14 November 2014
Date of publication: 17/04/2015

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	

Overall summary

Edensor Care Home provides accommodation and personal care for up to 50 older people who require 24 hour support and care. Some people living in the home have dementia.

There were 41 people living in the service when we inspected on 14 November 2014. This was an unannounced inspection.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality

Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us that the service was a safe place to live. There were procedures in place which

Summary of findings

advised staff about how to safeguard the people who used the service from abuse. Staff understood the various types of abuse and knew who to report any concerns to so they were appropriately investigated and action taken.

There were procedures and processes in place to guide staff on how to ensure the safety of the people who used the service. These included checks on the environment and risk assessments which identified how the risks to people were minimised.

There were appropriate arrangements in place to ensure people's medicines were obtained, stored and administered safely.

There were enough staff who were trained and supported to meet the needs of the people. People and their relatives told us that the staff were available when they needed them.

Staff had good relationships with people who used the service and were attentive to their needs. Staff respected people's privacy and dignity and interacted with people in a caring, respectful and professional manner.

People, or their representatives, were involved in making decisions about their care and support. People's care plans had been tailored to the individual and contained information about how they communicated and their ability to make decisions. The service was up to date with

recent changes to the law regarding the Deprivation of Liberty Safeguards and at the time of the inspection they were working with the local authority to make sure people's legal rights were protected.

People were supported to see, when needed, health and social care professionals to make sure they received appropriate care and treatment.

People spoke highly about the quality of the food and the choices available. Their nutritional needs were being assessed and met. Where concerns were identified about a person's food intake, or ability to swallow, appropriate referrals had been made for specialist advice and support.

A complaints procedure was in place. Everyone we asked said they would be comfortable to raise any concerns with the staff, manager or provider. People confirmed that where they had made comments about the service they had been kept informed of the changes made and their concerns were acted upon promptly.

People, their relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service. The service identified shortfalls in the service provision and took actions to address them.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

The service was a safe place to live. Staff understood how to recognise respond and report these concerns appropriately.

There were enough staff to meet people's needs.

There were systems in place to manage people's medication safely and to provide their medication as prescribed.

Is the service effective?

The service was effective.

Staff were trained and supported to meet the needs of the people who used the service. The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented.

People were supported to maintain good health and had access to appropriate services so they received on-going healthcare support.

People made choices about what they wanted to eat and drink and the quality of the food provided was good. People's nutritional needs were assessed and professional advice and support was obtained for people when needed.

Is the service caring?

The service was caring.

All of the people we spoke with and their relatives said that the staff were caring and considerate and maintained their dignity and treated them with respect.

Is the service responsive?

The service was responsive.

People's wellbeing and social inclusion was assessed, planned and delivered to meet their needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Is the service well-led?

The service was well-led.

People's wellbeing and social inclusion was assessed, planned and delivered to meet their needs.

People's concerns and complaints were investigated, responded to and used to improve the quality of the service.

Edensor Nursing and Residential Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 14 November 2014 and was unannounced. The inspection team consisted of two Inspectors

Before our inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

To help us plan what areas we were going to focus on during our inspection, we looked at the PIR and reviewed information we had received about the service such as notifications. This is information about important events which the service is required to send us by law. Information sent to us from other stakeholders for example the local authority and members of the public were also reviewed.

We spoke with eight people who were able to express their views about the service and four relatives. 'We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at records in relation to four people's care. We spoke with eight staff, including the deputy manager, care staff, domestic staff and catering staff. We also spoke with the registered manager. We looked at records relating to the management of the service, staff recruitment and training records, and systems for monitoring the quality of the service.

Is the service safe?

Our findings

A person's relative told us that they felt people were kept safe and said, "We don't have to worry as my [family member] is in safe hands".

There were systems in place to support staff to recognise where people might be at risk of harm. Staff were able to tell us how they would respond to allegations or incidents of abuse, and also knew the procedures regarding reporting any concerns. They were also aware of the whistleblowing policy which meant they could take any concerns to appropriate agencies outside of the service and organisation.

