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Ealing House Residential Care Home

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?	Outstanding ☆

Summary of findings

Overall summary

Ealing House residential home is registered to provide accommodation and personal care for up to 17 people. When we inspected on the 14 December 2016, there were 17 people using the service. The majority of people using the service were older adults whose needs were associated with physical disability, dementia or long term conditions.

There was a registered manager in place. '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, relatives, and care staff spoke very highly of the provider and management team. They were passionate and dedicated to providing a high quality service to people. The registered manager and provider were visible and led by example. They were readily available to staff and relatives, and encouraged feedback at every opportunity, continually reflecting on how to improve the service further. They placed high importance on the views and wishes of people using the service, using this to influence change and developments within the service. The provider's vision and values were understood and shared across the staff team, who were fully supportive of development plans.

People felt safe living at the service and staff supported them in a way that they preferred. There were enough staff available to meet people's needs. Staff were caring, kind, respectful and courteous. Staff members knew people well, what they liked and how they wanted to be treated.

Systems were in place which safeguarded people from the potential risk of abuse. Staff understood their roles and responsibilities in keeping people safe and actions were taken when they were concerned about people's safety.

Risks to people were identified and assessments drawn up so that staff knew how to care for people safely and minimise any risks.

Medicines were provided safely and when required. Staff carried out regular audits to ensure processes were reviewed and monitored for effectiveness.

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

There were a range of activities available to people living in the service, which provided a relaxed approach to how people chose to spend their time.

A complaints procedure was in place. People's concerns and complaints were listened to and addressed in

a timely manner.

There were processes to monitor the quality and safety of the service provided and to understand the experiences of people who lived at the service.

There was adequate servicing and maintenance checks to equipment and systems in the home to ensure people's safety.

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.

Staff had received training on safeguarding adults and were confident they could recognise abuse and knew how to report it.

There were systems in place to make sure risks were assessed and measures put in place where possible to reduce or eliminate risks.

Medicines were stored and administered safely.

There were sufficient staff who had been recruited safely to meet people's needs.

Is the service effective?

Good

The service was effective.

People were asked for their consent before any care, treatment or support was provided. Staff were knowledgeable about their responsibilities in line with the principles of the MCA.

People's nutritional and hydration needs were assessed and monitored.

People were supported to maintain good health and had access to healthcare support in a timely manner.

Is the service caring?

Good

The service was caring

People who used the service and their relatives were very happy with the care and support they received.

Staff interacted positively with people. Staff had built a good rapport with people and they responded well to this.
Staff were kind and respected people's dignity and privacy.

Staff were patient and worked at the pace of the people they were supporting and caring for.

Is the service responsive?

Good

The service was responsive.

Care plans provided staff with clear guidance on how to meet people's individual needs.

People were involved in planning and making decisions about their care.

A range of activities and opportunities were provided to ensure that the service was responsive and met individual needs.

People were encouraged to raise any concerns or issues about the service. People were listened to and their concerns acted on.

Is the service well-led?

Outstanding ☆

The service was extremely well led.

Management led by example, continually seeking to improve what the service offered to people.

They recognised and celebrated the achievements of the staff team, which resulted in staff feeling valued and appreciated for their contribution.

People, their relatives and the staff were very positive about the how the service was led. The provider took an active role with the running of the service and had a good knowledge of the staff and the people who lived there. There were clear lines of responsibility and accountability within the staff structures.

The registered manager and provider monitored the service to assess and improve its quality. There were systems in place to capture the views of people, relatives and staff.

Ealing House 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 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.

The inspection took place on 14 December 2016, was unannounced and undertaken by one 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 our inspection the provider completed 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 also reviewed information we had received about the service such as notifications. This is information about important events which the provider is required to send us by law. We also spoke with community healthcare professionals and local safeguarding teams.

During the inspection we spoke with eight people living at the service, four relatives, and one health professional. We spoke with the registered manager, a representative of the provider, and five members of care and catering staff. We also observed the interactions between staff and people throughout the day.

