Countrywide Care Homes (2) Limited

Earsdon Grange

Inspection report

Thorntree Drive
Wellfield
Whitley Bay
NE25 9NR

Tel: 01912532272

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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

Earsdon Grange is residential care home situated in North Shields close to local shops and community facilities. The service provides accommodation for up to 48 people, most of whom have physical care and support needs and /or live with dementia. At the time of our inspection 41 people were living at the service.

This inspection took place on 13 May 2016 by two inspectors and was unannounced. We last inspected the service on 31 October 2014 where we found the registered provider to be meeting all regulations we inspected.

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission 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.

There service had detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse, and how to respond to any concerns people had.

Records within staff files demonstrated proper recruitment checks were being carried out. These checks include employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is a report which details any offences which may prevent the person from working with vulnerable people. They help providers make safer recruitment decisions.

The provider had systems in place to manage medicines and people were supported to take their prescribed medicines safely.

Staff were supported with regular training opportunities that linked to the care and support needs of people who lived in the service.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider had followed the MCA code of practice in relation to DoLS.

Menus were available which provided a choice of meals for each day. People's nutritional needs were assessed and monitored by staff. Their preferences and special dietary needs were known and were catered for. Staff encouraged and assisted people to eat and drink, where necessary.

Staff respected people's choices and took their preferences into account when providing support. People were encouraged to enjoy activities and interests of their choice and were supported to maintain relationships with friends and family so that they were not socially isolated. Families and friends were

welcome to visit the home and people were encouraged to maintain relationships that were important to them.

People's care plans were specific and centred around their individualised care and support needs. There were a range of assessments in place to keep people safe. Care plans were up to date and were regularly evaluated. Staff were knowledgeable about people's care and support needs.

People and their relatives told us staff were caring and kind. We observed positive staff interactions during our inspection and the service had a homely atmosphere.

The service had a complaints process in place. People living in the service and their relatives were provided with information to support them to raise any concerns or complaints they may have.

There was an open culture in the home and people, relatives and staff were comfortable to speak with the manager if they had a concern.

The service had a quality assurance system which included a range of internal checks and audits to support with continuous improvement. Actions plans were put in place to address any shortfalls in service provision and to demonstrate how areas of improvement were addressed.

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.

People told us they felt safe. There were safeguarding policies and procedures in place.

Staff had received training in relation to safeguarding and keeping people safe and, were clear regarding any actions they needed to take to ensure people were kept free from harm.

Procedures were in place to ensure all staff were subject to proper employment checks before commencing employment.

Is the service effective?

Good

The service was effective

Staff were provided with regular training and were clear about their roles and responsibilities.

People were supported with decision making and staff were clear regarding their role and responsibilities in relation to consent and capacity.

People were supported to access health professionals to maintain and promote their health, wellbeing and nutrition.

Is the service caring?

Good

The service was caring.

Staff knew people well and were kind and caring in the way they provided care and support.

Relatives were positive about the care and support people received.

Is the service responsive?

Good

The service was responsive.

People had personalised support plans and were involved in the

planning and the review of their care and support.

A variety of activities were available for people to take part in and people were supported to maintain contact with their friends and relatives.

Complaints information was displayed and people were encouraged to raise any concerns they may have about their care and support. People knew how to complain.

Is the service well-led?

Good

The service was well led

A registered manager was in post.

People and their relatives said the manager were approachable and always available.

People were encouraged to share their views about how the service was run. The service mostly consulted with people about changes to the service.

There was good governance arrangements in place with records being available to evidence regular quality checks being undertaken.

Earsdon Grange

Detailed findings

Background to this inspection

This inspection took place on 13 May 2016 by two inspectors and was unannounced. This meant the provider did not know we would be visiting.

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check 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.

Before the inspection, we reviewed information we held about the service. This included reviewing statutory notifications the provider had sent us. Notifications are records of incidents that have occurred within the service or other matters that providers are legally obliged to tell us about. The provider completed a 'provider information return' (PIR) prior to this inspection. A PIR is a form which asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with 13 people who lived at the service, three relatives, the registered manager, deputy manager and eight members of staff. We also met with the quality assurance manager and the regional director. We had the opportunity to meet with two healthcare professionals who were visiting the service at the time of our inspection. The service provided us with contact numbers of relatives of people who lived in the service. We contacted 10 relatives after the inspection took place. We were able to speak with four relatives we contacted. Their views have been used to support this inspection.

We reviewed information we had received from third parties. We contacted the local authority safeguarding team, the contracts team, the infection control team and Health watch. The contracts team, and the infection control team were visiting the service to carry out quality monitoring on the day of our inspection. We talked to them about the outcome of their visit.

