

# Diagrama Healthcare Services Limited

## Edensor Care Centre

### (Diagrama Healthcare)

#### 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Edensor is a residential nursing home, registered to support 48 older people in one building, some of whom may be living with dementia. On the date of our inspection, 34 people were being supported by the service.

### People's experience of using this service and what we found

Staff had a good understanding of how to protect people from abuse and policies and processes in place protected people.

People were supported by staff who understood the risks to their health and well being and how to mitigate these safely.

Medicines were stored and managed safely by competent nursing staff who carried out regular medicine audits.

The environment was safe and regular checks ensured this remained so.

Staff respected people's right to choose how they were supported. Staff understood the principles of the mental capacity act 2005 and how to apply them.

People enjoyed good meal time experiences by staff who understood their nutritional needs and risks to people's physical health.

The provider had invested in staff training which had a focus to improve person centred care provision, for those people living with dementia. Systems in place ensured staff remained updated for mandatory training.

Staff at all levels were exceptionally caring, and often went the extra mile to ensure people and their loved ones felt cared for. Staff respected people's privacy and dignity and care practices supported this.

People were cared for by staff who understood the importance of individualised person-centred care. Training provided to staff focused on working with people's strengths and being creative to manage those areas that caused distress.

The provider had created a service which ensured people had access to excellent activity staff who planned meaningful and engaging activity to promote independence and mitigate social isolation.

The registered manager and clinical leaders had worked hard to make improvements at the service and had robust action plans to continue to enhance people's quality of lives.

Systems and processes in place to monitor the quality of the environment had improved and there was

good oversight from the registered manager, provider and clinical leaders.

The service was open and transparent and worked well with external health care professionals, constantly seeking how to improve the care they provided.

Staff, people and relatives told us the service was well led and managers were visible, approachable and would act on any concerns they raised.

#### MCA all reports

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

#### Rating at last inspection and update

The last rating for this service was requires improvement (published 24 October 2018) and there were two breaches of regulation. This was the second requires improvement rating for this provider. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

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#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Edensor Care Centre (Diagrama Healthcare)

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector.

#### Service and service type

Edensor is a 'care home'. People in care homes receive accommodation and nursing or 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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and three relatives about their experience of the care provided. We spoke with nine members of staff including the provider, registered manager, two nurse clinical leads, a senior care worker, care workers and a member of the housekeeping staff.

We reviewed a range of records. This included four people's care records and medication records and variety of records relating to the management of the service. This including policies and procedures were reviewed and how the service monitored the quality of care provided. We also looked at information relating to staffing and how they were inducted and trained and training data and quality assurance records.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two professionals who regularly visit the service and two commissioners.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

### Assessing risk, safety monitoring and management

- At the last inspection the service had not always supported people who presented with distressed behaviours well. At this inspection, we found documentation of these events had improved, and staff knew how to minimise distress for people through meaningful engagement and activity.
- Some people living at the service had high risk health conditions which required carefully planned interventions and monitoring. These interventions were robust. When people had required additional one to one care due to the complexity of these needs, this was provided.

### Systems and processes to safeguard people from the risk of abuse

- Staff had a good understanding of how to identify and act upon safeguarding concerns to keep people safe. They received yearly safeguarding vulnerable adult's refresher training. One person told us, "I feel safe here. A relative told us, "When I go home I know [person] is safe."
- The provider had clear processes in place to manage safeguarding concerns and where able to provide examples of these working well.

### Staffing and recruitment

- Staff continued to be recruited safely in line with best practice guidance. Recruitment focused on identifying potential staff who had the same values as the organisation.
- The provider had experienced difficulty recruiting the right qualified nursing staff. Consequently, they had invested on recruiting two nurses from overseas who had been supported to pass entry exams to the nursing register.
- There was enough staffing to manage the need of people. This was increased when the need arose, including if people needed to be supported to attend health appointments.

### Using medicines safely

- Medicines were stored safely, and the clinic room was kept clean and organised.
- Medicine administration records demonstrated staff were keeping regular stock checks to make sure there were no errors. Audits identified shortfalls and staff acted, such as missed signatures.

- As required [PRN] medication protocols were in place and nursing staff documented why they had administered additional medicine and followed this up with the outcome. This meant medicine use could be reviewed to see if it was effective.
- People requiring the application of topical creams, or pain reliving patches had body charts in place to identify where staff should apply them.

#### Preventing and controlling infection

- Staff had access to a variety of protective clothing and safe dispose of waste.
- Oversight of the cleanliness of the service had improved and robust audits and daily monitoring were in place.
- Staff ensured nursing interventions such as PEG care (where a tube is passed into a patient's stomach through the stomach to provide a means of feeding) and catheter care, were performed in line with infection control guidance and best practice.

