Edenmore Care Limited

Edenmore Nursing Home

Inspection report

6-7 Hostle Park
Ilfracombe
Devon
EX34 9HW

Tel: 01271865544

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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: Edenmore is a nursing home registered to provide care and treatment for a maximum of 47 people. Most are living with dementia. The home is divided into two separate units which the service calls 'houses' by the name of Lundy and Torrs. The provider has developed and implemented their care model based on the household model of care pioneered in the USA by LaVrene Norton, Action Pact and Steve Shields. At the time of our visit 43 people were staying at the home. They consisted of 25 people having their nursing needs met by the nurses at the service and 18 people whose nursing needs were met by the local health authority community nursing team.

People's experience of using this service:

People were not all able to fully verbalise their views therefore they were not able to tell us verbally about their experience of living there. Therefore, we observed the interactions between people and the staff supporting them. Staff engaged with people with kindness and compassion and shared warm interactions.

People lived in a service that kept them safe. Staff had been recruited safely and had received training on how to recognise and report abuse. People were supported to take their medicines safely. Audits and checks were carried out, so any problem could be identified and rectified.

Staff promoted people's dignity and privacy. Staff understood their responsibilities to protect people from abuse and discrimination. They knew to report any concerns and ensure action was taken.

People were supported to lead a healthy lifestyle and have access to healthcare services. Staff recognised any deterioration in people's health, sought professional advice appropriately and followed it.

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.

The provider recognised the importance of social activities. People were encouraged to engage in meaningful activity to aid both their physical and emotional well-being.

People knew how to make a complaint if necessary. They said if they had a concern or complaint they would feel happy to raise it with the management team.

The manager and staff were very committed to ensuring people experienced end of life care in an individualised and dignified way.

A system of audits and monitoring carried out by the provider helped ensure any gaps in practice or required improvements were identified. Audits were used to continually review and improve the service.

Rating at last inspection: Good (report was published January 2017)

Why we inspected: This was a scheduled comprehensive inspection.

Follow up: We will continue to monitor the service to ensure that people continue to receive safe, compassionate, high quality care.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good". 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? The service was safe Details are in our Safe findings below	Good
Is the service effective? The service was effective Details are in our Effective findings below.	Good
Is the service caring? The service was caring Details are in our Caring findings below.	Good
Is the service responsive? The service was responsive Details are in our Responsive findings below.	Good
Is the service well-led? The service was well-led Details are in our Well-Led findings below.	Good

Edenmore Nursing Home

Detailed findings

Background to this inspection

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

Inspection team:
The first day of the inspection was carried out by an adult social care inspector, a bank inspector and two experts by experience whose expertise included older people and dementia care. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service. The second day of our visit was carried out by the adult social care inspector with an inspection manager.

Service and service type:
Edenmore Nursing Home 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 care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission (CQC). The registered manager was not working at the service at the time of the inspection and had applied to CQC to deregister which during the inspection was actioned. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. In the absence of a registered manager the provider had put in place a management team to ensure the safe running of the service. They were in the process of putting an application to register a registered manager from another of their services.

Notice of inspection:
The inspection was unannounced on the first day and announced for the second day.

What we did:
Before the inspection we reviewed the records held on the service. This included the Provider Information Return (PIR) which 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. We also reviewed notifications. Notifications are specific events registered people must tell us about by law.

We used the Short Observational Framework for Inspection (SOFI) in two different areas of the home. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

During the inspection we spoke with:

- Eight people
- Five relatives
- The acting manager who is a registered manager of another service operated by the provider, two nurses, two home makers, two house leaders, three care staff, a home support worker, two administration staff, the cook and kitchen assistants.
- A company director and quality assurance manager were available during the inspection.
- At the end of the inspection a director joined our feedback session by telephone.
- We contacted ten health and social care professionals to ask them for their views about the service and received a response from none of them.

We also reviewed
- Two people's care records
- Three personnel records
- Training records for all staff
- Staff rota's
- Audits and quality assurance reports
- Minutes of meetings
- Policies and procedures.
- Records of accidents and incidents
- Statement of purpose
- Complaints

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm
Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse
• People and relatives said they felt the service was safe. Comments included, "I feel safe here", "I do feel safe as houses here. It's a friendly atmosphere" and "There are always staff around, if there are any problems staff are there, when I go home I know he's safe."
• Staff undertook training in how to recognise and report abuse. They said they would have no hesitation in reporting any concerns to the management team and were confident that action would be taken to protect people.