We looked at five staff recruitment records and staff training and supervision records. We also looked at other records held by the home which included maintenance records, certificates and quality audit records. We reviewed records relating to the registration and management of the service.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe living at Earsdon Grange. One person said," My daughter wouldn't have put me in here if it wasn't safe". Another person told us, "I have no worries here, I feel very safe". A relative told us, "(Name of relative) is safe and very happy here".

Staff told us people at the service were safe. Each staff member we spoke with told us they would report any concerns they had about any issues within the home. One care worker said, "I am not afraid to raise anything". There were detailed safeguarding and whistleblowing policies in place which provided information about how to recognise the signs of abuse, and how to respond to any concerns people may have. We spoke with staff about the signs and symptoms and indicators of abuse. One care worker said, "I'm clear about what to do if I have any concerns". Staff also told us about the training they had completed.

We reviewed the safeguarding log which was a record of any incidents that were reported to the local authority and to the Care Quality Commission. We saw that staff had appropriately referred any issues of a safeguarding nature to the local authority safeguarding team and the Care Quality Commission in line with legal requirements. Investigations which had been carried out had been accurately recorded.

Risks to people's safety had been assessed and care records showed individual risk assessments were in place to support people with keeping safe. For example, moving and handling, falls and malnutrition. Where risks had been identified, information was documented within care records to direct staff practice and to minimise risks.

There were systems in place to monitor the safety of the premises and equipment used within the home. Regular safety checks were carried out and arrangements were in place to ensure the environment was maintained. Environmental risk assessments were in place. For example, fire risk assessments, legionella risk assessments, slips and falls. Regular health and safety checks had been carried out in relation to the premises, including the lift, portable appliance testing (PAT) and gas safety. The home had contingency plans in place with guidance for staff to follow should there be an emergency situation.

Fire safety and fire alarm testing checks were carried out regularly. Records were also available to indicate that staff were involved with regular fire drills. People had their own personal evacuation plans (PEEP). A PEEP is an escape plan which provides individual safety and support instructions to help people reach a place of safety quickly.

We spent time looking around the premises and found that it was well maintained and clean. There was a slight malodour on the first floor and some areas of the flooring were sticky from the cleaning materials used. We discussed this with the manager who told us she would address this. Policies and procedures were in place in relation to accident and incidents. Records included information to indicate that staff were reviewing risk assessments and support plans, where appropriate, to help with accident and incident prevention. Accident and incident records were reviewed by the registered manager and by the quality assurance manager. This helped with identifying any themes or trends that may be contributing to accidents

and incidents. We saw referrals had been made to the occupational therapy teams for people experiencing a number of falls. We also saw information that related to serious injuries and falls had been shared with the local authority commissioning teams and the CQC.

Policies and procedures were in place in relation to recruitment. Staff told us about the checks that were carried out before the started their employment. Records within staff files demonstrated proper recruitment checks were being carried out. These checks included employment and reference checks, identity checks and a disclosure and barring service check (DBS). A DBS check is carried out to assess the suitability of someone who wants to work with vulnerable people.

We spoke with the registered manager about staffing levels and she told us there was enough staff on duty to meet people needs. We reviewed the staffing rota which indicated consistent numbers of staffing being deployed in the home during the day and during the night. We saw that staffing numbers were determined by a rating assessment, which was linked to a high, medium and low scoring system.

We spoke with people who lived in the home and their relatives about staffing levels and two relatives told us they felt staffing was insufficient, particularly on the first floor. Other comments from people included, "There is always someone there if you need them" and "I think we should have more staff on the first floor. We don't have time to take them out". We spoke with the manager about the staffing levels and she told us staff were deployed across the service to ensure peoples care and support needs are met at all times. We observed staff spending time with people and responding to call bell alarms in a timely manner.

We checked the management of medicines and observed a medicines round. Everyone living in the home was supported with the management of their medicines. The home used an electronic system for the recording and administration of medicines. We reviewed the system to check how it worked. We checked the stock of some medicines including controlled drugs and all tallied with the medicines held by the home. Some prescription medicines are controlled under the Misuse of Drugs legislation (and subsequent amendments). These medicines are called controlled medicines or controlled drugs. We saw that all medicines were stored securely in a lockable facility and where appropriate, in refrigerated storage. Policy and procedures relating to the management of medicines were in place to direct staff practice. Audits by the manager and the local pharmacy had been undertaken to check staff competence. We observed a medicines round and the care worker approached each person sensitively and explained what they needed to do.

Good

Is the service effective?