#### Learning lessons when things go wrong

- The registered manager, provider and staff group had worked incredibly hard to make the improvements needed since the last inspection. They had successfully imbedded new systems to ensure the reoccurrence of previous failings were mitigated.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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 were supported to choose how they wanted care delivered. This included when they wanted to stay in their bedroom, whether they wished to take part in activities and whether they needed staff support with their personal care needs.
- The clinical nurse leads, registered manager and provider reviewed best practice guidance relating to people's individual health needs and kept staff updated on how to best support people.

Staff support: induction, training, skills and experience

- Staff had received a robust induction to the service which included face to face mandatory training and shadowing existing staff.
- A dedicated training manager was in place and had good oversight of care staffs training needs and when they needed to update themselves. New care staff were required to complete the care certificate, a set of 15 common core competencies that staff should be able to demonstrate.
- Care staff had been trained in Montessori care provision, a unique, person-centred, innovative approach which had significantly impacted on how staff engaged with people at the service. We discuss this further in the caring domain.

Supporting people to eat and drink enough to maintain a balanced diet

- The registered manager had worked hard with staff to improve the dining experience following recommendations at the last inspection. Staff were observed to offer choice with all things, such as whether people would like to wear an apron.
- People had a choice of food and drink. This was brought to them on a tray, so they could see what the two main choices were. This supported people with dementia to make a choice at the time of the meal.
- Dietitians and speech and language therapists had been consulted when people had specific dietary or swallowing needs. Care plans reflected these needs and staff and the catering team knew these well.
- Domestic staff supported care staff with meal times to support people requiring help had enough quality time to eat. Domestic staff had received food hygiene training.
- People who required a soft diet were provided with food that had been put into specialist mould to resemble its solid form. These looked appetising. People told us, "The food is lovely," "Oh is so nice, very tasty," and "Second to none, really good. I always have a choice."
- The service had introduced a buffet breakfast of hot and cold food. This meant people could eat when they got up, rather than having to wait for the dining room to be full. One person said, "They do a lovely breakfast."

Staff working with other agencies to provide consistent, effective, timely care

- The service had a collaborative approach with external health care professionals and followed advice as to how best to support people's physical and mental health needs. We saw this clearly recorded in people's care plans and staff described how they had adapted care based on professional guidance.
- Clinical nurses had lead roles and worked with other health professionals to develop care provided. The service had worked closely with a local hospice to improve end of life care.
- The service had continued to collaborate with FANS, (Friends and Neighbourhood scheme) an innovative charity aimed at improving people's lives in care homes. This had a positive impact on people's wellbeing.

Adapting service, design, decoration to meet people's needs

- The environment was tired in places and needing refurbishment. However, it was clean and well maintained.
- The physical layout of the service was complex, but the provider was adapting it to meet people's needs well and some refurbishment had already taken place. The registered manager told us, "We know the furnishings need to be refreshed, and we have this planned, but our most important goal has been to completely overhaul how we provide care, so we have invested heavily on innovative training for staff to improve the quality of people's care. We are already seeing the benefits."
- The dining room was in the process of being made into a 1950s dining area, with furnishings from the era of when people were younger. This promoted positive conversation and engagement with people.
- The service was in the process of decorating the environment. Staff had thought about how to involve people with dementia in this process. They had painted a wall with various colour swatches in a discreet area of the home and brought each person to them, so they could have a say.
- People had bedrooms which were personalised. One person had a full fridge in their bedroom where they liked to keep a bit of shopping.

Supporting people to live healthier lives, access healthcare services and support

- People had access to various health care professionals to meet their needs. This included dental appointments, hearing appointments and GP visits as they needed them. Staff made sure this was communicated during handovers and if needed accompanied people to appointments.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where people had been deprived of their liberty, appropriate assessments had taken place and been authorised. The registered manager notified us when people had been deprived of their liberty.
- Staff completed mental capacity assessments in line with best practice guidance.
- Staff had a good understanding of the mental capacity act and sought consent within all care practices, even

if a person lacked capacity to make a decision. One said, "Even if a person lacks capacity to make a decision, this can fluctuate, so I also ask and explain why we need to do something to get permission."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now improved to outstanding.

