Enham Trust

Enham Trust - Care Home Services (Michael/Elizabeth & William Houses)

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

The inspection took place on 4, 5 and 6 July and was unannounced.

The acting manager is in the process of applying to become the registered manager. 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.

Enham provides residential care and support for up to 60 people with physical disabilities to live independent lives. The location is split into three separate buildings which include Michael House, Elizabeth House and William House.

The provider did not have robust quality assurance systems in place in order to respond effectively to maintenance requests.

The call bell system used to alert staff when people needed help did not always operate correctly and placed people at risk.

Support, supervisions and appraisals require improvement to ensure staff are provided with good opportunity to develop and to discuss their progress.

People told us that they felt safe. Staff had a good understanding about the signs of abuse and had confidence in their manager to take concerns raised seriously.

People were supported by staff that had the skills and knowledge to meet their assessed needs. Staff received a thorough induction before they started work.

The provider had employed skilled staff and took steps to make sure care was based on local and national best practice. Information regarding diagnosed conditions was documented in people's files.

Recruitment practices were safe and relevant checks had been completed before staff commenced work. Staff worked within good practice guidelines to ensure people's care and support promoted good quality of life.

The provider had appropriate arrangements in place to assess people's capacity to make decisions about their care and treatment. Staff were knowledgeable about the requirements of the Mental Capacity Act 2005. One person was subject to DoLS at the time of our inspection and the acting manager was in the process of making more referrals to the local authority for DoLS assessments.

People who required assistance to eat and drink were supported effectively. Appropriate assessments had been conducted for anyone who had difficulty in swallowing their food. Interactions between staff and people during meals times were respectful and dignified.

Multi-disciplinary teams including mental health workers and occupational health were involved in reviewing and updating people's risk management plans.

Medicines were managed safely. Any changes to people's medicines were prescribed by the service's GP and psychiatrist. People were involved before any intervention or changes to their care and treatment were carried out.

People had access to activities that were important and relevant to them. Records showed people's hobbies and interests were documented and staff accurately described people's preferred routines. There was a range of activities available within the home and community.

The provider actively sought, encouraged and supported people's involvement in the improvement of the service. People's care and welfare was monitored regularly to make sure their needs were met within a safe environment. The provider had systems in place to regularly assess and monitor the quality of the service provided.

People told us the staff were friendly and management were always visible and approachable. Staff were encouraged to contribute to the improvement of the service. Staff told us they would report any concerns to their manager and said the management and leadership of the service very good and very supportive.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The provider did not always have effective systems in place to keep people safe.

The home had sufficient numbers of suitably skilled and competent staff to keep people safe. Staff were subject to safety checks before they began working in the service.

Medicines were appropriately stored and disposed of. People received their medicines when they needed them. Staff had received training in how to administer medicines safely.

Is the service effective?

Requires Improvement

Staff were not consistently supported in respect of supervision and appraisal.

Staff were knowledgeable about the requirements of the Mental Capacity Act 2005 (MCA). The provider had effective arrangements and plans in place to ensure people's liberty was not restricted without authorisation from the local authority.

People were fully involved in deciding what they wanted to eat and drink. Healthy eating and menu planning was regularly discussed at residents meetings.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and treated people with dignity and respect. The service had a culture that promoted inclusion and independence. People and relatives told us they felt valued by the staff and management.

Healthcare professionals, feedback reviews from relatives and people told us staff provided good care. Care plans were personalised and provided detail about people's hobbies and interests.

Is the service responsive?

Good

The service was responsive. People's care needs were regularly reviewed and staff were knowledgeable about the care they

required.

The provider had arrangements in place to deal with complaints. People and relatives consistently told us any issued raised were dealt with in good time.

People were provided with a range of activities.

Is the service well-led?

Requires Improvement

The provider did not have robust quality assurance systems in place to respond to maintenance requests.

People using the service, their relatives and professionals were regularly asked for their feedback and this information was used to help improve the service.

The management had effective procedures in place to regularly monitor and review people's care needs.

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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 4,5 and 6 July and was unannounced.

One inspector carried out the inspection.

