

Anchor Trust

St Edith's Court

Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 6 October 2014 and was unannounced.

St Edith's Court provides accommodation for up to 39 people who require nursing or personal care. Each person living at St Edith's had their own room with en-suite shower and toilet, and a small kitchenette. These are referred to as flats and each has its own door number. In addition to the flats there are four communal lounges with kitchens attached and a large communal dining room. Outside are landscaped gardens with different seating areas and walk ways.

The service has a Registered Manager in post referred to as the home 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 and associated Regulations about how the service is run.

We saw that people were cared for by staff that been recruited appropriately and employed after appropriate checks were completed.

Summary of findings

From records we reviewed we saw that they were regularly updated and that staff were provided with the information they needed to meet people's needs. We saw that people's care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People felt safe living at St Edith's. Staff and the registered manager were able to explain to us what they would do to keep people safe and how they would protect their rights. We saw that the staff were provided with training in Safeguarding Vulnerable Adults from abuse, Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies, procedures and information available in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected.

We saw that staff were attentive to people's needs. Staff we spoke with were able to demonstrate they knew people well. We saw staff treated people with dignity and respect.

People who used the service were provided with the opportunity to participate in activities which interested them. From talking to people and staff we saw that these activities were diverse to meet people's social needs.

The service worked well with other professionals to ensure that people's health needs were met.

From records we reviewed we saw that any complaints were resolved efficiently and quickly.

The service had a number of ways of gathering people's views from holding meetings with staff, relatives and people to completing survey's and talking to people individually.

The manager carried out a number of quality monitoring audits to ensure the service was running effectively.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People felt safe and that their property was safe. Staff had been trained in safeguarding people and knew how to raise concerns with the appropriate authorities.

Staff were recruited appropriately and employed after appropriate checks were completed. The service had the correct level of staff on duty to meet people's needs.

Medication was stored appropriately and dispensed in a timely manner when people required it.

Good



Is the service effective?

The service was effective.

The service provided an induction for new staff, and training courses relevant to their roles.

People were very complimentary of the food provided at St Edith's. We observed that the lunch period was a very social occasion.

People had access to other healthcare professionals when they needed to see them.

Good



Is the service caring?

The service was caring.

People we spoke with were very complimentary of the service and of the care staff. People were involved in their care, and the choices they made about how to spend their time.

Staff knew people well and what their preferred routines were. We saw staff and people talking together, smiling, laughing and generally enjoying each other's company.

Staff were responsive to people's needs and treated people with dignity and respect.

Good



Is the service responsive?

The service was responsive.

People had plenty of activities to do at the service. These activities were varied to meet people's needs. People accessed activities in the community with the support of staff.

Care files we reviewed were individualised and written to give staff the best guidance to support people needs as individuals.

Relatives attended meetings and were able to talk with the manager when they needed to.

Good



Is the service well-led?

The service was well led.

People, staff and relatives were all complimentary of the management and the support they provided.

Good



Summary of findings

The service had a number of quality monitoring processes in place to ensure the service maintained its standards.

St Edith's Court

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 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.

This inspection took place on 6 October 2014 and was unannounced. The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, the provider completed a Provider Information Return (PIR) which we reviewed. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information held on the Care Quality Commission data base about the service.

During our inspection we spoke with eight people who used the service, five relatives, the registered manager, care manager and six members of care staff. We also spoke with two visiting healthcare professionals who were the district nurse and the GP. We reviewed four people's care records and four staff recruitment files. We also looked at the service's policies, audits, staff rotas, complaint records and training records.

Is the service safe?

Our findings

People we spoke with said they felt safe living at the service. People made comments such as, “I love it here.” And, “I feel very safe.” People told us that they could leave the door to their flat open and felt that their belongings were safe. One person told us how they liked to keep their door open slightly at night as this helped them to feel safe.

Staff were provided with the information they required to protect people. We saw that the service had a policy for staff to follow for safeguarding people from abuse and provided staff with training on how to protect people. We spoke with the care manager who told us what procedure they would follow should they have a concern for someone's safety. The staff we spoke with were able to explain how they could report concerns. They were able to identify different types of abuse and explain what they would do to safeguard people if they were concerned that a person was being abused.

The service undertook risk assessments to support people to maintain their independence. These included, for example, assessing what support people might need to help them access the community, or to use a wheelchair with family support. People had assessments carried out in their flats to ensure call bells were strategically placed or, if necessary, would be supplied with a call bell to wear on their person.

We saw that people had call bells strategically placed around their flat, these included in different parts of the bedroom, the kitchen area and en-suite facility. We noticed that in addition to this some people wore call bells on their person. During our inspection we saw that staff attended promptly when call bells were activated. People we spoke with told us that staff usually respond within a few minutes. One person told us that staff were, “Always ready for a laugh, there when you buzz them.” This told us that people could rely on staff to attend to their needs.