To help us assess how people's care needs were being met we reviewed four people's care records and other information, including risk assessments and medicines records. We reviewed four staff recruitment files, maintenance files and a selection of records which monitored the safety and quality of the service.

Good

Is the service safe?

Our findings

People were satisfied that the service was being run safely and in their best interests. One person told us, "I feel very safe here. I get about myself, you've got the choice [how to spend the day]. It's a good place this is". Another said, "I felt reassured when I came here. They [staff] all made me feel very welcome, and I still regard myself in that position. I sleep with my door open, I like the freedom". A relative said, "I feel really happy that [relative] is somewhere where I know they are well looked after".

Staff told us they had received safeguarding training. They were able to describe different types of abuse they may come across in their work, and what changes they may notice in a person who was being abused, such as their appearance or demeanour. One staff member said, "I would report all forms of abuse if I came across it, id report it straight away". Another said, "I would report concerns to the manager. We know our residents well here, so if something was wrong we would notice. We have to be aware of people's safety, including visitors coming into the home, we always ask for ID [Identification]".

People's care records included risk assessments and guidance for staff on the actions that they should take to minimise risk. These had been reviewed to ensure any needs which had changed were updated. These included risks such as, falls, choking, skin integrity, nutrition, and moving and handling. Though reference was made to the use of bed rails in people's care records, we did not see a supporting risk assessment in place to ensure correct and safe use. We discussed this with the registered manager who assured us they would put these in place promptly.

We recommend that the service explores current guidance from a reputable source [Such as the Health and Safety Executive] in relation to ensuring the safe use of bed rails, and the associated risks which should be considered when assessments are completed.

People lived in a safe environment. Risks to people injuring themselves or others were limited because equipment, including electrical equipment and hoists had been serviced and checked so they were fit for purpose and safe to use. There were systems in place to monitor and reduce the risks to people in relation to the water system and legionella bacteria.

People told us there were enough staff available. One person told us, "There are always staff available. [Registered manager and provider] are absolutely wonderful; they do so much for people here". Another said, [in response to pressing their call bell], "They're [staff] here straight away, somebody's straight here". The registered manager told us how there was a 'cultural intolerance' to the non-answering of call bells, and if any sounded for more than 60 seconds they would investigate the reason why. A staff member reflected this view and told us. "I don't understand how anyone can ignore a call bell. Someone needs help, we go to them".

The provider and registered manager told us that although they did not complete a formal dependency tool to calculate staffing numbers, they amended staffing levels if this was needed. Due to the service being relatively small, they were aware of the dependency needs of the people using the service. A staff member

told us, "[Name of provider] always puts extra staff on if they are needed". Another said, "We told [registered manager] we were struggling as the resident's needs had changed, and a few days later extra staff were put in". We also saw minutes of a staff meeting from May 2016, where staffing levels were reviewed, and as a result additional staff were put on during the day and evening. The management team told us they would respond promptly if staffing levels needed to be increased. Our observations though the day were that the number of staff supporting people was adequate to support people's independence, allow individual choice, and provide for additional support as required.

People were protected by robust procedures for the recruitment of care workers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

People received their medicines as required, by staff who were trained to do so. One person said, "[Staff] routinely offer them [medicines], they offer it to me early every morning, they put them in a little pot, they don't move, they wait until you're done". Another said, "[Staff] asked me this morning if I needed anything [for pain relief]".

We saw that medicines were stored securely, with appropriate facilities available for controlled drugs and temperature sensitive medicines. Weekly audits were carried out to identify errors on the medicine administration records. This resulted in additional training for one member of staff, whose practice had since improved.

There were systems for people who chose to independently manage their medicines. Where this was in place the registered manager told us they undertook monthly stock checks to identify any potential issues [such as non-compliance] which may arise. One person said, "I self-medicate, it's in a locked cupboard in my room, I have the key". Another said, "I can self-medicate, there are things I get them to give me because I'm too tired later in the day. I know what I want and I ask for it. If I'm tired and want to get to bed I call them for my last medications".

