Heritage Care Homes Limited

Edwardian 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?	Good

Summary of findings

Overall summary

We carried out an unannounced inspection on 14 March 2016.

The service provides care and support to people with a range of support needs, including chronic health conditions, physical disabilities, mental health needs, learning disabilities and those living with dementia. At the time of the inspection, 26 people were being supported by the service.

There was a registered manager in post. 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.

The provider had effective systems in place and staff had been trained on how to safeguard people. There were individual risk assessments that gave guidance to staff on how risks to people could be minimised. People's medicines had been managed safely and administered in a timely manner.

The provider had effective recruitment processes in place and there was sufficient staff to support people safely. The manager and staff understood their roles and responsibilities in ensuring that people's care was provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Staff had received effective training, support and supervision that enabled them to provide appropriate care to people who used the service.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences and choices. They were supported to have sufficient food and drinks, and had access to other health and social care services when required in order to maintain their health and wellbeing.

Staff were kind and caring towards people they supported. They treated people with respect and supported them to maintain their independence as much as possible. Some activities had been provided to occupy people within the home and people had been given opportunities to pursue their varied hobbies and interests outside of the home.

The provider had a formal process for handling complaints and they responded quickly to people's concerns. They encouraged feedback from people and their relative, and acted on the comments received to improve the quality of the service provided.

The manager provided stable leadership and effective support to the staff. They worked closely with the deputy manager to ensure that the provider's quality monitoring processes are used effectively to drive improvements.

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 felt safe and there were effective systems in place to safeguard them.

The provider had a robust recruitment procedure in place. There was enough skilled and experienced staff to support people safely.

People's medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received adequate training and support in order to develop and maintain their skills and knowledge.

Staff understood people's individual needs and provided the support they needed.

People had enough and nutritious food and drink to maintain their health and wellbeing.

Is the service caring?

Good

The service was caring.

Staff were kind and caring towards people they supported.

People were supported in a way that protected their privacy and dignity. Where possible, they were also supported in a way that maintained their independence.

People's choices had been taken into account when planning their care and they had been given information about the service.

Is the service responsive?

Good

The service was responsive.

People's care plans took into account their individual needs, preferences and choices.

The provider worked in partnership with people and their representatives so that their needs were appropriately met.

The provider had an effective complaints system and people felt able to raise concerns.

Is the service well-led?

Good

The service was well-led.

The manager provided stable leadership and effective support to staff.

People and their relatives were enabled to routinely share their experiences of the service.

The provider's quality monitoring processes had been used effectively to drive improvements.

Edwardian 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 March 2016 and it was unannounced. It was carried out by an 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 the 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 held about the service, including the previous inspection report and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

During the inspection, we spoke with seven people who used the service, four care staff, the deputy manager, the registered manager and a visiting professional.

We reviewed the care records for six people who used the service. We checked how medicines and complaints were being managed. We looked at four staff files to review the provider's staff recruitment and supervision processes, and we also saw the training records for all staff employed by the service. We looked at information on how the quality of the service was being monitored and managed, and we observed how care was being provided in communal areas of the home.

Good

Is the service safe?

Our findings

People said that they felt safe living at the home and they had been supported well by staff. One person said, "They've been quite good to me." Some people were able to name someone they could talk to if they had a concern or felt unsafe. Two people said that they would talk to the manager, with one of them saying that the manager was "marvellous". Another person said, "I would go to the staff and explain what's wrong." A fourth person told us, "If you have any problems, you go to the manager. If it is something they can't help you with, you go to your family."

We noted that the provider had processes in place to safeguard people, including safeguarding and whistleblowing policies. Whistleblowing is a way in which staff can report concerns within their workplace. Information about how to safeguard people had been displayed in prominent areas to give people who used the service, staff and visitors guidance on what to do if they suspected that a person was at risk of harm. This also contained relevant contact details of organisations where concerns could be reported to. Staff had been trained on how to safeguard people and they had good understanding of the actions they needed to take to keep people safe, including reporting any concerns to the manager or the local authority safeguarding team. A member of staff said, "Service users are safe here. We have a whistleblowing policy and we can report concerns if necessary. I feel confident to report concerns."