We saw the service was well maintained by its maintenance staff who carry out on-going repairs and maintenance. The care manager told us if necessary they had a list of outside contractors that could be used to maintain the environment. The care manager also told us of the emergency contingency plan they had in place should the

service ever need to be evacuate. This included the use of another service locally and provision at a church hall. This told us the service had considered how to keep people safe in an untoward event.

Staff were able to describe to us how they would keep people safe in the event of an emergency. For example staff we spoke with were able to describe to us what they would do in an event such as a fire. Staff were also able to tell us what steps they would follow should they find somebody needing urgent medical assistance. This included sounding the emergency call bell to alert a senior member of staff to attend, calling for an ambulance or asking for a GP to attend.

Staff we spoke with told us that they felt there was enough staff on duty to meet people's care needs. We saw there were sufficient staff on duty to meet people's needs. There was one new member of staff who was supernumerary they, were working with other staff whilst they got to know people and the routines of the service.

The home manager told us that the service was currently recruiting to replace staff that had moved on, but on the whole there was a stable staff base. The service did not use any agency but used their own bank system for accessing additional staff to cover short term absence such as sickness. This meant that people were always supported by staff that knew them.

We reviewed the recruitment records for three staff members. The records showed that staff who were recruited were suitable for the role they were employed for and that the provider had a robust recruitment process in place. Files contained records of interviews, appropriate references, full employment histories, and Disclosure and Barring Service (DBS) checks. This check ensured staff did not have a criminal record and were suitable to work with people. Staff told us about the recruitment process and how they were asked to provide references and had completed DBS checks before they started work.

People told us they got their medication when needed and would ask for extra medication such as painkillers if needed. We looked at the way the service managed the medication for the people living there. We saw that medication was stored safely within a secured locked medication trolley and that the service had a locked medication room. The service had separate medication trollies for each floor. Senior staff who had received training

Is the service safe?

in medication administration and management dispensed the medication to people. Staff told us that an external provider came in to the service and delivered the training. Staff told us that they renewed this training yearly.

We observed part of a medication round. We saw this was done efficiently and in a timely manner. We observed that staff checked medication administration records before they dispensed the medication and that they spoke with people about their medication.

We reviewed medication administration records and found these to be in good order. They were clear with people's

photographs attached to help confirm identification. Medication was clearly prescribed and dated. We reviewed 'as required' medication and saw there were clear explanations as to when these should be administered within people's care plans.

Controlled Drugs were being administered correctly and stored in accordance with regulation. We checked the controlled drugs register and found that controlled drug administration were being recorded correctly.

Is the service effective?

Our findings

A relative we spoke with said that they were delighted that their relative now considered the service as home. People we spoke with told us that they felt staff were good at their job. Another relative told us how the service made them feel, “Extremely welcomed.” And that, “I would live here.” One person told us that, “The carers are very kind they have training to help lift me and are not allowed to use the hoist until they have been trained.”

We found that people received effective care from staff that were supported to obtain the knowledge and skills to provide this. Staff we spoke with told us they were supported to complete training in health and social care. These included completing National Vocational Qualifications (NVQ) level 2,3, and 5. Staff in addition were supported to complete various in-house training and E-learning. Staff told us that they felt well trained to fulfil their role and support people. From the training records we saw that the service invested time in training their staff to ensure they have the correct knowledge to support people.

New staff were able to describe to us how they were inducted into the service and that their new work colleagues made them feel welcomed. Staff told us that they spent time working with more experienced staff, this is known as shadowing, until they got to know people and were confident to work on their own. Staff told us of the training they completed on induction and that they had regular meetings with senior staff and the home managers to discuss their progress. This meant the service ensured staff were able to support people in the correct manner.

Staff we spoke with said that they attended staff meetings to discuss the running of the service and had supervision, where they discussed their job role, performance and identified any training needs. The home manager told us they were currently in the process of completing annual appraisals with staff, this is where their performance is discussed over the past year.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005. We found the service was meeting these requirements. Staff we spoke with understood that people had the capacity to make their own decisions, and described how they could help people with decision making. The home manager told us that people living at

the service had capacity and could come and go as they pleased. We saw that doors were open and people could access the outside. The home manager showed us that one person had required a best interest decision with regards to their personal care and nutrition. This told us the service took the required action to ensure people received the care and support they needed.

We saw that people had access to food and drink throughout the day. Each person had their own kitchen and the communal lounges had kitchens adjacent. In addition to this whilst we were talking with people in their flats, staff came in to offer drinks, and jugs of fresh water. People told us they could make their own drinks or staff would do this for them. People we spoke with were very complimentary about the food at the service. They made such comments as, “Food is lovely, good quality.” And, “Beautiful.” People were also very complimentary of the chef and the additional food they provided for parties.