Our findings

People were complimentary about the skills of staff. Comments included, "The staff are wonderful" and "(Name of care worker) has been so helpful to me she is a wonderful person". We talked with relatives visiting the service and they said, "They are fantastic they keep me up to date with everything" and "They (staff) are really good, faultless. They know (name of relative) very well and really care about her. "A programme of training was in place consisting of theory based, practical and interactive training opportunities. Records were available to demonstrate that staff had completed mandatory areas of training such as first aid, moving and handling along with other training such as equality and diversity, depression, dignity, delirium, tissue viability and person centred practice. Additional training opportunities were provided in accordance with individual training needs. We reviewed training records and certificates in relation to the training staff had undertaken and also the induction process for new staff working in the home. We found staff had participated in a wealth of training opportunities to support with developing their skills, knowledge and competence.

Staff told us, I have never known a home have as much training" and "We are all doing dementia and end of life training through Sunderland College, it's really great. There is plenty of training for us". Another member of staff confirmed they had completed training in medicines, first aid, moving and handling, safeguarding and fire safety. A newly recruited member of staff told us about their induction into the home, she told us she was well supported and had regular meetings with the manager to discuss her progress.

Staff told us they felt well supported in their role. One care worker said, "It's a great team, I feel well supported in my role". We talked to staff about supervision and appraisal arrangements. Staff told us there were regular opportunities for informal and formal supervisions. One care worker said, "The door is always open, we can see the manager outside of supervision meetings if we want to" and "We have supervision every month". We looked at supervision and appraisal records and saw that staff had planned supervision meetings in accordance with the home's policy and procedure. Supervision sessions are meetings where a manager and a member of staff meet to discuss areas linked to their role, responsibilities, training and development needs. An annual appraisal is a meeting where staff are given time to look back at their learning and performance and to plan for future learning to support with their ongoing development.

Staff told us about the links they had with healthcare professionals and how they would involve health care professionals to support and promote people's health and wellbeing. For example, staff told us they would make referrals to the falls team if anyone was experiencing a number of falls or to the dietician if someone needed additional support with food and fluid intake. Records confirmed that people had access to their dentist, GP and chiropodist and information was available to indicate where people had been referred to healthcare professionals. Records we reviewed indicated regular involvement with the district nursing and the community psychiatric team.

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 Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called Deprivation of Liberty Safeguards (DoLS). We saw that mental capacity assessments around accommodation had been completed for people living in the service and the registered manager had made applications under the DoLS. We reviewed records that confirmed some people were subject to a DoLS authorisation.

Staff clearly had an understanding of mental capacity and consent and had completed training related to the Mental Capacity Act 2005 and DoLS. We talked with staff about mental capacity and promoting people's independence, choice and rights. Staff told us how they promoted people's rights and choices.

We observed the lunchtime period. The tables were set nicely with table cloths, fresh flowers, cutlery and condiments. People told us the meals were "Very nice" and "Absolutely lovely" and "I'm not just saying it, but they are really good". We saw that staff were very attentive to people's individual needs. One care worker took time to support a person in their preferred way and helped the person with their meal. They also included the individual's soft toy in the mealtime experience which was clearly important to the person. People enjoyed their meals in a relaxed and calm environment.

One person had a visitor during lunchtime and staff were observed being flexible to accommodate the visitor. Drinks were provided by care staff. One care worker asked a person what they would like to drink and the person responded by saying, "My usual", the care worker replied "That will be tea then!". Staff supported people where they needed individual support in a discreet and dignified manner.

The kitchen staff were aware of any specialist diets, for example diabetic and soft textured diets. They also kept a record of people's meal choices and preferences along with information relating to any food allergies people had. Menus were in place and there was a lot of flexibility as staff told us people can often change their mind about their chosen food choice.

Food and fluid charts were in place for people where they had been assessed as being at risk of malnutrition and dehydration. People's weights were checked regularly and referrals had been made to health professionals, such as the dietitian, where appropriate.

We spent time looking around the environment and saw that the home had recently been redecorated across both floors. There were communal areas and a café within the home where people could sit and relax, and socialise with people.

The home had recently been redecorated with similar colours being used across both floors of the home. The first floor previously had coloured doors to help people with orientation and as an aide to identify their own room. The home had also developed memory boxes which were displayed outside of bedroom doors to help people with recognising where their rooms were. We spoke with the registered manager regarding the changes to the environment, particularly to the first floor where people lived with dementia. The registered manager told us she had received comments from people that the environment was better than it was.