The care records we looked at showed that assessments of potential risks to people's health and wellbeing had been completed and detailed risk assessments were in place to manage the identified risks. For example, there were assessments for risks associated with people being supported to move, pressure area damage to the skin, falling, not eating or drinking enough and medicines. These had been reviewed regularly or when people's needs had changed. There was evidence that people were involved in decisions about taking risks. A person told us that they were now able to go out without support, adding, "It's nice to have the freedom and to be trusted." We observed safe procedures when staff used equipment to support people to move. Additionally, we saw examples of staff taking appropriate action to promote people's safety, including a member of staff who encouraged someone to sit down while holding a hot cup of coffee to prevent scalding if they spilt it on themselves or others.

The provider had robust recruitment procedures in place. Staff records we looked at showed that thorough pre-employment checks had been completed before staff worked at the service. These included obtaining appropriate references for each employee and completing Disclosure and Barring Service (DBS) checks. DBS helps employers to make safer recruitment decisions and prevents unsuitable people from being employed.

People told us that there was enough staff to support them safely. One person said, "Yes, plenty." Another person said, "I always get on alright." We observed that for most of our day at the home, there was sufficient numbers of staff to support and interact with people sitting in the main lounge area. We also noted that staff frequently checked and supported people who were mainly cared for in their bedrooms. The staff rotas showed that sufficient numbers of staff were always planned to meet people's needs safely and shortfalls resulting from staff sickness were normally covered by staff who were willing to work additional hours to support their colleagues. The service also used regular agency staff when required to ensure that they had

sufficient staff at all times.

The manager ensured that the environment where care was provided was safe. For example, fire safety checks had been undertaken regularly, including the testing of the fire-fighting equipment. The fire risk assessment had been updated in October 2015 and an environmental risk assessment included information on how the service would deal with emergencies such as flooding, severe weather or severe damage to accommodation. Maintenance and repair work around the home and gardens were carried out in a timely manner by a person employed to carry out this role. Gas and electrical appliances had been tested to ensure that they were safe for use.

We saw that records were kept of incidents and accidents that had occurred at the home. These had been reviewed in order to identify ways of reducing the likelihood of them happening again. Additionally, all the equipment used within the home including hoists and slings, was regularly inspected to ensure that it remained safe for use by people. In response to two incidents when a person had left the building unnoticed, the provider had made arrangements for an alarm to be fitted to the main door to the home. This ensured that staff would be alerted every time someone opened the door so that they could check if the person would be safe to go out unaccompanied.

People's medicines were being managed safely because there were systems in place for ordering, recording, auditing and returning unrequired medicines to the pharmacy. Medicines had also been stored appropriately within the home. People we spoke with had no concerns with how their medicines were being given to them. We saw that medicines were being administered by staff who had been trained to do so safely. The medicine administration records (MAR) we looked at had been competed fully, with no unexplained gaps. This showed that people were being given their medicines as prescribed by their GPs.

Good

Is the service effective?

Our findings

People told us that staff had the right skills to provide the support they required. One person with complex needs said, "The staff are marvellous. They handle difficult people like me very well." Another person said, "I get the care I need, they are all good really." A member of staff said, "I am confident to say that we provide very good care. All the staff are really good." Another member of staff said, "We are meeting people's needs and there is no-one I feel is not getting the care they need."

The provider had an induction programme for new staff and regular training for all staff in a range of subjects relevant to their roles. These included health and safety awareness, first aid, infection control, dementia awareness, and dealing with challenging behaviour. Staff said that the training they had received had been effective in helping them to develop the skills and knowledge necessary for them to support people appropriately. A member of staff said, "Service users get really good care and we get enough training." Another member of staff said, "Staff training is really good, with regular online refreshers." They further added that they had no unmet training needs and that the manager normally arranged training to meet the needs of the service. We saw that some members of staff had also been able to gain nationally recognised qualifications in health and social care, including National Vocational Qualifications (NVQ) and Qualifications and Credit Framework (QCF). The deputy manager told us that they had been registered to complete a level 5 leadership course in health and social care, but they had to change the course assessor. However, they were intent on finishing this course in the near future so that they could enhance their leadership skills in order to provide effective support to staff.

Staff told us that they had regular supervision meetings and we saw evidence of this in the records we looked at. A member of staff said, "Supervision is regular and used positively to support staff." Another member of staff said, "Supervision works well and staff are well supported." A senior member of staff whose role included providing supervision to staff said, "Any problem is dealt with nicely with staff. We give them confidence by guiding them and providing regular supervision."

We saw that where possible, people had consented to their care and support. Some people had signed forms to show that they consented to their care, being supported with their medicines, the content of their care plans, and their photographs being taken for identification purposes. We observed that staff asked for people's consent prior to support being provided and they respected people's views and choices. For example at lunchtime, we noted that a member of staff asked a person if they could put a bib on them to protect their clothes.