Good

Is the service effective?

Our findings

People told us that they felt their care needs were met by staff who knew them well. One person said, "If I needed more help I feel reassured that they could support me. The staff know exactly what to do and they do it well". Another said, "I'm happy. I'm content with the way the care is, I don't want anything to change". A visiting healthcare professional told us, "This is a very good home. Staff always available, and appropriate referrals".

Care workers received regular training relevant to the needs of the people they were caring for, such as medicines, first aid, moving and handling, and dementia. One relative said, "They [staff] do understand dementia, when [relative] did start displaying [challenging behaviours] I asked [management team] if they would have to move her. They said there was no way they are going anywhere else. They [staff] know how to deal with [relative] when they do have an episode. If [relative's] happy then I'm happy, and they are". One staff member said, "Excellent opportunities for learning here, I'm hoping to do my [qualification] in activity and leadership soon".

The service was up to date with current best practice guidelines in relation to training in health and social care, including the introduction of the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their work. The provider and registered manager were focussed on providing a motivated and engaged staff team with the skills they needed to deliver care which was effective. One senior member of staff was designated the responsibility of reviewing MUST [malnutrition universal screening tool] assessments on a monthly basis for those people most at risk. This ensured that any risk was acted on promptly. The registered manager and provider told us how training packages were organised as soon as a learning need was identified. They also utilised the 'Skills for Care' website, which provided practical tools and guidance to help develop the staff team further.

Staff received an induction before they started working in the service, consisting of mandatory training such as moving and handling and safeguarding. Staff also shadowed more experienced staff before working alone, which gave them the confidence needed to work independently. One new staff member told us, "My induction was very good. I shadowed [other staff] for three weeks, and had to read all the care plans so I knew people's needs".

Supervisions and appraisals provided staff with the opportunity to discuss how they were working, receive feedback on their practice and identify how they would like to develop their skills. Training was discussed as part of the meetings, as well as any support staff needed from the management team. One staff member said, "I get regular supervisions, I had one last week, but to be honest if I have a problem, I just knock on the manager's door, they always listen".

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 take particular decisions, any decision 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The MCA DoLS requires providers to submit applications to a 'Supervisory Body' for authority to restrict people's liberty.

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 were being met. The registered manager was aware of the DoLS authorisations and applications in place and when these needed to be reviewed.

People's care records made reference to their mental capacity, and choices that staff should encourage people to make for themselves. These included every day decisions such as choice of clothing, what to eat, and how people wanted to spend their day. One person told us, "They [staff] give me a choice, I can stay in my room or I can go downstairs if I prefer". Another said, "I'm not comfortable going out of the building or eating downstairs. They [staff] will ask me and try to persuade me, but they don't force the issue. They know and I know it would be better for me. I'm not restricted in any way, if anything they'd like to encourage me to do a bit more".

People's nutritional and hydration needs were monitored and met. All of the people we spoke with told us that they were provided with choices of food and drink and that they were provided with a balanced diet. A member of staff told us, "When I take the tea trolley round [in the morning] I ask people what they would like, you get to know everyone and their needs. They can have breakfast whenever they want, they come and knock if they want another cup of tea. Biscuits and small cakes are available whenever. I will inform the senior on shift if I note that a person hasn't eaten their lunch, we try alternatives first before we use nutritional supplements. There are jugs of water in all the rooms, and one person has a pot of tea during the night".

Where people had been referred for professional nutritional advice, this was followed. One staff member said, "There are five [residents] at present [referred for nutritional assessments]. It's very personalised. [Person] has just the meat pureed with soft forked mash and vegetables, we avoid husky vegetables and fruit". A relative said, "The presentation is excellent, they liquidise each piece". Another said, "I have stayed a few times for lunch, there's always plenty, it's always well presented on the plate".

