

Edenmore Care Limited

Edenmore Nursing Home

Inspection report

6-7 Hostle Park
Ilfracombe
Devon
EX34 9HW

Tel: 01271865544

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27 April 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Summary of findings

Overall summary

This planned focused inspection took place on 27 April 2017 and was unannounced. The inspection was carried out by an inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

We had carried out an unannounced comprehensive inspection of this service in September 2016. This was the first inspection for this service, which was registered on 1 February 2016 as a new provider of the service. We rated the service as 'good' and found they were meeting all of the regulations. We undertook a focused inspection in December 2016 because of concerns we had received. At that inspection we rated the 'Safe' domain as requires improvement because we found a breach of regulations. This was because we found the provider was not doing all that was reasonably practical to mitigate risks to people. This meant people were not always protected from risks posed by another person using the service. We undertook this focused inspection to check that they had followed their action plan and to confirm that they now met legal requirements. At this inspection we found improvements had been made. Measures had been taken to protect people and risks were being managed.

This report only covers our findings in relation to the 'safe' domain.

Edenmore is a nursing home registered to provide care and treatment for a maximum of 47 people. Most are living with the condition of dementia. At the time of our visit 42 people were staying at the home.

The service is required to have a 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. Edenmore had a registered manager. The registered manager said they were planning to step down from their role and was working with a new manager to take on the manager's role.

People said they felt safe at the home. People were protected because risks for each person were identified and managed. Risk assessments were completed and action taken where staff had identified concerns.

At the time of our visit the kitchen was undergoing a major refit. The registered manager had completed a risk assessment to ensure people remained safe during this disruption. Emergency systems were in place to protect people.

There were sufficient staff on duty during our visit to keep people safe. Staff had time to meet people's needs with many positive caring interactions seen between staff and people. When people became distressed or agitated, staff responded promptly and dealt with this in a calm, skilled and respectful way.

The provider had a robust oversight system to ensure all checks had been completed before a new member

of staff started at the service. The provider undertook relevant professional registration checks.

People were protected by staff that were very knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They had received training in safeguarding vulnerable adults and had regular updates.

People received their medicines safely and on time. Medicines were managed, stored, given to people as prescribed and disposed of safely. The registered manager had identified improvements were needed in relation to the administration of topical creams and were putting these in place.

Accidents and incidents were reported in accordance with the organisation's policies and procedures.

The environment was safe and secure. There were arrangements in place to maintain the premises and equipment.

Communal areas and people's rooms were clean with no unpleasant odours. Staff had access to personal protective equipment (PPE's) such as gloves and aprons.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Edenmore Nursing Home on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People's risks were managed well to ensure their safety.

People said they felt safe and staff were able to demonstrate a good understanding of what constituted abuse and how to report if concerns were raised.

There were effective recruitment and selection processes in place.

People's medicines were safely managed. Improvements were being implemented in relation to topical cream application.

The premises and equipment were well managed to keep people safe.

Edenmore Nursing 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.

At our focused inspection in December 2016, the service was found not to be meeting some legal requirements. We therefore undertook an unannounced focused inspection of Edenmore on 27 April 2017. The team inspected the service against one of the five questions we ask about services: Is the service safe? This inspection checked that improvements to meet legal requirements had been undertaken. The inspection team comprised of one adult social care inspector and an expert by experience. An expert by experience is a person who has personal experience of caring for someone who uses this type of care service.

Prior to the inspection, we reviewed the information we held about the home. This included reviewing the previous inspection reports, their action plan and notifications they had submitted to us. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing any potential areas of concern.

We met with two people using the service, and spoke with three relatives. We looked at two people's care records on the computerised system. We spoke with ten staff which included the registered manager, the manager in training who was undertaking a shift on the day of our visit, a registered nurse, care staff, activity staff, the cook and housekeeping staff. We also met for a short period with a provider's representative. We reviewed information about people's care and how the service was managed. These included: two people's care files on the provider's computer system and five people's medicine records; staff files which included recruitment records of the last member of staff to be appointed; staff schedules; incidents and accident reporting. Following the inspection the registered manager sent us the most recent quality assurance site visit completed by the provider's higher management team.

We sought feedback from commissioners and from health and social care professionals who regularly visited the home and received a response from none of them.

Is the service safe?

Our findings

At the last inspection in December 2016 we found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because people were not always protected from risks posed by another person using the service. At this inspection we found the provider had continued to work with external health and social care professionals and had put in place more robust measures. These included supporting and monitoring the person. There had been no significant incidents since our last inspection and the person was more settled.

People said on the whole they felt safe at the home. One person said, "Yes sometimes I do and sometimes I don't, but generally yes I do." Relatives of people at the home said the home was safe and people's health needs were met promptly. Relatives comments included, "Yes I do, she would shout and if they didn't come" and "Yes I would give them full marks."

People were protected because risks for each person were identified and managed. Risk assessments were completed on the provider's computer based system for nutrition, skin integrity and falls. There were unusual discrepancies in some of the data reviewed. For example on two people's graphs we identified significant increases. The registered manager said this was due to staff not fully populating the data on the system. The registered manager said staff were now clear about the process they needed to follow so that this did not occur again. This had not had an impact on people as staff had carried out regular assessments and taken action where they had identified concerns.