Where people did not have capacity to give consent or make decisions about some aspects of their care, mental capacity assessments had been completed to ensure that their care had been provided in accordance with the requirements of the Mental Capacity Act 2005 (MCA). The 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 also saw that when required to

safeguard people, referrals had been made to the relevant local authorities so that any restrictive care met the legal requirements of the MCA. Some authorisations had been received from the relevant local authorities. People can only be deprived of their liberty so that they can 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).

People told us that they enjoyed the food provided by the service and they always had enough to eat. We observed that the food served to people at lunchtime appeared well-cooked and appetising. One person told us, "The food is not bad and I get plenty to eat." Another person said, "The porridge here is very good." They went on to tell us that the portions they were given were suitable for them. A third person said this about the food, "It's ok. I get enough." Although some people could not recall if they were offered snacks between meals, others said that they were. One person said, "They know I like gallons of tea." Another person told us that they could ask for food if they wanted it outside of planned mealtimes. We also observed that a person who had not wanted to eat at lunchtime had their food later in the afternoon. There were jugs of diluted fruit juices available to people in the lounges, and tea, coffee, cakes or biscuits were offered at frequent intervals.

People with specific dietary requirements had also been supported to eat well. A variety of options were available for people who required soft food, high calorie food or food low in sugar content for those living with diabetes. Staff regularly monitored people's weight to ensure that this remained within acceptable ranges and this had been monitored more closely if people had been assessed as being at risk of not eating enough. The manager also showed us that following a discussion with a dietitian, they had snack boxes for people who needed encouraging to eat more and they said that this had been effective in helping people maintain their weight. We saw that Malnutrition Universal Screening Tool (MUST) forms were completed monthly to assess this risk.

There was evidence that people had access to other health and social care services, such as GPs, dentists, dietitians, opticians and chiropodists so that they received the care and treatments necessary for them to maintain their health and wellbeing. One person said that they had been given antibiotics by the GP when they had a cough for eight weeks. They also told us that staff were helping them in arranging an appointment for an eye operation and that the GP was coming to see them about a possible allergic reaction on their legs. Another person said, "They bring a doctor in to see you. If you need one, they'll get you one."

We saw that improvements had been made to the physical environment so that people had interesting objects to look at. Corridors were bright and stimulating, with mural wallpapers and pictures of things people could relate to. The provider was in the process of looking for quotations to replace an assisted bath with a newer model to make people's bathing experience more pleasurable.

Good

Is the service caring?

Our findings

People had positive comments about staff who supported them and some described them as kind and caring. One person said, "The staff are marvellous, each and every one of them. They have the patience of saints." Another person said, "They're alright. They're quite nice." A third person told us, "I get along with them and I get a laugh with them."

We observed that staff communicated with people in a positive and respectful manner. For example when asking people if they wanted to sit at the table for lunch, a member of staff said to a person, "Do you want to come and sit at the table for your lunch?" They waited for the person to respond before moving a side table closer to the person as they preferred to eat while sitting on an armchair. At lunchtime, we observed that staff supported people to eat in a caring way and at a pace determined by people being supported. For example, a member of staff sat next to the person they supported and chatted with them in between giving them their food. Another member of staff gently wiped the person's mouth with a serviette while saying, "Let's clean your mouth."

Staff spoke with people whenever they came into the communal areas, and they engaged them in joking and gentle banter. Some people said that staff sit down and talk to them about their life experiences and interests. A person said, "When they've got a spare minute, they sit down and chat. It makes you feel at home." A member of staff was observed to hug a person when they asked for it. People said that they were supported by staff who knew them well. One person said, "When the staff know you, it helps tremendously."

People told us that staff supported them in a way that protected their privacy and dignity. One person who confirmed that staff always did so said, "They are supposed to knock on your door." A member of staff said, "We always treat people with respect and dignity here." We observed that while supporting a person to move using a hoist in the lounge, staff put a screen around them so that the person had privacy. Also, throughout this process, they explained to the person what they were doing. People had been supported to maintain their independence as much as possible. For example, we saw that people with limited mobility had been provided with equipment necessary to help them move around the home safely. A person who had recently had their walking stick replaced with a walking frame to reduce the risk of them falling said that staff had discussed with them that they needed a walking frame. Another person said, "I've got the equipment I need."