We observed the lunch service, where 12 people attended. There was a happy atmosphere with music playing softly in the background. Staff were seen to be available throughout the meal, though most were able to eat independently. People interacted socially, and there was lots of laughter heard. People helped each other and seemed to understand the needs of people less able than them. Later on after lunch we heard people singing around the tables. One person sat with us and serenaded us with a song that they were clearly very fond of from an earlier time. Another person came over and offered people at the table, including us, a cup of tea.

People had access to health care services and received on-going health care support where required. Records showed liaison with various health professionals, and referrals were made in a timely manner. A GP also visited the service weekly and saw people the staff had identified as needing a health review. This ensured that any health related concerns were addressed promptly. A health professional told us, "It's a good system, people are seen quickly".

Good

Is the service caring?

Our findings

People and relatives told us that staff were caring and compassionate. One person said "Its a 'home from home' without a doubt the staff feel like friends". Another said, "I will never find a better care home than this". A relative told us, "I don't have any worries, the staff are all so wonderful. I'm definitely happy with [relatives] care".

We observed staff interacting with people in a friendly and knowledgeable way. We observed kind and respectful interactions, where people were given time to express themselves fully. Staff knew people well, and people were relaxed in their company. Staff were highly motivated to provide care that was kind and compassionate. One staff member said, "They [people] come first, they are like family". Another said, "We are here for the [people] and make sure it's a happy environment for them. Any special events like birthdays are always celebrated".

There was an atmosphere of reassurance and contentment amongst people in whatever they were doing or wherever they chose to be. We observed people moving freely, and often independently, around the building. Staff were observed keeping a watchful eye on people, aided by the relatively practical layout of the building and its facilities.

The registered manager told us of a rescue cat they had adopted recently in the service. We observed that this has had a positive effect on one person in particular who had taken charge of looking after the cat each day. We saw the person stroking the cat throughout the day, and the person told us they had formed a bond.

The registered manager told us that it was important that people were able to express their views. 'Residents meetings' were available for people to attend, but there was also a plan to hold meetings on a one to one basis. The registered manager said, "This will allow people to speak on their own if they aren't comfortable speaking up in groups, or if they are hard of hearing". This demonstrated that the service considered the individual needs of people using the service to ensure everyone had the opportunity to contribute. One person said, "We're always told what's going on. They know what I like, they know that". Another told us, "100% communication. If someone's got a problem you share it".

People's privacy and dignity was respected. One person told us, "I never feel rushed, they definitely respect my privacy. There are personal things I have to ask them to do, they say 'That's what I'm here for'. I've got everything I need". Another said, "They'll [staff] always knock on the door, even if it's open, almost apologise for disturbing me". Care plans considered people's individual preferences, for example, one person did not like physical contact. The plan outlined that staff should always be mindful of this and gain consent prior to assisting the person. Care plans also made reference to tasks people could attend to independently, and how staff should encourage this.

Relatives were able to visit as they chose, and there were no restrictions. The registered manager told us how they had worked to break down the institutional image of care homes, by welcoming relatives and

visitors into the environment at any time. On the day of our inspection we saw many relatives and friends visiting. One relative told us, "First class care and attention to everything [relative] needs, involved with everything". Another said, "I love coming here, it's a lovely warm atmosphere, and the staff really care".

People's end of life preferences were considered and documented within their care plans. This ensured that people's views and wishes were known by family and friends, and the staff caring for them. The registered manager told us, "Staff are proactive and quickly identify when changes occur, this allows management to implement changes, such as moving a resident to a downstairs room to enable them to remain inclusive more easily when mobility has decreased".

We saw thank you cards from relatives which reflected a high standard of end of life care. One relative said, "We are in no doubt that the quality of care not only extended [relatives] life expectancy but also ensured that [relative] spent the last 21 months being socially active with a real quality of life". Another said, "We want to thank you for all the supportive care and excellent attention given to [relative] on her final week on this earth, along with the kindness and empathy shown to us during this difficult time. You are all a credit to the community and all the senior citizens under your care".