Before our inspection we reviewed previous inspection reports and notifications we had received. A notification is information about important events which the provider is required to tell us about by law.

During our visit we spoke with the acting manager, five house managers, the director of integrated services, seven healthcare professionals, 12 relatives and 26 people. We observed a "Friends and family" meeting attended by seven relatives and spoke with two maintenance staff.

We pathway tracked six people using the service. This is when we follow a person's experience through the service and get their views on the care they received. This allows us to capture information about a sample of people receiving care or treatment. We looked at staff duty rosters, checked the providers recruitment process, viewed feedback questionnaires from relatives, people and healthcare professionals. We reviewed staff training records, quality assurance documents, team meeting records, supervision and appraisal records, reviewed policies and procedures relating to medication, health and safety, reporting of incidents, safeguarding incidents, complaints and checked the providers decision making processes.

We observed interaction throughout the day between people and care staff. Some of the people were unable to tell us about their experiences due to their complex needs. We used a short observational framework for inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who are unable to talk with us.

We last inspected the home on 21 May 2013 and found it was meeting the regulations it was inspected against at the time.

Requires Improvement

Is the service safe?

Our findings

People were not always safe. The call bell system used to alert staff when people required assistance placed people at significant risk of harm. One person said: "I pulled the buzzer and it took 45 minutes for staff to come, they eventually heard me shouting for help. It happened three weeks ago and it's happened since" and "I am saying this to help the others because (person) has been falling a lot". A "Message book" used to encourage communication between staff documented how one person had a fall on 12 April 2016. The report stated "Person buzzed and when I went in (the bedroom) she was on the floor, I pressed the buzzer in the bathroom and in the bedroom and neither of those buzzers registered on the staff buzzers". Other detail from the message book stated "(Person's) emergency buzzer did not work straight away" and "(Person) not happy-left on the toilet for an hour last night because the buzzer didn't work". A member of staff said: "Sometimes we don't even have enough buzzers for the staff". This was a breach of Regulation 12 2 (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment.

Due to the concerns we identified we raised our findings with the house managers, the acting manager and the Director of Integrated Services. They took our concerns seriously and took action immediately. We observed the acting manager conducting an audit based on our feedback. We were provided with an action plan during the inspection which detailed their findings and provided a target completion date for each fault or concern they identified. The action plan stated "Engineer attended site and in light of concerns, conducted a full check of the system and will make recommendations for any improvements". The action plan also stated: "Engineer visited site on 06/07/16 and made a repair to a signal repeater box" and "Additional pagers ordered 06/07/16, awaiting delivery". We were satisfied with how the provider responded after we raised our concerns.

Staff were knowledgeable about their responsibilities to protect people from abuse and knew who to contact if abuse was suspected. They accurately described the services safeguarding policy which documented the different forms of abuse that could take place, such as physical, sexual, psychological, financial, neglect and discriminatory abuse. It provided guidance about how to raise a safeguarding concern and detailed contact information about the Care Quality Commission (CQC), the local authority, the Police and advocacy agencies. Staff accurately describe the policy and said they would not hesitate to contact CQC or the local authority if they felt abuse took place. Staff had received training in safeguarding people from abuse.

The acting manager regularly reviewed staffing levels to ensure they had the correct mix of skills and competency on duty during the day and night to be able to meet people's individual needs. The acting manager told us the amount of staff on duty was dictated by the care needs of people. Relatives and healthcare professionals consistently told us the service had employed suitably skilled staff to meet people's needs. One person said: "There are always enough staff around".

People were protected from risks associated with employing staff who were not suited to their role, as there were robust recruitment systems in place. These included assessing the suitability and character of staff before they commenced employment. Applicants' previous employment references were reviewed as part

of the pre-employment checks. Records showed staff were required to undergo a Disclosure and Barring Service (DBS) check. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable adults.
The provider had arrangements in place for the ordering, storage and disposal of medicines. Medicines, including controlled drugs (CDs), were securely and appropriately stored in locked cupboards within a dedicated medication room. CDs are medicines that must be managed using specific procedures, in line with the Misuse of Drugs Act 1971.