Outstanding: This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff often went the extra mile to make sure people were supported well. This included when people had birthdays, or anniversary parties at the home. Staff would often come in on their rest days to make sure the day was special.
- One relative told us, "[carer] often just pops in when [carer] is off work just to come and have a chat with [person]. They are such lovely people. [Person] really loves them."
- Care staff wanted to help transform the environment for people and some had offered their skills to transform the dining room to a 1950s theme, reminiscent of people's earlier lives. A clinical lead told us, "[Staff] volunteered their time and came into make these curtains." A person told us, "They are beautiful aren't they!"
- Staff understood how important it was to extend support to people's families. We heard numerous examples of when staff had gone beyond what was expected, such as supporting vulnerable relatives to organise various health appointments or picking them up to visit their loved ones without charge.
- One relative would have been alone on Christmas day and unable to get to the home. Staff arranged to pick them up in the morning and they were supported to stay at the home over Christmas and Boxing day with their loved one. They were provided with their own room which staff made homely and comfortable.

Supporting people to express their views and be involved in making decisions about their care

- Staff and management were committed to finding innovative ways to make person centred care a reality for each person using the service. The provider had invested in a Montessori training for staff and the service was working towards the Montessori principles. This approach enhances the quality of life for people living with dementia. It creates an environment in which individuals can do as much for themselves and others as possible, rather than having things done to or for them. By developing meaningful roles, routines and activities tailored to each individual.
- This had had a positive impact on people and we saw examples where it had enhanced people's independence, dignity, and impacted on people's mental wellbeing, alleviating frustration and distress.
- People told us the registered manager was incredibly kind and supportive. Comments included, "[manager] is so kind, they always come and talk to me, I see them nearly every day, they ask me how I am, if I need anything;" and "[manager] oh yes [they] such a nice person, never too busy to talk to me and make sure I am happy with things."
- One person had wanted their relatives to come Christmas dinner. Staff told us, "One person had three

members of their family come, we arranged the top table and they were able to enjoy the whole Christmas experience."

- Staff had time to sit and talk to people about their care, how they were feeling and whether they could improve the care and the support needed to enhance their daily lives.

Respecting and promoting people's privacy, dignity and independence

- At the last inspection we made a recommendation about the storage of people's personal information which was accessible to all people entering the service. We found this had improved and people's personal information was kept secure and in line with DGPR General Data Protection Regulation, protecting their privacy.

- The provider employed a psychologist across their home services who regularly reviewed how staff could enhance people's quality of lives through activities focused on dignity and independence. The manager told us, "They are looking at how activities can be adapted for people to ensure care is dignified."

- Staff behaved in a respectful way when people died at the service. Someone from the home always attended the funeral. On occasions the service had also hosted family and friends after the funeral with something to eat and drink. Relatives had written to the service following these events informing them how much this had meant to the families. The service was introducing a remembrance book for staff and loved ones to record their memories.

- People living at the home were supported by staff to attend funerals for their loved ones. This supported people living with dementia to celebrate their loved ones and speak to close friends and relatives whilst also supporting people's relatives during a difficult time in their lives.

# Is the service responsive?

## Our findings

Our findings - Is the service responsive? = Good

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery

### End of life care and support

- The service had invested significantly in training staff to meet the gold standards framework. The GSF is a model of good practice enables a 'gold standard' of care for all people who are nearing the end of their lives. It is concerned with helping people live well until they die.
- Staff had numerous examples of exceptionally person centred and creative care to make people comfortable at the end of their lives. This included If family were unable to travel and the use of skype to allow them to speak and see their loved ones.
- The activity coordinator and clinical nurse leads were in the process of reviewing all DCNARs [Do not resuscitate]. These were in line with best practice.
- End of life care plans were exceptionally detailed. One nurse told us, "It's important we look at the whole person, what they need physically emotionally, how to support their family and what happens after they die. But most importantly how we can support people to live well until the end."
- Staff worked closely with the hospice and palliative teams to support people and their loved ones well. One relative wrote, "Thank you for the outstanding care and kindness you showed our [loved one] and to ourselves at such a difficult time."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Activities were tailored to people's unique individual needs that promoted engagement and independence. One person was supported to regain skills that could help them regain the ability feed to themselves by playing a specific hand ball game.
- The activity co-ordinator had been nominated for the Great British Care Awards and was highly commended by judges.
- In November 2019, the service had won an award at the Essex care sector awards for highly commended for 'Activities & Wellbeing. This award was for services who took a proactive approach to improving individual's wellbeing regularly through meaningful activities, creating an environment where individuals are engaged, stimulated and fulfilled.
- Local school children visited once a fortnight to play on a Tovertafel with people. Tovertafel is an interactive projector with light games that entice children, adults, and older people to get moving and have fun together. At the last inspection this was not used to its potential. At this inspection it was being used more and plans were in place to move it to an area to become even more accessible to people.
- Twice a week people were provided with an afternoon tea, including freshly made cakes. People were provided with china tea cups and supported to make their own drinks at the table.

