Brownlow Enterprises Limited

Ernest Dene Residential Care Home

Inspection report

8-12 Donovan Avenue
Muswell Hill
London
N10 2JX

Website: www.ventry-care.com

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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

This unannounced inspection was undertaken on 24 July 2018 and was carried out by one inspector and an inspection assistant. At our last inspection we rated the service 'good'. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Ernest Dene is a 'care home' for older people, some of whom are living with dementia. People in care homes receive accommodation and personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service is registered to accommodate a maximum of 33 people. This originally included nine double rooms which are now single occupancy. The service currently accommodates 24 people. Most of the people using the service had been living at the home for many years. Most of the staff team had also been working at the home for some time and everyone knew each other well.

People using the service were relaxed with staff and the way staff interacted with people had a positive effect on their well-being.

Staff understood their responsibilities to protect people from abuse and knew how to raise any concerns with the appropriate safeguarding authorities.

Risks to people's safety had been identified and the management had thought about and recorded ways to mitigate these risks.

Staff understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the premises.

There were systems in place to ensure medicines were administered to people safely and appropriately.

There were enough staff on duty to support people safely.

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.

Staff understood the principles of the Mental Capacity Act (MCA 2005) and knew that they must offer as much choice to people as possible in making day to day decisions about their care.

People were included in making choices about what they wanted to eat and staff understood and followed

people's nutritional plans in respect of any cultural requirements or specific healthcare needs people had.

Both people who used the service and the staff who supported them had regular opportunities to comment on service provision and made suggestions regarding quality improvements.

People had regular access to healthcare professionals such as doctors, dentists, chiropodists and opticians.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity. Staff challenged discriminatory practice.

Everyone had an individual plan of care which was reviewed on a regular basis.

People were supported to raise any concerns or complaints and staff understood the different ways people expressed their views about the service and if they were happy with their care.

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 continued to be safe.	**Good**
Is the service effective? The service continued to be effective.	**Good**
Is the service caring? The service continued to be caring.	**Good**
Is the service responsive? The service continued to be responsive.	**Good**
Is the service well-led? The service continued to be well-led.	**Good**

Ernest Dene Residential Care Home

Detailed findings

Background to this inspection

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

This unannounced inspection took place on 24 July 2018 and carried out by one inspector and an inspection assistant. Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We also reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. By law, the provider must notify us about certain changes, events and incidents that affect their service or the people who use it.

We spoke with eight people who used the service. Because it was not always possible to ask everyone direct questions about the service they received, we observed interactions between staff and people using the service as we wanted to see if the way that staff communicated and supported people had a positive effect on their well-being.

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

We spoke with four care staff, the deputy manager, the acting manager, the cook, a domestic worker and the operations manager. We spoke with a social care professional during the inspection. The acting manager wrote to us after the inspection and provided some additional information we had requested.

We looked at four people's care plans and other documents relating to their care including risk assessments and medicine records. We looked at other records held at the home including four staffing files, meeting minutes, health and safety documents and quality monitoring audits.

Good

Is the service safe?

Our findings

People told us they enjoyed living at the home and felt staff with the staff who supported them. One person told us, "Staff are caring and nice. I feel trust and safe when they do personal care." Another person commented, "No problem with staff, they are safe and warm."

Staff understood their responsibilities to report any concerns if they suspected abuse. They understood the types of abuse and the possible behaviours that people might express if they were being abused. Staff knew they could report their concerns to outside agencies such as the local authority, the police and the CQC. A staff member told us, "I'd report [a suspicion of abuse] to my manager. If nothing happens it's my duty to report to the CQC."

Staff understood the potential risks to people in relation to their everyday care and support. These matched the risks recorded in people's care plans. Staff gave us examples of how they mitigated identified risks. For example, staff told us they made sure people had their walking aids with them if they were at risk of falls and they walked with people to offer reassurance and support.

The service used the 'Waterlow' risk assessment tool to identify people at risk of developing pressure ulcers. We noted, in some instances, this assessment had identified people were at a high risk of developing pressure ulcers although no mitigation plan had been developed as a result. We spoke with the acting manager who told us the people concerned were not actually at high risk even though the assessment tool had calculated them to be. They told us this was an error in the way staff were completing and calculating the assessment tool and they would review this with staff.

Records showed that no one in the home had a pressure ulcer.

Staff knew how to raise concerns and record safety incidents and near misses and gave us examples of how they had done this in the past. The acting manager told us how lessons had been learnt from past accidents involving falls at the home. This included the use of technology to alert staff if the person was getting up in the middle of the night.