At the time of our visit the kitchen was undergoing a major refit. This meant a portable kitchen was being used outside the home. Food and equipment was being stored in an empty room which was locked to prevent unauthorised people gaining access. The registered manager had completed a risk assessment to ensure people remained safe during this disruption.

Emergency systems were in place to protect people. There were individual personal emergency evacuation plans (PEEPs) in place to identify people's needs in the event of an emergency. The provider representatives completed a quality assurance site visit where they undertook an audit of the environment to look at risks. The last visit in March 2017 had identified that people's PEEPs were held on the provider's computer database. This meant they would not be easily accessible in the event of an emergency. An action was put in place to have the PEEP's printed and held in an accessible area, for additional information to be added and for a printer to be connected to the computer system. These actions had been completed.

Our observations showed there were sufficient staff on duty during our visit to keep people safe. The downstairs communal area was busy with a constant flow of people and staff moving around. Staff had time to meet people's needs with many positive caring interactions seen between staff and people. Staff were sitting and chatting with people and some were holding people's hands. Staff were supporting people, who sometimes had challenging behaviour, in a safe way which respected their dignity and protected their rights. When people became distressed or agitated, staff responded promptly and dealt with this in a calm, skilled and respectful way. When one person became agitated; staff quickly went to reassure them, sat with them

and were calm and non- confrontational in their manner.

Visitors said they felt there were usually enough staff on duty. Comments included, "Yes I would say it is well staffed." One visitor whose relative had only recently arrived at the home said they were happy with the care so far and they thought the home was well staffed. Another visitor said, "It's not a fair day today, the kitchen is being remodelled. Normally they (staff) are very prompt, but I think they may be running light at the moment." We looked at the staff schedule for the day of our visit and confirmed there were the required staff on duty.

The staff schedule showed there were two registered nurses throughout the day shift. They were supported by eight or nine care workers during the day and evening. These were supported by an administrator, housekeeping and laundry staff, cooks and kitchen assistants, activity staff and a maintenance team. At night there was one registered nurse supported by three care workers. The registered manager said they were actively recruiting to fill three care staff vacancies. The staff undertook additional shifts and roles when necessary to fill gaps to ensure adequate staffing levels were maintained.

The recruitment at the service was robust and the relevant checks had been undertaken. Pre-employment checks had been carried out, which included references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support services. The provider had an oversight system at their head office to ensure all checks had been completed before a new member of staff started at the service.

The provider undertook relevant professional registration checks. They had ensured all of the nurses working at the service were registered with the Nursing Midwifery Council (NMC) and were registered to practice.

People were protected by staff that were very knowledgeable about the signs of abuse and had a good understanding of how to keep people safe. They had received training in safeguarding vulnerable adults and had also received regular updates. They had a good understanding of how to report abuse both internally to management and externally to outside agencies if required. One care worker said, "I would report it straight away to (registered manager) or (new manager)." They were confident they would take appropriate action.

People received their medicines safely and on time. Medicines were administered by nurses at the home. Medicines were managed, stored, given to people as prescribed and disposed of safely. We discussed one person's medicine administration record (MAR) with the registered manager. This was because it had been handwritten and was not legible in some places and did not give clear guidance. The registered manager explained that the person had only recently been admitted to the home. They took immediate action and re wrote the MAR record to ensure it was legible and gave clear administration guidance.

Where people had medicines prescribed on an 'as required' basis (known as PRN) protocols were in place about when they should be used. This meant that staff were aware of why and when they should administer these medicines to people appropriately. One visitor was very impressed by how the staff at the home had improved the type of medicines their relative was taking. They added, "and sourced her medications very quickly."

There were facilities for medicines which required refrigeration to be stored at the recommended temperature. The medicines fridge minimum and maximum temperature was recorded each day and the thermometer reset. We did identify some recording gaps and times when the fridge had exceeded the

recommended temperature. However there were no medicines stored in the fridge at the time of the inspection which required colder temperature. There was clear guidance in the provider's policy regarding actions staff should take in the event the fridge was above or below the recommended guidance. The registered manager was aware of the concern and was looking to get a replacement fridge.

The registered manager had identified improvements were needed in relation to the administration of topical creams. Prescribed creams were recorded on people's MAR. The registered manager was in the process of putting in place new cream charts in people's rooms with body maps to guide staff about what cream people were prescribed, where it needed to be applied and frequency of administration. Care staff then signed they had administered the creams and the nurses responsible for medicines at the home would monitor creams were being applied.

Accidents and incidents were reported in accordance with the organisation's policies and procedures. Staff had recorded accidents promptly and the actions they had taken at the time. For example, when people had fallen they had undertaken checks and put in place monitoring. They had also informed health professionals where required.

The environment was safe and secure for people who used the service, visitors and staff. There were arrangements in place to maintain the premises and equipment. Two maintenance staff undertook repairs as needed. Staff had a maintenance log they could record any faulty equipment, damage or areas of concern. External contractors undertook regular servicing and testing of moving and handling equipment, fire equipment, gas, electrical and lift maintenance. Fire checks and drills were carried out weekly in accordance with fire regulations.

Communal areas and people's rooms were clean with no unpleasant odours. Staff had access to personal protective equipment (PPE's) such as gloves and aprons. We saw that some plastic beakers and jugs were discoloured and old. We discussed this with the registered manager who confirmed they had identified this concern and had ordered replacements.