Assessing risk, safety monitoring and management
• Risks were identified, and staff had guidance to help them support people to reduce the risk of avoidable harm. Risk assessments undertaken included manual handling, falls, nutrition and hydration and skin integrity. A traffic light style system identified the level of risk, so the levels of risk were immediately apparent in people's care plans. Where people were identified at high risk of skin breakdown pressure relieving mattresses were being used. There was a system in place to guide staff regarding the correct setting for the person.
• Staff understood the support people required to reduce the risk of avoidable harm. Staff were given clear direction on how to mitigate any identified risks, for example one person was at risk of falls but wanted to mobilise. Staff were asked to ensure corridors were clear of any form of potential obstruction that may contribute to falling. Staff understood risks related to falls and, whilst they acknowledged people's independence, they were on hand to assist when required.
• The environment and equipment were safe and well maintained. Emergency plans were in place to ensure people were supported in the event of a fire.
• Where people experienced periods of distress or anxiety staff responded effectively. For example, one person was agitated by people around them. Staff ensured that no other person was at risk and spent time gently and sensitively reassuring and comforting the person with physical contact and the offer of tea and biscuits.
• In January 2019 the service was inspected by an environmental health officer to assess food hygiene and safety. The service scored the highest rating of five, which confirmed good standards and record keeping in relation to food hygiene had been maintained.

Staffing and recruitment
• Safe recruitment procedures ensured that people were supported by staff with the appropriate experience and character.
• Staff were not rushed during our inspection and acted quickly to support people when requests were made. The atmosphere at the home was busy but pleasant.
• People and staff said on the whole there were enough staff to meet people's needs especially with recent

improvements regarding shift times and delegation. One person told us staff did not always respond to call bells promptly.
•□The provider had undertaken call bell audits. We discussed with the provider that their call bell audit was not robust. This meant they could not assure themselves that staff responded promptly. They told us on second day action had been put into place to undertake more robust call bell monitoring.

Using medicines safely
•□Medicines were audited regularly with action taken to follow up any areas for improvement. Through these audits the provider had identified concerns and was working with the GP surgery regarding these. They were also in the process of changing the pharmacist supplying medicines to the service.
•□There were suitable arrangements for ordering, receiving, storing and disposal of medicines, including medicines requiring extra security.
•□Staff who administered medicines did so at the prescribed time and had received the necessary training to support their responsibilities in dispensing medicines.
•□There were reporting systems for any incidents or errors. These were investigated, and actions put in place to try to prevent them happening again.

Preventing and controlling infection
•□People lived in a home which was clean. Cleaning schedules were in place to help ensure these standards were maintained.
•□Where there were slight odours these were being managed by staff.
•□Staff used the correct protective equipment, such as gloves and aprons when providing personal care. This helped to protect people from the spread of infections.
•□Staff had received infection control training.
•□The provider's infection control policy had been reviewed and was in line with current best practice.

Learning lessons when things go wrong
•□Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns.
•□The manager and the provider's quality assurance team reviewed all accidents at the home to ensure the appropriate action was taken to promote people's well-being.
•□The staff reviewed risk assessments and care plans following accidents or incidents to mitigate the risks of it occurring again.

Good

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

Good: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 individual health needs were assessed before they went to live at the service. Assessments were comprehensive, and people's individual care and support needs were regularly reviewed and updated.
•Care records were regularly reviewed by staff and updated when changes occurred. This meant people's support was up to date to ensure they received the right care and support that was required.