Good

Is the service responsive?

Our findings

People told us they received care which was responsive to their needs. One person told us, "If you ask them [staff] anything they'll soon find out, we don't have to worry, they just do it for you". Another said, "Very nice, marvellous staff. I couldn't wish for anything better".

People told us they were involved in developing their care plans. The service worked collaboratively with people to ensure needs and preferences were recorded. One person told us, "When you come in here they know your history, know who you're family are". A relative said, "They're very good, staff will tell me [how they are]. I've just read their [relatives] care plan. it definitely reflects their current position, a diary of what's occurred".

Care plans contained current information which guided staff in how people liked to be cared for. This included their daily routines, what time they liked to get up, their mental health, life history, personal care preferences and social stimulation. The activity co-ordinator told us how they were planning to develop people's life history further as some peoples were not yet completed fully.

Where people were experiencing episodes of anxiety or distress due to their health condition, there was guidance on the support staff should give people in these circumstances. For example, the most effective methods to help calm the person.

The service had an activity co-ordinator who was also a member of care staff. They were clearly enthusiastic about their role, and the importance of providing activity for people. We also saw this in their positive interactions with people through the day. They told us, "I'm passionate about my job, everyone is upbeat and happy at work".

On the main notice board was a copy of the current week's activities. The provider told us, "Everything has a meaning, rather than activities for the sake of it. Staff readily assist in extracurricular activities in their own time such as quiz nights, tea parties and fund raising activities. Staff voluntarily involve themselves in coffee mornings assisting residents with craft making, and in a particular case providing many items for a resident who used to run a stall for charity". Numerous photograph albums demonstrated how people using the service, along with staff members and the wider community, celebrated events.

One person told us, "Since I've been here I've had a trip on the broads, a meal in a pub, and a buffet in a pub. Some people went to a pantomime in the [local town]. I wouldn't change it for the world". A relative told us, "We're allowed to get involved in their [relatives] social life. [Relative] has more of a social life than I ever had".

We observed an exercise activity taking place in the dining room during the morning where eight people were actively participating along with two members of staff. Traditional music was playing in the background and there was good interaction between people and staff. One of the members of staff sat between two less-able people feeding back instructions and promoting their enjoyment.

We observed many decorative and craft items that people had made, some of which were sold during community events to raise money for the resident's fund.

The service had a complaints procedure for people, relatives and visitors to raise concerns, which was clearly displayed on the main notice board. We saw that one complaint which had been made was dealt with promptly, liaising with other professionals to reach the best outcome. We asked people what they would do if they needed to raise a complaint. One person said, "I would speak to [registered manager] who is here all the time and always listens. If I wasn't happy I'd say so, we're all together". The registered manager told us, "We encourage staff and residents to feedback any issues that are arising, so they can be dealt with quickly and effectively".

Outstanding ☆

Is the service well-led?

Our findings

People, relatives and staff told us that the service was very well-led. People gave us numerous examples of how the services positive culture made them feel valued and well cared for. One person said, "The staff, residents and owners are all a family, they all look after each other". A relative said, "It's the way they [provider] do things for the residents, they go around to every resident with chocolates and they all pick and choose. There are lots of things they do that make all the difference". A staff member said, "Great management team. [Provider] makes sure you know you are appreciated. I love coming to work".

The provider had effective oversight of the services operations, and fully supported developments which improved care delivery, such as working with local universities and schools, to increase interaction with the wider community. This included a children's nursery who visited to attend events which promoted intergenerational socialisation. They recognised the benefits of these initiatives, and also provided spontaneous opportunities for people to access the community. They took an active role with the running of the service, and staff told us they were a regular presence in the service, and had a good knowledge of the people who lived there. Throughout the inspection we saw that the provider, registered manager, and care and support staff had caring relationships with people living in the service. The culture in the service was positive and promoted an open and caring approach.