Staff had received training in the protection of adults, policies and procedures were in place and information was on display providing guidance for people, staff and others who may be visiting the service.

All the required checks had been completed prior to staff commencing their employment including a Disclosure and Barring Service (DBS) criminal records check, previous employment references and a health check. This ensured only appropriate care workers were employed to work with people at the home and were clear about their roles and responsibilities.

People felt that there were enough staff available to provide them with support. One person said, "Staff are good they come when I call". We looked at the staffing levels in the service. Discussion with people, staff and the

manager confirmed that the staff rotas were correct and that appropriate staffing levels were being maintained. There were enough staff to meet people's needs and care for them safely.

Risks to people's safety were appropriately assessed, managed and reviewed. Care records showed that risk assessments had been completed on areas such as moving and handling, nutrition and skin care to ensure that people were protected from the risk of harm. We saw that existing risk assessments had been reviewed including mobility, eating and drinking, nutrition, tissue viability, medical history, mental health and these were taken into account when developing the care and support plans. Care plans and risk assessments were reviewed monthly and updated when a change in the person's needs had been identified.

Staff supported people with their medication in a way that was respectful and polite and in the person's preferred way. We observed the lunchtime medication round and saw staff supporting people offering choice and reassuring them while they took their medication. There was a clear medication policy and procedure in place to guide staff on obtaining, recording, handling, using, safe-keeping, dispensing, safe administration and disposal of medicines. People's care plans and medication records contained an up to date list of their current medicines informing staff of why and what they were prescribed for. We saw that information was available in regard to side effects and adverse reactions for staff to be aware of.

Is the service effective?

Our findings

People received effective care and support which took account of their wishes and preferences.

People and their relatives told us they were consulted in what care needs they or family member would like support with. One person said, "I am always asked what I want to do, what I like and what I don't like". One relative said, "I am kept well informed about the care of [my relative]".

The Care Quality Commission (CQC) monitors the operation of Deprivation of Liberty Safeguards (DoLS) which applies to care homes. Staff had a good understanding of DoLS legislation and had completed a number of referrals to the local authority in accordance with new guidance to ensure that restrictions on people's ability to leave the service were appropriate.

We had a discussion with the registered manager about the Mental Capacity Act 2005, (MCA) and Deprivation of Liberty Safeguards (DoLS). We saw that the service had up to date and appropriate policies and guidance available to guide practice.

Staff were knowledgeable about people's individual needs and preferences. We were told that "We get lots of training and support" and "We work well as a team". Staff confirmed that they had received an induction when they started their employment. Staff received regular supervision to support them in their role and updated training to maintain their knowledge and competency. Staff had received recent training in dementia care to support and promote good practice in this. This ensured people receive care and support from an effective team.

People's care records showed us that the service involved a range of health professionals such as the community nurse, dentists and GP's. We saw that where people had been admitted to the home with pressure area needs that immediate referrals had been made to the Tissue Viability Specialist/Team. This showed us that the service was effective at identifying and meeting people's specific care needs.

Staff communicated and interacted well with people using the service. People living with dementia were well supported and encouraged to engage in conversation and social activity because staff understood their needs and knew different approaches to support people.

People told us they were very happy with the food provided at Edensor. One person said, "I enjoy my food and am able to make a choice". Another person said, "The food is good and I get plenty".

Menus were available on a notice board in the dining room informing people of the meals for the day. People were provided with a choice of meal at lunchtime and staff asked people what they would like by giving them two choices. The same happened when drinks were being offered.

Staff supported people to eat and drink in a kind and caring way. There was equipment available for those who required it. For example, plate guards to assist people to be as independent as possible. People's care plans contained information on their dietary needs and the level of support they needed. Nutritional risk assessments had been used and were being reviewed on a regular basis. Where people were identified as losing weight, or had swallowing difficulties, referrals had been made to the dietician and speech and language team for specialist advice.

Is the service caring?

Our findings

People and their relatives made positive comments about the staff team at Edensor such as, “They [staff] are generally very good and caring”.