Staff support: induction, training, skills and experience
•People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications and skills to meet their needs.
•Staff completed the provider's in-depth induction when they started working at the home and worked alongside experienced staff to get to know people.
•The provider had developed bespoke online and classroom-based training to ensure staff followed the provider's model of care and were kept up to date with best practice. The Evolve Household Model of Care' had been developed by the provider. They had undertaken research examining care models in Australia and America and best practice in care homes in the United Kingdom. The Household Model of care covered key areas that intertwine quality of life and quality of service.
•Staff were very positive about the training they had received. Comments included, "The training is really good, all face to face and online plus some external training like we had LGBT on Monday. The company is good at thinking and preparing for the future… I have never had such good training. I love this model of care…you see people living rather than just existing" and "The training involves informing staff about the model of care plus on-line training for mandatory subjects. We have lots of in-house training."
•Checks were made to ensure nurses working at the home were registered with the Nursing and Midwifery Council (NMC) and registered to practice. The NMC is the regulator for nursing and midwifery professions in the UK.
•The nurses at the service were supported to complete the revalidation process. Nurses are required by the NMC to undertake a revalidation process to demonstrate their competence.
•The provider had their own care practitioner program written in line with the NMC which some staff were undertaking.
•Staff felt well supported. They were provided with regular support from the provider and management team. One staff member commented, "I get supervision every three to six months plus group supervision. Good support."

Supporting people to eat and drink enough to maintain a balanced diet
•People received food and fluids which met their nutritional needs. People enjoyed snacks of cake,

biscuits and fresh fruit throughout the day. Beverages and fruit juices were regularly offered.
•□People said they liked the food and could make choices about what they had to eat. Comments included, "The food is very good. I'm very happy with it. It isn't very often that I'm not" and "The food is good, and I do like it. I very rarely leave any."
•□People's dietary needs and preferences were documented and known by the cooks and staff.
•□People were regularly weighed and in the event of weight loss action was taken to implement nutritious supplements and regular snacks of the persons choosing.

Staff working with other agencies to provide consistent, effective, timely care
•□People were supported to maintain good health and were referred to appropriate health professionals as required.
•□Referrals were made promptly to external professionals and people's care plans were updated as required.
•□The management team engaged with other organisations to help provide consistent care. They were working closely with the local GP surgery and clinical commissioning group (CCG).

Adapting service, design, decoration to meet people's needs
•□There were ongoing improvements to ensure the safety and security of the environment. The provider had a redecoration program in place. Since our last inspection improvements included new boilers fitted, new carpets in communal spaces as well as some bedrooms and decorating.
•□Peoples rooms were personalised with items of furniture or ornaments.
•□The service was separated into two houses, one on the ground floor and the other on the first floor. There were two communal areas on both floors with kitchenettes to enable people to make refreshments when they chose, and interesting items placed around for people to use.
•□There was a suitable range of equipment and adaptations to support the needs of people using the service.
•□During the inspection additional signage was placed around the home to help guide people.
Supporting people to live healthier lives, access healthcare services and support
•□Where people required support from external healthcare services this was arranged, and staff followed guidance provided by those professionals. Staff worked closely with health professionals, including the mental health team, dieticians and speech and language therapists (SALT) and ensured people were referred promptly.
•□People's changing needs were monitored to make sure their health needs were responded to promptly. Records confirmed people had access to a GP, dentist, an optician and chiropodist when required. One person said, "The doctor comes occasionally. I go to the optician in town when I need to. The chiropodist comes here regularly."

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA.

•□Mental capacity assessments were completed appropriately. Where restrictions, such as pressure mats and bedrails, had been used a mental capacity assessment, best interest meetings and applications for a deprivation of liberty safeguard (DoLS) had been used.
•□The manager had a clear understanding of their responsibilities in relation to DoLS. At the time of the inspection everybody at the home had a DoLS application in place.
•□Staff ensured that people were involved in decisions about their care; and knew what they needed to do to make sure decisions were taken in people's best interests.
•□Where people did not have the capacity to make decisions, they 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 were asked for their consent before any care was delivered. Staff were observed asking people's permission before providing them with support. This was carried out in a gentle and unrushed manner and care was taken to ensure people understood as much as they were able to.

