

QH (Rosewood) Limited

Estherene House

Inspection report

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Tel: 01502572805

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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

What life is like for people using this service:

- ☐ People who live at Estherene House are supported by sufficient numbers of staff who are appropriately trained. We observed people's requests for assistance being answered promptly. The quality of interaction between staff and people was good and staff were kind and caring towards people.
- ☐ The environment was comfortable and safe. The décor was stimulating and there was dementia friendly signage making it easier for people to find toilets, dining room and lounges.
- ☐ People were supported to remain engaged and had appropriate access to meaningful activity. There was a range of activities on offer to suit people's preferences.
- ☐ People were provided with a choice of good quality nutritional meals which met their individual needs. People were provided with appropriate support to reduce the risk of malnutrition or dehydration. Improvements had been made to the dining experience but further improvement was required to ensure meals were served promptly. The manager was taking action to address this.
- ☐ People received the support they required at the end of their life. However, improvements were required with end of life care planning.
- ☐ People were supported to have contact with other healthcare professionals and the service worked well with external organisations to ensure people's complete needs were met.
- ☐ People and their representatives were involved in the planning of their care and given opportunities to feedback on the service they received. People's views were acted upon.

See more information in Detailed Findings below.

Rating at last inspection: Requires Improvement (report published 09 January 2018)

About the service: Estherene House provides accommodation and personal care for up to 36 people who require 24 hour support and care. Some people were living with dementia. At the time of our visit 34 people were using the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection. The service has made sufficient improvements to be rated Good.

Follow up: Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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?

Good ●

The service was 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.

Estherene House

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out 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. This expert by experience had experience with older people and those living with dementia.

Service and service type:

Estherene House is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided in line with the Health and Social Care Act 2008 and associated Regulations.

Notice of inspection: This inspection was unannounced.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We assessed the information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection, we spoke with five people who used the service and four relatives to ask about their

experience of the care provided. 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 the registered manager, deputy manager, the nominated individual from the provider's organisation and four care staff. We looked at six records in relation to people who used the service. We also looked at staff files as well as records relating to the management of the service, recruitment, policies, training and systems for monitoring quality.

Is the service safe?

Our findings

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

At our last inspection on 7 and 8 November 2017, this key question was rated, 'Good.' At this inspection, we found the service continued to meet regulations and requirements and remains rated 'Good' in this key question.

Systems and processes to safeguard people from the risk of abuse

- ☐ There were policies in place in relation to safeguarding and whistleblowing and staff had received training in these subjects. Staff demonstrated a good awareness of safeguarding procedures and identifying abuse in discussions with us. The registered manager was aware of their responsibilities in regard to safeguarding and liaised with the local authority if concerns were raised.

Assessing risk, safety monitoring and management

- ☐ Risks to people had been assessed and the potential risks to each person had been identified. For example, the risk of malnutrition, falls or pressure ulcers. Staff knew how to mitigate risks and took measures to reduce risks to people. However, improvements could be made to care planning to ensure all preventative measures in place are clearly documented.
- ☐ We observed good moving and handling practices and people had their own slings that they were assessed for. Care planning was clear about how people should be supported to move safely and staff had regular training in this subject.
- ☐ Risk assessments relating to the environment were in place. This included use of the stairs and evacuation plans. Equipment such as fire, hoists and water quality were regularly tested for safety. Where actions were identified the service clearly documented the action taken and the timescale for this.

Staffing and recruitment

- ☐ Staffing levels were appropriate to meet the needs of the people using the service. These were under regular review. Recruitment procedures were safe.
- ☐ All staff we spoke with said they felt the staffing level was appropriate. We observed people in different areas of the service and found there were sufficient available staff to meet their needs promptly. We observed that people's call bells were answered promptly by staff.

Using medicines safely

- ☐ Medicines were safely managed. There were robust systems for ordering, administering and monitoring medicines. Staff were trained and deemed competent before they administered medicines. Medicines were secure and appropriate records were kept.
- ☐ Observations of staff showed that they took time with people and were respectful in how they supported people to take their medicines.
- ☐ Covert medicines were appropriately managed.

Preventing and controlling infection

- The service was clean throughout. One person said, "They keep it spotless. Some of the furniture is getting replaced and some of the carpets to freshen things."
- There were cleaning staff employed, they had appropriate equipment and cleaning schedules were in place.
- The laundry had robust systems to prevent infection spread. The kitchen had a food rating of five stars, which is the highest possible rating.

Learning lessons when things go wrong

- The management were committed to developing and learning from events. They welcomed any support from external agencies and arranged meetings with them to gain advice.
- Accidents were appropriately recorded and actions taken to prevent similar occurrences.