All parts of the home, including the kitchen, were clean and no malodours were detected. The kitchens had been inspected by the environmental health department who awarded the home the top score of five 'scores on the doors'.

Staff had sufficient amounts of personal protective equipment and had completed training in infection control and food hygiene. They understood their roles and responsibilities in relation to maintaining high standards of cleanliness and hygiene in the home.

We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines at the home. Records showed that medicines were audited regularly so that any potential errors could be picked up and addressed quickly. The staff used a recognised

pain rating scale so that people who had problems communicating verbally could indicate if they were in pain using pictures.

Staff told us, although they were busy, there were enough staff on each shift to ensure people were supported safely. One staff member told us, "We get time to sit with people." People told us they were happy with the number of staff on duty. One person said, "They are alright, there is enough staff." We saw that staff were not rushed and took time with the people they were supporting.

We checked staff files and saw that the provider was following appropriate recruitment procedures. Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. This meant the provider could be assured they employed staff suitable to working in the caring profession.

Good

Is the service effective?

Our findings

We saw assessments and care planning was carried out holistically and with input from the person or their family. The assessment and care planning approach did not discriminate against people's protected characteristic's including their age, religion or disability.

Staff had a good understanding of the needs and preferences of people living at the home. This matched information detailed in people's care plans as well as what we observed. People's support needs were regularly reviewed and monitored and changes were made when required.

Technology, in the form or pressure mats, were being used to alert staff discreetly if the person was getting out of bed at night where there was a risk of them falling.

Supervisions and appraisals were taking place for all staff and were used to review their practice and behaviours, and focus on professional development. One staff member told us, "It's all about our performance and how we manage our work." Another staff member commented, "[Supervision] is about knowing what I'm doing and how I can improve."

Staff were positive about the training provided and told us the training equipped them with the skills and knowledge they needed to support people effectively. Staff gave us examples of how this training had informed their work practices and understanding of dementia related conditions. Records showed that staff training was up to date and repeated when required. One staff member told us, "I've just had all my mandatory training." Another staff member commented, "Every six months we update it [training]."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf for people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

Staff understood the principles of the Mental Capacity Act and told us it was important not to take people's rights away and that they must always offer as much choice to people as they could. Staff knew people well and explained how individuals communicated their choices about menus, clothes and activities. We observed staff offering choices to people at lunchtime and throughout the inspection.

For safety reasons some people needed staff to accompany them when they went out of the home and we saw the relevant legislation in relation to these safeguards were being followed.

Some people required medicines to treat serious health conditions but, due to their cognitive impairment, did not always want to take them. Where this was the case we saw that meetings had taken place with

family and relevant healthcare professionals and it had been agreed that the medicine would be administered covertly in the best interests of the individual.

People told us they enjoyed the food provided. One person told us, "Food is good here, I don't mind it. We get enough food and drink." Another person commented, "The food is good and I like the choices." The cook was aware of the people that needed a special diet because of particular health requirements and menus reflected the cultural diversity of the people living at the home. During lunch people were shown the two meal options just in case they had changed their mind and wanted something else.

The service comprised of three terraced houses joined together. There was nothing about the home either in design or adaptation that had an institutional appearance. Everyone had their own room and there were communal lounges so people could be together if they wished. Due to safety reasons relating to some people's cognitive impairment, the main door had a key pad so only people who knew the code could open it. Despite this, people could move freely around the whole home and had access to the garden.

People were appropriately supported to access health and other services when they needed to. One person told us, "Staff help with attending appointments."

Each person's personal records contained documentation of health appointments, letters from specialists and records of visits. We saw examples of where people had regularly accessed doctors, dentists, chiropodists and opticians. We saw that people's healthcare needs were recorded in their care plan and discussed at staff team meetings.

Good

Is the service caring?

Our findings

People were relaxed with staff and we saw that positive and supportive relationships had developed. One person told us, "The staff are easy to get along with, laid back, so no worries." Another person said, "Staff treat me like family."

Throughout the inspection we observed and records confirmed that everyone was encouraged to be as independent as they could be and we saw people were moving around the home with staff supporting them only when they required support or encouragement. Staff knew what support people required and were aware of people's likes, dislikes and life history.

Staff told us that everyone could express their views and preferences and make some decisions about their care. Because some people had different ways of communicating, there were instructions in their care plans about their way of communicating. For example, one person's care plan stated, "[Person] is able to express herself and make her needs known."

Although some care plans had been signed by the person to indicate they had been involved in its development, not everyone could remember this. One person told us, "I'm not sure if I was involved in my care plan but I say what I need." Another person commented, "I can't remember about my care plan and being involved but I feel connected to the staff."