We observed staff administering medicines to people at lunchtime. Staff asked people for their consent before being given their medicines and explained what they were doing throughout the process. MAR charts and the CD register were signed by staff after each medicine was given to record that the person had taken it successfully. Staff had received training in administering medicines and staff competency was re-assessed regularly which ensured people only received their medicines from staff that were competent to do so.

The provider had plans in place to support people in the event of a crisis. Each person had a 'personal emergency evacuation plan' that identified the support they would need from staff in the event that they needed to leave the home in an emergency situation. The home had an emergency contingency plan which outlined steps to be taken by staff if something happened that stopped the home from running normally, such as a flood or loss of electricity. The plan included what actions should be taken and by whom, as well as emergency contact details of utilities companies and senior managers.

Requires Improvement

Is the service effective?

Our findings

Staff did not always receive effective support and supervision. A member of staff acknowledged there were "some gaps" in respect of supervision and appraisal but told us they were positive about the new management and leadership in place. Some staff told us they had received supervision within the last five months whilst others told us they hadn't. Supervision and appraisals are important as they help to ensure staff understand their role and responsibilities. They also provide opportunities for staff to reflect upon their strengths and weaknesses and consider their continuing professional development. The acting manager and the house managers were aware this was an area which needed to improve. One member of staff said: "I can't remember the last supervision I had, it's been a tough time really because we have had a lot of changes at the top".

People's healthcare needs were met and the provider had effective relationships with external professionals. Each of the three buildings had a signing in record at the reception area and each person had a record of healthcare appointments and visits which were documented in their care plans. Visits to and from healthcare professionals included assistance from the community mental health team, the district nurse, visits from the GP, appointments with the Dentist and the optician. Each person had a healthcare action plan. One plan stated "(Person) is also prone to sores. Care staff liaise closely with the district nurse" and for a different person their plan stated: "Tissue viability team is also involved with (Person's) skin care". A visiting district nurse said: "I am out here quite a lot, the staff always contact me if there are any issues, they don't wait for things to get worse".

People who had been identified as being at risk of choking, malnutrition and dehydration had been assessed and supported to ensure they had sufficient amounts of food and drink. One person had specific needs around their nutrition due to a risk of choking. We saw the guidance in the care plan was followed in practice at lunch. Their plan contained detailed guidance about the actions staff should take if they did choke. Specialist cutlery and plates were used to assist some people to be as independent as possible during meal times. Staff gave clear guidance to one person with a visual impairment, describing to them where the various elements of their meal were on their plate. One person required a pureed diet, each item had been pureed separately so that they were still able to taste the individual flavours. This person told us that they enjoyed the food available at the home.

A care worker told us they used a malnutrition universal screening tool (MUST) to identify people who may be underweight or at risk of malnutrition. For some people their food and fluid intake was monitored and recorded. People were provided with choice about what they wanted to eat and told us the food was of good nutritional quality and well balanced. The chef offered a menu that took account of people's preferences, dietary requirements and allergies. Staff were knowledgeable about people's dietary needs and accurately described people's requirements. We observed people enjoying their food at meal times.

Staff received an effective induction into their role. They received an induction which involved shadowing more experienced staff, reading people's care plans and key policies and procedures. Records demonstrated new staff were in the process of completing their care certificate. The Care Certificate was

introduced in April 2015 and sets out explicitly the learning outcomes, competences and standards of care that care workers are expected to demonstrate.

People's views and decisions were respected. Some people were unable to express their views or make decisions about their care and treatment. The Mental Capacity Act 2005 (MCA) contains five key principles that must be followed when assessing people's capacity to make decisions. Staff were knowledgeable about these requirements and records showed people's capacity had been properly assessed and documented. Staff were able to illustrate the principles of the MCA and described the times when a best interest decision may be appropriate. For example, one member of staff said: "We don't do anything without checking people are happy first". Relatives consistently told us they were able to express their views about their family members care. We attended a "Family and Friends" group meeting which clearly demonstrated relatives were provided with good opportunity to express their views.