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 our last inspection on 7 and 8 November 2017, this key question was rated, 'Requires Improvement.' This was because improvements were required with staff training and how people were supported to eat and drink. At this inspection, we found the service had improved sufficiently to be rated 'Good' in this key question.

People's care, treatment and support is effective, achieves good outcomes, promotes a good quality of life and is based on best practice guidance.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.

- ☐ People's needs were assessed comprehensively before they came into the service and these assessments were reviewed regularly.
- ☐ Whilst staff acted in line with best practice, the service could improve care planning to ensure this consistently reflects available best practice guidance, such as guidance from the National Institute of Health and Care Excellence (NICE).

Staff support: induction, training, skills and experience

- ☐ Staff were competent, skilled, knowledgeable and delivered effective care to people. Staff received good quality training in subjects relevant to the role. Their competency was assessed to ensure training was effective.
- ☐ Improvements had been made to ensure staff had appropriate training and development around supporting and understanding people living with dementia. This had led to an improvement in the interactions between staff and people using the service.
- ☐ Staff were supported to gain further qualifications and progress in their role. The service offered staff opportunities to progress to roles with more responsibility within the service.

Eating, drinking and a balanced diet

- ☐ The food was good quality and people were provided with a choice based on their individual needs.
- ☐ People were provided with the support they required to reduce the risk of malnutrition and dehydration. Care plans set out the support people required.
- ☐ The kitchen was knowledgeable about people's needs and providing for special diets, such as for diabetics. They had knowledge of how to fortify foods effectively to increase their nutritional value.
- ☐ The registered manager had identified that further improvements could be made to the dining experience and was taking action to address this. We observed that meals were not always delivered to people promptly during our visit. The registered manager was sourcing a second trolley to speed up the process of delivering people's meals.

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

- People had appropriate access to external health professionals such as GP's, dentists and chiropodists. A GP visited weekly and records demonstrated people had their teeth checked by the community dental team. A chiropodist visited people on the day of our visit. One person said, "The doctor comes to see us on a regular basis."
- The service worked well with external healthcare professionals and advice obtained was transferred into care planning. The registered manager met with the district nursing team to discuss people's nursing needs and how the care staff could best assist them.

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

- The décor of the service was stimulating. There were murals on the walls and each area was decorated differently making it easier for people to orientate themselves in the building.
- There was dementia friendly signage to assist people in making their way to key areas such as the lounge, dining room or toilet. Hand rails were painted in bright colours to make it easier for people to see.
- There was a pleasant self contained garden for people to use and the provider told us of plans to make this into a reminiscence area, set out with shops like a post office or grocer.

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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
- We checked whether the service was working within the principles of the Mental Capacity Act (MCA) and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
- Staff had an understanding of the MCA and Deprivation of Liberty Safeguards (DoLS) and we observed they supported people to make choices and decisions. We observed that people were assisted in the least restrictive way possible.
- The manager understood their responsibilities and had made applications for DoLS to the authorising authority where appropriate.

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 our last inspection on 7 and 8 November 2017, this key question was rated, 'Requires Improvement.' This was because improvements were required to ensure interactions between staff were consistently kind and caring. At this inspection, we found the service had improved sufficiently to be rated 'Good' in this key question.

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- ☐ People consistently told us that staff were kind and caring. We observed staff interactions were kind, caring and compassionate. One person who was at the end of their life received constant compassionate interaction from different staff members when seated in the lounge.
- ☐ It was clear from our observations that staff knew people well and had built positive and meaningful relationships with them. A relative said, "The staff are friendly, attentive and they like the residents here, I think that makes it more enjoyable for the residents."

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

- ☐ People and their representatives were involved in the planning of their care. Their views were reflected in care records.
- ☐ The service understood the importance of supporting people to make decisions about their healthcare options. People were involved in every decision possible and expressed their views. One relative said, "[The service] explained the documents to me such as signing the power of attorney. They said that they would help me if something was not right or which parts I may need a solicitor."

Respecting and promoting people's privacy, dignity and independence

- ☐ People and their representatives had been asked to complete life histories for people. The majority of these were detailed and contained sufficient information for staff to understand their past.
- ☐ People were enabled to be as independent as possible and care records made clear the parts of tasks people could complete by themselves. This reduced the risk of people being over supported and losing the skills they still retained.
- ☐ Our observations confirmed that people were treated with dignity and respect. Discussions about people's needs were discreet, personal care was delivered in private and staff understood people's right to privacy. People told us staff treated them with dignity and respect.

Is the service responsive?

Our findings

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

At our last inspection on 7 and 8 November 2017, this key question was rated, 'Requires Improvement.' This was because improvements were required to ensure people's changing needs were identified, planned for and responded to appropriately. At this inspection, we found the service had improved sufficiently to be rated 'Good' in this key question.