Good

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

Good:□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
•□Staff engaged with people with kindness and compassion and shared warm interactions. They used people's preferred names and greeted them with bright smiles. Staff were observed having spontaneous and appropriate interactions with people, providing hugs and cuddles, reassurance and encouragement. For example, one person was calling out, a staff member immediately attempted de-escalation techniques with the person and went to get a pair of headphones. They explained that the headphones often helped the person. The headphones did not work on this occasion, so the staff member sat on the side of the bed and held the person, speaking gently and reassuring them which enabled them to relax. Another person, new to the home, had been very unsettled when they came to the home on the first day of our visit. Staff had spent time with the person giving them reassurance and on the second day we saw they were very settled.
•□Staff showed respect and genuine regard for people's wellbeing and comfort. They demonstrated that they knew and understood the people they were looking after. For example, one person was clearly comforted by having access to dolls. Another person had needed to go to hospital, a relative told us about how staff were waiting for them on their return and that this meant a lot.
•□Staff supported people make the most of every moment (magic moments) throughout their day. They recorded 'magic moments' which they observed people doing. For example, one staff member recorded how a person had been very anxious and they supported them to make a cup of tea. They recorded, "Anxiety calmed down a bit when concentrating on making her own cup of tea."
•□Staff created a sense of inclusion and encouraged social interactions between people. For example, one person held another's hand when they were distressed. Staff had recorded, that the person had reassured them saying "She was okay and to be calm and that she was there for her."
•□People's relatives and friends were able to visit without being unnecessarily restricted. They said they were made very welcome in the home. Relatives said how the caring culture was extended to friends and family. One relative told us that a meal was provided each day for their mother when visiting thier father. They said how reassuring it was to know the staff were looking after their mother as well. Their comments included, "I know they are both having good food and being well looked after." Another relative said, "They are very caring, they always have their arms out for anyone crying, I have never seen any staff losing their temper. It's like being home here, we can make our own tea or coffee."
•□Staff ensured people's rights were upheld and that they were not discriminated against in any way.

Supporting people to express their views and be involved in making decisions about their care
•□Interactions between people and staff were two-way and meaningful and enabled people to share their views about their care and the home. Staff had supported people to complete meaning boards. These boards displayed images which were important to the person and opportunities they could undertake at Edenmore. For example, one showed two ladies making a cup of tea and serving lunch.

•□People were encouraged to make decisions about their day to day care and routines where possible. Those with close family, friends or those with the legal authority to make decisions on behalf of people if required were consulted.
•□Staff knew people's individual likes and dislikes.

Respecting and promoting people's privacy, dignity and independence
•□People's wishes to spend time in their rooms was respected by staff. People were moving freely around all areas of the ground floor. People who chose to remain in their rooms were regularly checked.
•□People had a choice of male / female staff to provide support to them
•□People were treated with dignity and respect and their privacy was supported by staff. One person commented, "They look after me very well and respect my dignity. I feel cared for. They care for me very well. They are polite, and I feel at home with them."
•□Staff offered people assistance in a discreet and dignified manner. People said staff respected their needs and wishes and they felt that their privacy and dignity were respected. Staff knocked on people's doors before entering their rooms. One person said, "The staff are very, very, very caring, polite and friendly, they make sure I'm private when I wash or shower... Keep the door shut. People knock if they want to come in."

Good

Is the service responsive?

Our findings

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

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

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

- People's support was planned in partnership with them and their families in a way that suited the individual.
- People's needs were assessed before they began to use the service and reviewed regularly thereafter. A new person arrived at the home on the day of the Inspection. A staff member was allocated to stay with them throughout the day. The staff member was very kind and gentle and provided reassurance and comfort.
- Staff understood the importance of getting to know people, so they could provide their care and support in their preferred way. Staff created identity boards with people to develop a deeper understanding of the person. Information about people's background and personal history was recorded in detail.
- Care records contained people's personal history details, preferred routines, comprehensive risk assessments, likes and dislikes, medical history and medicine details.
- Care plans contained detail about people's preferences; how they spent their day and how they preferred to receive their care. One person said, "Staff listen and know my likes and preferences." A relative said, "Dad likes to look outside at the birds and the sea, so they let him sit in the conservatory. He loves music, it helps him relax, so the staff sit him next to his CD player and put on music for him."
- Care plans guided staff in how to support people. They identified pressure relieving equipment with instructions for staff on the use of slings. Wound care plans were detailed, staff used body maps to identify wound sites and skin damage. Staff said that body maps were looked at weekly and if the persons nutritional or skin integrity risk assessments had increased they were rechecked, and the clinical director was informed so a full audit was carried out. One person said, "It's really good here…considering what I was like when I came in…I couldn't even stand."
- People's families were also offered support by staff. For example, one person's care plan identified that due to advanced dementia they may not recognise their family and in this event, staff were to give the family not only verbal support but also documentation and literature that detailed the course of dementia.
- People were enabled to live as full a life as possible. People's preferred activities and hobbies had been identified and where possible staff supported people to continue with previous hobbies and interests. For example, one person enjoyed tidying and washing up and staff supported them to continue.
- Staff identified with people's individual dementia journeys and supported them appropriately. In each lounge there were areas of interest for people to use, for example, in one lounge there was a baby area and mannequins with themed outfits and a beauty station. One person was happily sat nursing a doll which staff supported.
- Activities and social opportunities were planned and organised by staff with people's interests in mind. One staff member explained how they focused on people's "Occupational side of things, finding out about people's past hobbies and interests, working with the Home Makers to bring family members to life."