Staff responded effectively to ensure people's freedom was not unlawfully restricted without authorisation. The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. One person was subject to DoLS at the time of our inspection.

Good

Is the service caring?

Our findings

People, relatives and healthcare professionals were complimentary about care provided and told us staff cared for people with compassion and respect. One relative said: "The care is wonderful, I really can't fault it. The staff have great energy about them". Another relative said: "The staff encourage people to stay as independent as they can and they look like they care, they smile and laugh with the residents". A healthcare professional said: "There appears to be a good relationship between staff and people here".

We consistently observed staff interacting with people in a positive and respectful manner. Staff spoke with people at the same level and maintained eye contact during discussions. Everyone we spoke with told us that their dignity and privacy was respected. Staff we spoke with understood what privacy and dignity meant within the context of the home and were able to give examples of how they maintained people's dignity by, for example, covering them if they left their rooms without first getting fully dressed. A support worker talked about the importance of making sure doors were shut when performing personal care but also about giving people space. They explained they tried to read the signs or observe body language which might mean the person wanted some time alone. They said, "When we use a hoist and are helping people with personal care it's really important we talk to them, we ask them if we can wash certain personal areas first and then we do it".

Each person had a detailed and descriptive plan of care. The care plans were written in an individual manner and contained information about what was important to the person. Staff told us, the support plans contained relevant information which ensured they knew and understood the care needs of each person. One member of staff said, "The plans are good and they help us to know what needs to be done". Another staff member said, "The plans are specific and accurate because they are reviewed every month" and "The house managers are really hot on making sure things are all up to date, we have a lot of paperwork to do to make sure everything is right". All of the staff we spoke to displayed an in depth knowledge of the support needs and daily routines of each person which we saw helped them to deliver personalised care.

People living at Enham communicated in a variety of ways. Widgits were used with good effect to aid communication and understanding for some of the people who had limited verbal communication or were unable to read or write. Widgits are symbols which are used alongside the written word to aid communication. Staff told us how they also used other individualised communication techniques such as objects, signing, eye contact, facial expression, touch and gestures to encourage or assist people who did not communicate verbally to communicate their ideas or wishes. One member of staff said: "I use facial expressions and tone of voice which helps".

Good

Is the service responsive?

Our findings

Relatives and healthcare professionals told us staff were responsive to people's needs. One relative said: (Person) was ill so they made a GP appointment and took her there straight away". Another relative said: "There are loads of things people can do here, some people do voluntary work and some even help with fundraising" and "The activities on offer are pretty good, people are never left without anything to do".

People's care plans were personalised, were reviewed regularly and contained information about their life history, family members, jobs they had worked in and places they had travelled to. People's preferences and choices about how their care should be delivered were also detailed throughout their care plans. For example, we saw one person's care plan described in detail their morning routine, including the time they liked to be woken and a request for staff to remind them about their medication. Care plans contained relevant information about people's physical health and their care needs such as the support they needed to wash and dress, mobilise and manage their continence. Records detailed the care required to support people with their catheter, diabetes needs, mental health care and mobility. Staff told us reviews of people's care plans took place regularly whilst comprehensive reviews took place with the support of people's families, healthcare professionals and advocates. People told us they received care and support when they needed it. They felt staff were responsive to their needs and took action to ensure they saw their doctor if they were unwell. Records showed staff responded to people's concerns when they felt unwell. For example, on the 15 January 2016 one person was supported to attend a GP appointment due to feeling dizzy and on the 16 February 2016 a different person was supported to attend a GP appointment due to concern about their mental health and arthritis.

People were supported to follow their own interests and to make choices about how they spent their time. People told us the provider offered a wide range of activities based on people's individual preferences. A member of staff said: "We got the big TV screen out to watch England v Iceland". Another member of staff said: "They (People) have just done a Grease production where members of staff and the public were all invited". One person said: "We have loads of choice, there is a radio station we can use and learn about and we have an activities room where we do arts and crafts and lots of different games". It was clear from pictures displayed in the provider's offices and activities rooms that people were given support to engage in activities they had chosen. One person told us they enjoyed swimming and said: "Look at my PCP (Person centred plan), it's in there". Other opportunities for people included cooking, drama and work placements such as helping the local library, the garden centre, the health shop and the local school.