- The service celebrated specific events, such as Burns Night and Chinese New Year. People made decorations reflecting these occasions.
- People were supported to maintain relationships important to them. A relative told us, "There is no visiting times, we can come when we like and bring the whole family. We are always made so welcome." The service held family gatherings for special occasions, such as people's wedding anniversary.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff training in Montessori meant they understood people's need to have a purpose and retain their independence. People were encouraged to take part in a variety of activities throughout the home, from setting tables to supporting the manager to send letters.
- Care plans were in the process of being reviewed and updated, following staff moving to an electronic care plan system and to reflect the person-centred care being provided to people.
- People with complex physical and mental health needs were supported by staff who had in-depth knowledge of their individual preferences of care. Staff knew how to support people to minimise distress and promote wellbeing.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff had excellent understanding of how to support people to receive and understand information about their care and express their views.
- One person was supported to use a iPad to help them communicate their needs around medicines to their GP.
- Another person was deaf, and staff communicated with them using a white board. One house keeper told us, "I will often stop and chat to [person] when I go and clean their bedroom. The white board works really well."
- One person had a communication board which displayed faces demonstrating a variety of emotions. This helped the person express to staff how they were feeling.
- Staff had contacted a local charity for the blind and introduced the talking times, a newspaper for people who were blind. This has helped some people who had limited vision but still wanted to read the paper.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure in place but very few complaints had been received. When complaints had been received the registered manager had acted appropriately to address them, ensuring that if practices had needed to be improved, staff learnt lessons from these.
- Relatives knew how to raise a complaint. One told us, "I would have no problem making complaint. The manager and all the staff are so kind I would feel comfortable to raise a concern."

# Is the service well-led?

## Our findings

Our findings - Is the service well-led? = Good

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the providers governance systems had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service had clearly defined values which staff were supported to follow. We observed these values in action throughout the inspection.
- The registered manager was described as approachable, kind and caring by staff, people and relatives at the service. Staff told us, "I would not have a problem telling the manager or the clinical nurses about concerns."
- At the previous inspection care staff told us qualified nurses did not always listen to them. The management team had addressed this issue. Care staff told us, "They always listen to us and they come back and tell us what they have done about our concerns."
- Housekeeping staff told us, "I speak to people all the time and often they will tell me if they need something or feel poorly. I tell the nursing staff and they act on it straight away."
- The provider had continued to support the registered manager to improve the care culture of the home. The registered manager told us, "They are a very good provider. They have really invested in the staff because they really want people to get outstanding care."
- Staff told us they felt valued and cared for by the management team. One member of staff told us, "I love my job, I feel very valued and I feel like I am supported to make a difference to people's lives." One member of staff had been nominated and short listed for a national award.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood their legal responsibility to open and transparent with people, their loved ones and external health and social care professionals. Policies and procedures supported this process.
- Relatives we spoke to told us the staff were open and transparent with them if things went wrong. One



said, "If anything were to happen I feel confident they would tell me, they are really open and honest about things."

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

- The registered manager regularly sampled audits carried out by senior staff to make sure they contained the correct information and that actions required following audits were carried out.
- The registered manager took the appropriate action if audits identified areas for improvement. We found care plans could be written in a more person-centred way. Audits had already identified this, and actions were in progress.
- The registered manager and provider had worked hard with commissioning teams who had carried out their own audits of the service. They used these to develop improvement plans and acted quickly to make improvements.
- The chief operations officer also carried out a regular audit of the service which covered observing staff with people, to reviewing care notes and care plans.

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

- The service had made excellent links with the local community. One person had served in the second world war and wanted to take part in remembrance Sunday. The provider had brought a wreath and with the help of a local sea cadets had supported the person, and others, to attend and lay the wreath on behalf of the home and people living there.

Continuous learning and improving care; Working in partnership with others

- At the last inspection we found improvement was needed to engage care staff in a culture of meaningful engagement and activity with people. This had significantly improved. The management team consistently role modelling good practice and encouraged positive staff involvement with people.
- The provider had heavily invested in training health care staff in new innovative ways of working and used this information to draw up action plans on how to support people living with dementia. This was already showing signs of improving people's quality of life and independence.
- The service had also continued to work with Prosper, a collaboration between care homes, local authority and health care sector to improve the safety of care for people, using tools to mitigate and monitor falls, infection and prevent skin pressure damage.