Staff understood how issues relating to equality and diversity impacted on people's lives. They told us they made sure no one was disadvantaged because of, for example, their age, gender, sexual orientation, disability or culture. A staff member told us, "We must treat people as individuals."

Staff gave us examples of how they upheld and respected people's diversity which included making culturally appropriate meals and by celebrating various religious and cultural events. Care plans identified people's religion, ethnicity and culture as well as how staff were to ensure people's cultural needs and preferences were followed and respected.

People told us their privacy was respected and upheld. One person commented, "Staff are respectful and knock on my door. They tell me what they are doing." Staff gave us examples of how they ensured people's privacy and dignity were maintained and respected. These examples included keeping people's personal information secure as well as ensuring people's personal space was respected.

Good

Is the service responsive?

Our findings

Care plans were person centred and gave staff information about people's needs and care preferences whilst being mindful of identified risks to their safety. Where people's needs had changed, we saw the necessary changes to the person's care plan had been made so all staff were aware of and had the most up to date information about people's needs. Staff communicated and updated each other about people's changing needs at staff handovers and through daily progress notes for each person.

We noted a few inconsistences within the care plans. For example, in one care plan we saw instructions for staff to assist the person in and out of bed using a hoist. When we checked this with staff they told us the person was now able to carry out this task on their own with some staff supervision. We spoke about this with the acting manager who told us these inconsistences had been picked up at a recent audit and all care plans were being reviewed.

People told us they were happy with the provision of activities. One person told us, "We do good activities, the exercise is good." Another person commented, "I like colouring and word search, I am occupied with activities here." On the day of the inspection the weather was very hot. Despite this staff were singing with people whilst making sure everyone was cool and drinking enough fluids. Staff said they had time to carry out activities and one staff told us, "We do read books and chat and people love the outside activities."

Records showed that people were asked if they had any concerns or complaints at regular meetings. People confirmed this and told us they had no complaints about the home and most people knew how to make a complaint if they needed to. One person told us, "I don't know how to make a complaint but I haven't needed to." Another person commented, "If I had a problem I would make loud noises so it's okay here."

The acting manager told us that currently one person using the service was being supported at the end of their life. We saw records of visits by the palliative nurse and care team and this person's care plan contained specific information to staff on how they were to support this person with this aspect of their care. People's wishes and preferences in relation to aging and dying were recorded in their care plan. Some people's care plan did not contain this information but we saw that people had been asked but, at present, had not felt ready to discuss this. The service had the relevant policies and procedures in order that staff understood this important aspect of care should it be needed to ensure people had a comfortable, dignified and pain-free death.

Good

Is the service well-led?

Our findings

There was a registered manager in post but they were in the process of moving to another service within the organisation. We met the acting manager who was applying to be registered with the CQC. 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.

People who used the service and staff were positive about the management of the home. One staff member told us, "They treat the staff well." Another staff commented, "Staff get along well the management are fine with us."

People told us they liked living at the home and were positive about the staff and management. One person commented, "The home is quiet. I like it here, staff are good." Another person commented, "The home is well run but it can be a little bit boring."

We spoke with a social care professional who was visiting the home on the day of our inspection. They were positive about the service and how the home was run. They told us, "There is clear information and good communication." They also commented that the staff and management were, "Client centred."

Staff understood the values of the organisation and told us how these were promoted and upheld by the management team. Staff told us they could comment on the way the service was run and make suggestions for improvement. The acting manager wrote to us after the inspection, "We recognise and appreciate that care staff are well placed to see things at the level where hands-on care is provided, things that can be missed by the management of the service. Care staff can make suggestions for alteration or overhaul of what we do."

The operations director and management team carried out regular audits including health and safety, staff training and care records. We saw that environmental risk assessments and checks regarding the safety and security of the buildings were taking place on a regular basis and were detailed and up to date.

Records showed that meetings took place on a regular basis for people who used the service and their relatives. We saw that people had expressed their views about how the service was run. Surveys had also been used to gain people's views which, along with other quality monitoring systems, was used to develop a yearly quality assurance report.

The acting manager wrote to us after the inspection and provided an example of how the service worked in partnership with other agencies. They Told us, "For several years now Ernest Dene has had the benefit of working with Haringey Clinical Commissioning Group (HCCG). The HCCG Care Homes Team has been invaluable in its advice to Ernest Dene, and direct input to the care of our residents. They have been able to engage them as required with healthcare professionals, organise the provision of equipment to our

residents, and provide training to our staff."