•There was a notice board in the lounge showing forthcoming activities. These included Holy Communion, Morning worship, Good Friday Service, Easter egg hunt and five visiting entertainers
•People had the opportunity to attend events and activities in the local community. People were regularly supported to visit the local amenities. On the day of the inspection a staff member came in on their day off to support a person to go into the local town. The person said, "I went out this morning and saw my wife and some local shopkeepers that I know." Another person had benefitted from spending time outside. Staff recognised this was important to them and had supported them to undertake shopping in his local community and was encouraged and enabled to spend time in the gardens.
•The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard (AIS). People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. The provider also identified where staff needed support in line with the AIS, this included adapting training and using illustrated cards to assist a staff member with their spelling.

Improving care quality in response to complaints or concerns
•People and relatives knew how to make complaints should they need to. The provider had a complaints policy which was available to people and visitors.
•Where there were niggles, the team addressed these promptly to prevent the concern becoming a complaint. People and relatives said they were happy they could make a complaint if they needed to. One person said, "I did make a complaint once and they sorted it well."
•There had been one complaint raised with the new manager. They had met with the complainant and had acted to help resolve the concerns.

End of life care and support
•The manager said they were passionate about people receiving excellent care when they required end of life care. At the time of the inspection nobody was receiving end of life care at the home.
•Procedures were in place for people to identify their wishes for their end-of-life care. This included any wishes they had for receiving future treatment or being resuscitated.
•When required staff ensured appropriate medicines were available for people nearing the end of their life, to manage their pain and promote their dignity.
•The service had received positive feedback from people's relatives about the end of life care they had provided.

Good

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

Good: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 with openness; and how the provider understands and acts on their duty of candour responsibility

- The manager and provider had a clear vision of providing a personalised service to people, which was homely, and everyone treated as if they were in their own home. Staff were all positive about working at the service and using the providers model of care. They said they would be happy for a relative of theirs to be cared for at the home.
- Staff spoke positively about the new manager and the changes they had made. One commented, "Everybody is happy with the change. More consistency."
- Staff said they were supported by the management. One staff member fed back, "The manager is 100% approachable, the whole management team are brilliant."

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

- People, relatives and staff all gave positive feedback about the manager and provider's management team about their leadership skills, approachability and caring nature.
- The management team knew everyone extremely well including relatives. They did not pass anyone in the home without talking to them and asking how they were. This caring approach reflected the relationships staff built with people and relatives.
- The provider was meeting their legal obligations such as submitting statutory notifications when certain events, such as a death or injury to a person occurred. They notified the CQC as required and provided additional information promptly when requested.

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

- There were a variety of ways people could influence the service provided; including feedback leaflets which were accessible in the main entrance and informal conversations with staff, the manager and management team. Staff knew people's families well and spoke with them on a regular basis to ask their views.
- Staff views were sought regarding the running of the home, through regular supervisions and meetings. The provider and management team had been working with staff to get them on board with the new household model. Staff said they felt involved and their views were listened to.

Continuous learning and improving care; Working in partnership with others

•□A system of audits and monitoring helped ensure any gaps in practice or required improvements were identified. Audits were used to continually review and improve the service. The provider's quality assurance team regularly visited the home and completed a planned schedule. This included comprehensive audits of care records from admission and throughout people's stay.
•□The provider and management team were working with other organisations to achieve better outcomes for people and improve quality and safety. This included the local authority and local Clinical Commissioning Group (CCG).
•□Staff worked with local services such as GP's and district nurses to ensure people's health and well-being was promoted.
•□The provider had links with five other care services. They worked with all the services to share learning, best practice ideas and to discuss challenges.