The home had effective arrangements in place to ensure that people were supported to have regular contact with their families. Relatives consistently told us they were able to visit when they wanted without any restriction. One relative said: "I have always found the home to be open and honest, we can come when we want and the staff are always receptive to us". One person said: "My mum comes whenever I ask, she is allowed in when she wants". Relatives where appropriate were also invited to take part in care reviews and were regularly asked for their feedback about the care provided.

The complaints procedure informing people of how to make a complaint was displayed in the communal

area and included symbols and pictures and details about how to contact the local authority and CQC. People told us they would speak to staff or the manager if they were worried about anything. People told us they were able to voice their complaints and told us any concerns about the quality of care were taken seriously and dealt with in a timely manner. One person said: "I mentioned something before about a member of staff and it got dealt with". Relative's also told us management responded effectively with regard to any concerns about the quality of care provided.

Requires Improvement

Is the service well-led?

Our findings

People were placed at risk because the provider did not have robust quality assurance systems in place to monitor and to respond effectively to maintenance concerns. People, relatives and staff consistently told us maintenance requests were often ignored by management or not taken seriously. One member of staff said: "We know there are loads of maintenance issues but we just get ignored". One person said: "Look at the state of my flat, the light in the bathroom doesn't work, the kitchen cupboards are broken and my front door handle has come off". One person told us their heating didn't work properly and said: "I am cold at night". We checked the water temperature in 13 people's flats and found some showers, kitchen and bathroom taps did not supply hot water. One person said: "The water goes cold, then it goes hot then back to cold again" and "It's been like it for a while now". Whilst visiting one person in their flat a member of staff said: "Why didn't you report the tap being stiff?" The person said: "There is no point because I don't have hot water anyway and it doesn't work". Another person told us they had asked for their toilet to be fixed "over two weeks ago". They said: "It doesn't flush". Other maintenance issues included large cracks on people's bedrooms walls and worn carpets in communal areas. On one occasion we identified exposed electrical wiring in someone's flat. We also found visible piping in some people's bathrooms, bedrooms and in communal hallways. These issues not being addressed quickly put people at risk.

This was a breach of Regulation 17 (a)(b) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 Good governance.

We raised our concerns with the house managers, the acting manager and the Director of Integrated Services. They took our concerns seriously and took action immediately. We observed the acting manager conducting an audit based on our feedback. We were provided with an action plan during the inspection which detailed their findings and provided a completion target date for each fault or concern they identified.

The service had an open culture where people had confidence to ask questions about their care and were encouraged to participate in conversations with staff. People told us they were motivated by staff and the care they received was specific to their needs. We observed staff interacting with people positively, displaying understanding, kindness and sensitivity. For example, we observed one member of staff smiling and laughing with one person when playing games. The person responded positively by smiling and laughing back. These staff behaviours were consistently observed throughout our inspection.

Audits were in place check the management of medicines, risk assessments, care plans, DoLS and mental capacity assessments. They evaluated these audits and created action plans for improvement, when improvements were required. One audit showed a number of staff supervisions were due to take place. A member of staff told us they checked people's paperwork everyday to ensure it was accurate and reflected people's needs. They said: "The care plans and everything else is ok it's just the maintenance work that needs to get do quicker, we tell them about it all the time and it's on our audits".

Staff told us they felt able to raise concerns. The service had a whistle-blowing policy which provided details of external organisations where staff could raise concerns if they felt unable to raise them internally. Staff

were aware of different organisations they could contact to raise concerns. For example, care staff told us they could approach the local authority or the Care Quality Commission if they felt it necessary.

Team meeting records showed staff had opportunities to discuss any concerns and be involved in contributing to the development of the service. A member of staff said: "We chat a lot and more recently we have started to have team meetings". Another member of staff said: "The house managers meet together and the personal assistants meet with their managers, it is getting better but I think there is still some way to go".

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not have an working call bell system in place which placed people at risk.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have robust quality assurance systems in place which resulted in lack of maintenance work being carried out.