People told us that there was always plenty of choice of what they could have, and, that if they did not like what was on the menu they could request something else. People told us that they enjoyed going to the dining room at lunchtime to eat their meal followed by a hot drink, as they found this to be a very social occasion.

We observed lunchtime and saw that all the tables were nicely laid with table mats, flowers and condiments. People were given a choice from a number of different drinks to have with their meal. Along with their main meal the table was provided with serving dishes of vegetables and potatoes for people to help themselves. Each table had its own gravy boat for people to use. We saw that staff were attentive and refilled these dishes with more food as people requested.

Throughout the lunch period the dining room was full of chatter between people and staff and appeared to be a very sociable event. We observed staff taking time to sit and talk with people and join in with the general conversations on the tables.

Where people needed support staff sat with them and encouraged them to eat and drink. The atmosphere was relaxed and nobody was rushed. People who did not wish to eat in the dining room had meals taken to their flats on trays. This told us that people had choice as to where they would like to eat their meals.

Is the service effective?

People we spoke with told us that they had access to health professionals as they needed them. One person told us how they never used to like to bother their GP, but since living at the service the staff have been very good at getting the GP to come to see them. People told us that they saw the chiropodist when they needed. One person told us how staff supported them and went to hospital appointments with them. We saw that records were kept of all visiting health professionals and care plans had been updated as required.

During our visit we saw two visiting health professionals a GP and a district nurse. We spoke with them and they were very complimentary of the service. They told us that they felt the service was very responsive to people's needs and that they felt the staff were very knowledgeable of people's health requirements. They told us how they found the service was always very welcoming and had a good atmosphere.

Is the service caring?

Our findings

We found that the service provided a caring and supportive environment for people who lived there. People we spoke with were very complimentary of the staff one person told us that, “Carers are all good.” And that, “Not found any fault with any of them, I call them angels.” A relative told us that the staff treated their relative like they ‘belonged’ and were ‘important’.

People we spoke with told us how they were involved in their care. This included being visited by the manager before they came to live at the service to discuss their needs. People told us that staff discussed their care with them regularly. Staff told us that they reviewed people’s care with them on a monthly basis to see if any changes needed to be made. From records we reviewed we confirmed this happened monthly.

People told us that when they came to live at the service staff spoke to them about their life. We saw in records that there was a document called ‘My Living Story’ this document detailed people’s life. It told a story of where people were born, their background, where they lived, worked and about their family life. In addition it described people’s hobbies, likes, dislikes and routines. This information helped staff to provide individualised care and also helped staff get to know people and have common interests to talk about.

From care plans we reviewed we saw that these were all individualised and about the person. They clearly explained what support people needed and what they preferred to do for themselves. The care plans gave a step by step guide for staff to follow and showed how to best support people to maintain their independence.

Staff we spoke with showed a good understanding of people’s care needs and routines. They were able to describe to us how people liked to be supported and what

their preferred routines were. This included such things as when they liked to get up and when they preferred to have a drink and what meals they preferred to attend the dining room for.

People told us how they had choices at the service for example whether to attend the dining room or eat in their room, if they wanted to join in social activities, and when they wanted to go to bed or get up. One person told us how if they did not feel ready to get up they told the staff, who would then come back later to give them support when they wanted it. One person told us that, “The girls get to know you.” And that, “They know what help I need.”

Another person told us how they liked to have their nails manicured and painted, the care staff that did this was never too busy and, “Will always have time to fit me in.” Whilst we were talking to people in their flats, we noted that staff came in for a number of reasons; to check if people needed fresh water, to see if they wanted to join in with the morning activity in the lounge, or to see if somebody needed assistance with walking or wanted a hot drink. We observed that staff were always friendly, polite and courteous to people, knocking on doors and always asking if it was alright to come in.

During a mealtime we observed that one person became upset, a member of staff immediately responded and sat with the person offering reassurance and support with eating. We saw that the person immediately relaxed, talking with the staff member who remained with them throughout the meal time.

Relatives told us that they could visit at any time and were frequent visitors to the service. People had the opportunity to entertain people in their flats or they could use one of the four lounges at the service. They all had kitchens attached for people and their relatives to use. This told us that people’s privacy was important and respected by staff. We saw that staff would always knock on people’s flat doors and ask if it was alright to enter.

Is the service responsive?

Our findings

Before going to live at the service people had a comprehensive assessment of their needs completed with the home manager. People and their relatives told us that they came to view the service before they came to live there. They said that they were welcomed at the service and that they felt it had a nice atmosphere. People told us there were plenty of activities to do throughout the day. One person told us how they liked to attend discussion groups, bingo and craft. They said that, "It passes a few hours, you have a laugh and mix with others."