Whilst some improvements are required with documentation, people did receive personalised care at the time they required it.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- ☐ The majority of people's care plans were personalised and included information about how they would like their care delivered. Further improvements could be made to enhance the level of detail around people's preferences and ensure some care plans were not generic.
- ☐ The service provided people with opportunities to engage in a range of meaningful activities which met the needs of everyone using the service. People told us there was enough to keep them occupied and they did not get bored.
- ☐ Improvements had been made to the way people were engaged, with the registered manager putting more staff on shift in addition to the member of activities staff so they could provide a wider range of activities and have one to one time with people.
- ☐ The service promoted engagement and the formation of meaningful relationships between staff and people using the service. Before Christmas the service had arranged for people to go to a local eatery for a meal, if they wished, with staff, the registered manager and their relatives. The registered manager told us it was a pleasant event and said it was nice to see people with higher levels of care needs be able to go out for a meal with their relative again.

End of life care and support

- ☐ Improvements were required to ensure that end of life care planning was sufficiently personalised and reflected people's wishes at the end of their life. Improvements were also required to ensure care plans made clear how staff should meet the wide range of complex physical, emotional and social needs people may have at the end of their life, in line with best practice. Despite this, we observed the support staff provided to one person who was at the end of their life was appropriate and met their needs.

Improving care quality in response to complaints or concerns

- ☐ There was a complaints policy and procedure in place. Staff were aware of this and all verbal complaints were recorded and fed back to the registered manager. This policy was on display in communal areas so people and their representatives could access this information.
- ☐ We reviewed the records of three complaints that had been received. Records demonstrated that these had been thoroughly investigated and people had received a detailed response to their complaint. Changes had been made to how laundry was managed a result of one complaint.

Is the service well-led?

Our findings

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 our last inspection on 7 and 8 November 2017, this key question was rated, 'Requires Improvement.' This was because improvements were required to ensure effective oversight and delivery of sustained improvement in the service. At this inspection, we found the service had improved sufficiently to be rated 'Good' in this key question.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- ☐ Staff consistently told us there was a positive management structure in place that was open, transparent and supportive. Staff felt able to bring any matters to the attention of the registered manager.
- ☐ Improvements had been made to the culture of the service and the registered manager had worked hard to improve the quality of the interactions between staff and people using the service. They continued to monitor this closely.
- ☐ People and relatives told us they knew the registered manager well. This confirmed our observations. We observed that the registered manager was visible in the service, spent time engaging with people and helped staff with delivery of support to people where needed.

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

- ☐ The registered manager understood their legal requirements. They listened to other professionals, took advice and were committed to the improvement of the service.
- ☐ Notifications and referrals were made where appropriate. Services are required to make notifications to the Commission when certain incidents occur.
- ☐ The provider and registered manager had reviewed their policies and procedures. Staff were regularly required to review the contents of these and sign to state they had read them.
- ☐ The provider visited regularly and attended meetings with people using the service where they could express their views and any concerns.

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

- ☐ The service regularly sought the views of people using the service. The registered manager held weekly informal meetings with people. Minutes of these meetings demonstrated they were used to discuss staffing, activities and changes to décor.
- ☐ Relatives were also invited to regular meetings to express their views. People, their representatives and staff were provided with an annual survey of their views. The results of these surveys were analysed for trends and any actions added to an ongoing improvement plan.

Continuous learning and improving care

- The provider and registered manager had committed to implementing effective structures to ensure the continued improvement and sustainability of the service. This included recent internal promotions of two staff into deputy manager posts. We were told this provided better management cover, including outside of normal office hours.
- The service had been rated requires improvement at the previous two inspections. Since the last inspection the provider had invested in implementing better quality assurance systems. This included employing an external consultancy to carry out regular thorough inspections of the service aligned with the Commissions Key Lines of Enquiry (KLOE's).
- The registered manager had implemented an improved quality assurance system. This included observations of staff practice and audits of dining experience, medicines, care planning, infection control, maintenance, recruitment, incidents and accidents, training and risk assessment. We saw that these were capable of identifying shortfalls.
- The service had a continuous improvement plan in place. We saw that shortfalls identified through audits had been recorded on this action plan. For example, shortfalls identified in the quick delivery of meals. It was clear what actions would be taken, who was responsible and when this would be completed by.
- The service had been proactive in engaging the support of an external organisation who provide quality assurance, support and guidance to care services. A recent visit had identified some areas for improvement and the registered manager had started considering how to address these.
- The registered manager had developed links with other services by attending care conferences in the area. This helped them keep up to date with changes to best practice and share ideas or best practice.

Working in partnership with others

- The service worked to foster positive relationships with other healthcare professionals. We reviewed minutes of meetings the service had with professionals such as district nurses to discuss how to best support people with nursing needs.