Our observations throughout the day demonstrated that staff provided the people who used the service with kind and compassionate care. We saw that whenever staff were interacting with people they did so in a way that was polite and sensitive, taking time with people to listen to them and where necessary spend time reassuring them

People and staff were seen to be socialising and having fun with laughter and lots of smiles. Staff we spoke with told us they liked to get to know people, so they could chat about things that were important to them especially those living with dementia. Staff were committed to their work, were respectful and had a good attitude in their roles.

We looked at four care plans; we found that they provided staff with adequate information to enable them to provide people with individualised care. Due to peoples complex care needs the care plans were updated from the staff observations, daily notes which were detailed and discussions with families. We spoke with staff about the needs and preferences for the people they provided care and support to. What staff told us matched the information we gathered from the care records. This meant staff had the information and knowledge to be able to care for people in their preferred way.

The care plans included information about people's preferences, such as how they communicated and their personal history. Care records explained how people liked to receive their care.

We saw that people's privacy and dignity was protected, for example, staff were seen to knock and wait for an answer before entering people's bedrooms. One person we spoke with said, “Staff always knock before they come in”

Is the service responsive?

Our findings

People told us that they had their choices respected. One person told us " I can talk to my key worker or the manager if I have any concerns or worries." Another person told us " Staff understand my needs well and know how to respond to them."

Daily records for people who used the service reflected the mood of the person in a positive manner. They reflected the care given as identified in peoples care plans and risk. Care plans clearly identified peoples likes, dislikes and preferences such as; "I prefer my own company and wish to spend my time in my room".

People had individual Mental Capacity Assessments in place for activities of daily living. One person's care plan stated the they wished to have their bedrails up when they were in bed because it made them feel safe when they turned themselves over. A risk assessment was in place but this had not been signed or dated. The manager stated that the person could not sign any documents. When asked how their consent had been obtained we were told, "We spoke with him." This was not however recorded on the persons risk assessment.

People were invited by staff to take part in a board games session that was being held on the morning of our

inspection. Where people chose not to join in they were assisted to move to a quieter area of the home and staff sat and chatted with them instead. Staff were seen to join in and there was lots of laughter and banter taking place. People told us that they enjoyed playing games and spending time with the staff. This showed that staff encouraged people to make choices.

There was a board in the home full of photographs of the activities that had taken place and people were smiling and looked like they were enjoying themselves. Staff told us that every shift was different and that at times they were able to spend more time with people.

Throughout our inspection we heard staff asking people what they would like to do or where they would like to sit and what they would like to drink. One person wanted to go to their bedroom and staff promptly supported them to retire to their bedroom.

A complaints procedure was provided and available for people, so they would know how to raise any concerns. One relative said, "The manager is very welcoming and professional", another said, "I feel confident that I would be listened to and action would be taken". This showed us that concerns could be raised and that the registered manager was open to resolving the issues.

Is the service well-led?

Our findings

The service had a registered manager in post who was supported by other senior staff. We found the registered manager and senior staff demonstrated an excellent knowledge of all aspects of the service, the people they cared for and the staff team.

People told us that the staff worked well together as a team especially when there were staff shortages, these they told us were always covered by existing staff.

The registered manager worked well with staff and was available to support them when needed. This helped to develop a culture where the manager led by example. Staff told us that the manager was very supportive and they were clear about their responsibilities. One said, "The manager is very good and treats me with respect and is good with confidentiality". Another said, "I feel very involved in what goes on and get the information I need to do my job". "She [the registered manager] is very supportive and I can talk to her about any issues, I am listened to and action is taken".

Staff told us we have regular team meetings with the manager where we discuss things such as improvements to the home, staffing, training, service users and activities. They told us that the manager encourages staff to give their views and that they felt that the manager listened to them and acted on them where possible.

Audits had been completed on things such as: medication, fire and health and safety. We saw that when action had been identified this was followed up to ensure that action had been taken. This helped to ensure that risks to people living in the service and working there were minimised and kept under regular review.

A system for quality assurance monitoring was in place which included checks on cleanliness, call bell audits, and review of care records. This showed that action was taken if standards fell below what was expected by the management team.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.