People were very complimentary of the amount of activities that happened at the service one relative told us that, "The mental stimulation is good here." People told us about entertainment groups that had been in recently playing instruments and singing. We were also told about the summer garden party that was attended by the local Member of Parliament. People told us the chef provided a, 'lovely buffet' at the party.

The service employed two members of staff whose sole responsibility was to provide activities to meet people's social and wellbeing needs. We spoke with one staff member who told us how they tried to meet people's diverse needs. On the day of our inspection we saw 14 people joining in with an exercise group in the morning. In the afternoon 12 people joined in flower arranging making centre pieces for their rooms.

Staff told us that they tried to provide varied activities from quizzes, discussion groups, crafts, bingo as well as having people from the community coming in to provide activities. This included entertainment, talks and the flower arranging that had occurred that afternoon. We were told that in addition to this that the service celebrated other cultures such as the Chinese New Year and St Patricks day.

The home manager told us that links were kept with the local community and that people often attended coffee mornings at the local churches. The service held its own religious service once a month. People told us they could access church in the community or that the vicar came to them.

Staff told us that they had arranged for a clothing boutique and shoe supplier to attend the service for people to buy items if they wished. Staff told us that they would support people to go out on shopping trips if they were unable to go out on their own.

People were treated as individuals and staff had the information they needed to support people the way they wanted to be supported. From care plans we reviewed we saw that people's care plans were individualised to their needs. We saw that care plans were very detailed and explained every aspect of how a person liked to be supported.

We asked people and their relatives if they knew how to make a complaint. People told us that they would speak to the home manager. However, the overwhelming consensus was that they did not have any complaints. The home manager told us that she had an open door policy for people to speak with her and that she advertised a surgery once a month if people wanted to see her in the evenings.

We reviewed the complaints book and saw that complaints were dealt with quickly, in line with the services policies. We noted the service received a number of compliments as well in the form of cards and letters one said, 'Thank you to everyone at St Edith's for the care, professionalism and friendliness shown to my [relative].' Another said, 'I feel safe and no longer alone thank you all.'

Is the service well-led?

Our findings

The service had a registered manager in post however they are referred to as the home manager. The service also had a deputy manager in post known as the care manager. The managers were very visible within the service. People we spoke with and their relatives knew both the home manager and care manager by name. One person told us that the home manager was, "Marvellous." Everybody we spoke with was very complimentary and positive about how the service was run, this included people, relatives, staff and external professionals. One person told us that they, "Feel very safe and the home is really well run."

Staff we spoke with said that the management was very approachable and supportive to them. Staff told us that they felt listened to and that their ideas could influence the service. We were told by staff that one suggestion that they made about deployment of staff had been taken on board and that they were now working in teams across the two floors.

Relatives we spoke with said that they had attended a relatives' meeting chaired by the home manager. We were told that they found this helpful as the home manager explained to them how the service operated and about the organisation. Relatives told us that they felt comfortable raising any issues with the home manager and were very complimentary about the manager and staff.

The service had a number of ways of gathering people's views on the service. People we spoke with said that their care was discussed with them. They told us that they had taken part in surveys about the running of the service. We saw that the service was in the process of sending out its yearly survey for people to complete. The service also completed a quarterly catering survey with people and there was a comments book available for people in the dining room. We saw that one of the survey results showed

people wanted to be more involved in their care. In response to this the service had monthly meetings with people to discuss their care with them and implement any changes needed.

Staff told us that they had regular meetings to discuss the running of the service and people's care needs. We saw from minutes that these were every other month. We noted that staff suggestions on how the service operated were discussed at these meetings and one suggestion to work in teams had been implemented. This told us that staff views and opinions were listened to. Staff told us that they received supervision to discuss their performance and any training needs they might have. The manager was in the process of mapping out a calendar to ensure that staff received supervision on a regular basis. Staff told us that they received a yearly appraisal and this was currently in the process of being completed on all staff.

During our inspection we saw that the service had a number of quality monitoring systems in place. For example the service carried out regular audits on people's care plans, medication management, weight monitoring, pressure area care, falls, catering and environment checks.

The home manager used this information as appropriate to improve the care people received. The home manager told us that they personally conducted the environment checks weekly.

The care manager told us that the service had a five year rolling refurbishment plan in place, to keep the environment fresh and functional for people's needs.

We saw the service had an improvement plan which was updated monthly. This showed that the home manager identified areas that needed improvement or that was on going work such as yearly appraisals and was able to monitor the progress of this work.

This section is primarily information for the provider

Action we have told the provider to take

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

This section is primarily information for the provider

Enforcement actions

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