A relative talked with us about the environment and told us they preferred the café the 'other way' and said, "It was much better as there was a piano. It was more of a vintage style and more relevant to people" and "We weren't consulted about the changes being made". We spoke with the registered manager who confirmed that consultation did not take place relating to the environmental changes. Other people we

spoke with said, "The café is great, I often sit there" and "We regularly pop in and use the café area". We observed people who lived at the service, their visitors and healthcare professionals spending time chatting in the café.

Good

Is the service caring?

Our findings

People and their relatives shared positive comments about the caring attitude of staff. One person who lived in the home said, "It's just natural here. Staff will give you a cup of tea or anything you want" and "They check that everything is okay". Another person who lived at the home said, "The staff are very helpful" and "The staff are nice, they are always there for me". A relative told us , "Staff look after (name of person), she is well cared for and it's clean. It's lovely here" and, "They are really very caring, they try their best". Another relative said, "(Name of person) is happy and I am happy that she is happy" and "99.98% of staff are lovely. They are angels and really are caring" and, "Fantastic, as far as I am concerned".

We observed positive interactions between care staff and people who lived at the service. Staff showed kindness and they were patient in their approach. Prior to offering care and support, staff explained what they were about to do and they gave people time to respond.

People were supported to make individual choices and decisions where possible. For example, we saw staff supporting people to walk and encouraging people to mobilise using equipment to promote their independence.

We talked with staff about upholding people's privacy, and promoting dignity and respect. Staff were able to provide examples of how they did this in practice. For example, closing people's doors and keeping people covered as much as possible when supporting with their personal care. We observed staff knocked on people's door and asked them if they could come in.

The home supported the National Dignity challenge and had a number of staff members who were dignity champions. The National Dignity challenge aims to contribute to promoting dignity and respect. The challenge involves embedding the 10 key principles across service provision to ensure people experience dignity and respect in all areas of their care and support. Poems about dignity and what it meant to people were displayed throughout the home. Staff members had made pledges to support the challenge, these pledges included, "I pledge to deliver a dignified service" and '"I pledge to smile and be approachable at all times". The manager had also made a dignity pledge, which was "I pledge to make residents, visitors, relatives and staff aware of the open door policy for both positive and negative reasons. Also, they do not have to wait until meetings".

We asked staff about people using advocacy services and we were told no one was currently using the service. Information about advocacy support from external agencies was readily available. An advocate is someone who represents and acts on a person's behalf, and helps them make decisions.

At the time of inspection no one was receiving end of life care and support. There was documentation in place relating to emergency healthcare planning and staff had participated in end of life training.

Good

Is the service responsive?

Our findings

People, relatives and healthcare professionals were complimentary about the responsiveness of staff. A relative said, "Staff are really good and keep me well informed about my relative". A visiting healthcare professional told us, "Staff go above and beyond, they really do the best they can" and "staff are very responsive and person centred".

Assessments had been carried out to determine people's needs along with detail relating to the areas where people needed to be supported. We reviewed people's electronic care records which were individual and provided detail about people's health and social care and support needs. For example, a range of assessment tools had been used to determine what support people needed with mobility and nutrition. Where assessments identified care and support needs, care planning had been developed with clear detail to direct staff practice. For example, one person's plan provided information with regards to their personal care and support needs. Information stated the person preferred a shower rather than a bath along with details regarding their choice of toiletries. Care plan information also detailed information relating to people's routines. For example, one person's care record detailed how she liked to have a cup of tea if she woke up during the night. Another person's care record detailed information relating to how she liked her room at night, for example, the door and window must always be closed. This information helped ensure that staff could provide responsive care which met people's individual needs and wishes.

We spoke with care staff about people's care and support needs. Staff were able to tell us how they managed people's care and support needs and how they reviewed and made changes to care records. One care worker said, "We have regular access to people's care records and we always update them so they are kept up to date". Care records we looked at were up to date and had information to indicate where changes had been made. This meant that accurate and up to date information was always available to ensure that staff could provide responsive care.

Information relating to the activities people liked to participate in was clearly recorded within care records. The home consulted with people about planned activities and events taking place in the home. 'Resident and relatives' meetings were used as a forum to plan and share ideas about activities and events. A newsletter was also produced to inform people about planned events for the forthcoming month, activities were provided on most week days. There were two activities coordinators employed by the home. We talked with one coordinator about activities which were planned. She told us, "We have monthly meetings to plan activities". We saw records of monthly meetings and information about the activities being planned in the home.