The registered manager, provider, and staff team, had strong values about the way care and support should be provided and how people should be involved. These values were based on providing a person centred service that supported people to maximise their independence. All staff were highly motivated to provide the best possible care for people. One staff member said, "We couldn't have a better [provider]. We all work together to make people happy here". There were clear lines of responsibility and accountability within the staff structure so staff understood their roles and who to report to.

The provider valued and promoted their role within the local community, and worked hard at breaking down the institutional image of being a care home. They told us, "We have themed coffee mornings which are good quality events that get people in. We put notices out throughout the village, and a lot of word of mouth. We work really hard at breaking down this barrier that we are a care home, welcoming people in from the community. We also raise money for the Ealing House resident's fund which pays for days out. We've had four boat cruises this summer, a trip to a wildlife park and lunch, and a pre-Christmas lunch last week. We'll often arrange a visit spontaneously, we just see if there are three or four people who would like to go to the pub for fish and chips. If they're not in the mood it doesn't matter".

The provider and their family members undertook a sponsored cycle ride to raise money for the resident's fund. The money raised had been used to buy a handheld touch screen tablet computer, which they had identified would be beneficial for people living in the service. This has since been used to enable people using the service to talk with their family members through a video link. One person used this daily to speak to their relatives abroad, and had proved particularly beneficial at Christmas time when one person was able to see all their family who were gathered together in another part of the country. This provided an opportunity for people to have contact with relatives to help keep them involved and connected.

The provider was well thought of by people and staff alike and was very proactive and engaged. The service strived to improve and inspire staff through training schemes and awards. Ealing House were successful in securing three Norfolk Care Awards in 2015, in the categories of; Excellent Person Centred Care, Most Supportive Employer, and Rising Star. These awards demonstrated a commitment to providing high quality care in collaboration with people, and investment in their staff team. The provider told us how they intend to continue to participate in awards programs [nominated for two awards in 2016] to demonstrate their on-going commitment to improving the care they provide, celebrating best practice and encouraging pride and a positive culture in their service. They recognised and celebrated the achievements of the staff team and held an awards evening at the service for staff. One staff member said, "The awards evening was so nice, we all felt so valued".

The service was involved in a hydration study working with a local university. This initiative aimed to identify dehydration in the elderly and ways to promote hydration. We observed an information sheet entitled, "Making Drinking Fun" on display on the main notice board offering hydration tips and advice for people. The service had used the initiative to promote hydration through activity. This was seen as an opportunity to improve practice within the service, which directly benefitted people's health and well-being. The activity co-ordinator in the service was also mentoring another residential service to share their knowledge and support them to become familiar with the benefits of this initiative.

The registered manager carried out regular quality assurance audits and used them to explore how the service could improve. They completed accident report forms monthly to analyse any themes or trends which may be occurring. This included how many falls had occurred over the period and identification of any patterns. This helped the service to make changes and adapt its practice to minimise risk to people. Monthly reviews of people's nutritional status and weight were also carried out by the designated MUST assessor, and communicated to care and catering staff so any risk could be closely monitored.

The management and provider held 'quality management meetings' which discussed relevant topics such as training requirements, the roles of staff [how these could be developed] risk assessment and staff meeting items. The registered manager also attended external meetings, such as infection control meetings, and had built up good working relationships with the Macmillan Nursing Service, and other health professionals to ensure they were following correct practice and providing a high quality service to people.

Surveys had been sent to people, relatives, and staff, to receive feedback and identify any areas for improvement. Feedback from surveys received in 2016 were positive, indicating that that people using the service were satisfied with their care arrangements, staff felt supported and relatives were happy with the care provision. One relative commented in the survey, "The home is very well run. I am unable to come up with any suggestions on how to improve it".

The registered manager and provider demonstrated a passion for providing a high quality service, which continually developed in order to meet people's individual needs.