We spoke with people about planned activities and they told us there was always something available. They told us about the knitting club that took place and said that the local school children regularly visited. One person said, "They [children] like to join in with the knitting group". The activities coordinator told us, "They are knitting teddy bears for the local hospital". Care staff told us that they tried to help people carry on with activities similar to what they had been involved when they lived in their own home. One care worker said, "Whatever they have done outside doesn't mean they can't do in here. Life doesn't stop". The home also

had a local group who visited called 'Bark n Banter'. Staff told us the group involved owners and their dogs visiting people in the home. They explained that people enjoyed spending time and interacting with the dogs. "People love it", said one care worker. People talked fondly about the service's pets, Honey the rabbit and Bob and Tiddles the guinea pigs. One person said, "I love stroking Honey, she is beautiful".

Staff were knowledgeable about what people liked to do and also told us about the type of activities that promoted engagement for people with a dementia related condition. One staff member said, "Its all about music, sensory and touch". Staff told us about the "Singing for the brain" sessions which were organised by the Alzheimer's society; the reminiscence groups and over 50's club which were well attended.

The home had a 'Two o clock stop' initiative which involved all members of staff stopping what they were doing and sitting with people to enjoy some quality time.

The home actively engaged with the local community to encourage people to socialise with their neighbours and to promote a culture of inclusiveness. The coffee shop was also used regularly by the local community as well as people who lived in the home and their relatives. People told us about some groups that had attended the home for example, the Whitley Bay Warblers' choir. Other events where the community was engaged with included weekly coffee mornings, baking clubs and exercise clubs. There was Wi-Fi in the home and people had access to the use of an electronic tablet [hand held computer] to enable them to have access to the internet.

The home also planned for seasonal events and special occasions. A party to celebrate the Queens 90th birthday had been held. Photographs were on display of the birthday event and people told us how much they had enjoyed the party.

We checked the home's complaints and compliments records and saw evidence that complaints were acknowledged and addressed. People we spoke with knew how to raise any concerns if they were unhappy about their care and support or the service. Nobody we spoke with had any concerns. One person said, "I have no complaints here". We spoke with relatives about the complaints process and two relatives told us they had made a complaint about the service. One relative was dissatisfied with the outcome of their complaint. We talked with the manager about these complaints and looked at records which demonstrated they were being dealt with in line with the complaint's procedure.

Good

Is the service well-led?

Our findings

The service had a registered manager in place. Staff working in the service appeared to be well motivated and told us that Earsdon Grange was a great place to work. Staff talked to us about the manager and one care worker said, "(Name of manager) is really approachable, she is straight but fair" and " We can talk to her" and "Her door is always open". People who used the service and their relatives also spoke highly about the manager and told us how they could approach the manager with any concerns they had. One person said, "She is lovely, she gets things done" and "She is around when you want her". Another person said, "She is lovely".

A visiting healthcare professional said, "The manager is really good, she always keeps in contact with us and keeps us update when peoples care and support needs change".

We checked to see that statutory notifications were being submitted to the Care Quality Commission in line with legal requirements. We found that the manager had submitted notifications that related to safeguarding, serious injury, death and the outcome of DoLS applications.

There home provided people with information about the service to support people with decision making about moving into the service. A service user guide and the providers statement of purpose was on display along with information about activities and events and sample menus. This information provided detail about what people could expect from the home.

The service had received several complimentary letter and thank you cards from relatives and friends of people in the home. All of which were displayed in the entrance area for people to view.

The registered manager had systems in place to ensure meetings were held with all staff. Staff meetings were planned and held regularly with different teams, for example, the senior care team, catering team and domestic team. We reviewed the minutes of meetings and found agenda items linked to areas of responsibility. For example, infection control was a key area for discussion with the domestic team. Other agenda items included safeguarding, health and safety and ideas for improvement and development. Additional communication systems in the home included daily handover meetings. These meetings were held at the start and end of each shift with the purpose of sharing key information relating to any changes to individual care and support needs.

The service had quality assurance systems in place to monitor service provision. Areas of monitoring included care planning, medicines, accidents and incidents, equipment, infection control, and falls. A quality assurance manager also undertook a monthly quality visit to check on the quality of care provided to people. Records we viewed showed detail where areas were reviewed and actions plans, where appropriate.

Annual questionnaires linked to activities, dignity and experience of care were sent out to people using the service, their relatives, visiting healthcare professionals and to members of staff. Information from these

questionnaires was analysed and shared with people, which helped to identify what the service was doing well and where improvements were needed. Comments from questionnaires included "could do with more staff", "this home is A1", "could be redecorated". Records provided evidence where areas of improvement had been undertaken, for example, the recent redecoration of the home.

On display in the service was the results of a survey carried out by Ipsos MORI called "Your care rating – what customers say". This survey looked at four key areas of service provision within the home which included staff and care, choice and having a say, home and comforts and quality of life. The survey covered the views of 31 people and the home scored an overall score of 902 out of a possible 1000.