Staff understood how to maintain confidentiality. They told us they would not discuss about people's care outside of work or with agencies that were not directly involved in their care.

People had been given information in a format they could understand to enable them to make informed choices and decisions. We noted that when people started using the service, they had been given a 'service user guide' which contained a range of information about the service. Some people's relatives or social workers acted as their advocates to ensure that they received the care they needed and understood the information given to them. If required, people could also contact independent advocacy services for support.

Good

Is the service responsive?

Our findings

People's needs had been assessed prior to them moving to the service and care plans had been developed so that they received appropriate care and support. The care plans we looked at showed that people's preferences, wishes and choices had been taken into account. We noted that each person had an allocated keyworker who reviewed their care plans regularly or when their needs had changed. Although some people could not recall if they had been involved in planning and reviewing their care plans, there was evidence that this had been done where possible. When asked if staff involved them in discussions about their care, one person said they had been involved in meetings with the manager and their social worker, including a meeting which was held on the day of the inspection. The person said that they were able to speak for themselves if they needed too. They were happy that restrictions placed on them by a community treatment order had been removed and that their move to the service had been positive because they now went out more often than they did in the previous care home.

People told us that they received person-centred care, planned to meet their individual needs. They also said that staff responded quickly when they used their call bells because they needed support. One person said, "I press that button and somebody comes fairly quickly." We observed that staff regularly checked if people needed anything and they supported them quickly. For example, we observed that a person who told a member of staff that they needed to go the toilet was supported quickly by two staff as they needed to be hoisted onto their wheelchair. A member of staff said, "Staff are flexible when supporting service users depending on their requests."

There were mixed views about whether people were appropriately supported to pursue their hobbies and interests. One person said, "We have no activities at all.", but they also said, "They come a couple of times a week and do your nails." The person told us that they particularly enjoyed going out and they did not do much otherwise. They said, "If I'm not going out, my heart sinks sitting in the living room with the TV on." However, other people said that there were some activities offered. One person said, "They take you out on trips." Another person said, "We went out on a trip a couple of weeks ago." They also said, "They come round and say would you like to do such and such." There was evidence of some planned activities and we saw records of what had been provided in previous weeks. Although people mainly watched TV or listened to music during the morning of the inspection, a member of staff played a board game with a small group of people in the afternoon. Also, they led a lively discussion with people about their past lives, the jobs they did and other things they enjoyed doing. Some people had colouring books and others did word searches. We saw that the service had a minibus they used to take people on outings and a member of staff confirmed that it was used regularly when they said, "We have a driver for the minibus and we try to take people out as much as possible."

The manager told us that an activities coordinator they shared with the provider's other services provided activities at the home three times a week, and staff were expected to do so on the days the activities coordinator was not there. However, they told us that the provider had agreed that they could employ an activities coordinator to provide activities during weekday afternoons, but they had not yet advertised the post at the time of the inspection. A knitting club was planned to start in April 2016 because some people

had expressed an interest in this. We saw that there had been a recent trip out to Woburn Park. Some people went on a day trip to Brighton last year and this year, a holiday to Norfolk was planned for a few people. The manager told us that some people went out with one to one support or in small groups. They were particularly pleased that a person who had previously refused to go out, had recently agreed to go on a supported trip to the shops. The manager also told us that two people regularly visited another service owned by the provider to play bingo, and one of them liked going to a local coffee shop. One person was visited regularly by a representative from a local Roman Catholic church and the manager was trying to arrange similar spiritual or religious support for other people with another organisation.

The provider had a complaints policy and a system to manage complaints. The information about how to raise complaints was displayed on a notice board by the entrance to the home. People we spoke with told us that they knew who to speak with if they had any concerns, but none of them had complained about the service. A person who told us that they once told staff that another person had come into their room said that it was not a complaint. They added, "They've always treated me alright, so I've got no grumble." Another person said, "I've no complaint up to now." We noted that there had been three complaints recorded in the last 12 months and the manager had taken appropriate action to investigate and respond to people's concerns.

Good

Is the service well-led?

Our findings

There was a registered manager in post, who was supported by a deputy manager and three senior care workers. People knew who the manager was and they told us that they saw her most of the time she was at the home. We observed that the manager had positive relationships with people who used the service and this was confirmed by people we spoke with. One person said, The manager is marvellous and very approachable." Another person said, "She's nice. If she goes by, she'll nod and say hello." A third person said, "I'm very friendly with her." People also told us that the manager gave them support if they required it. One person said, "She's always there if you want her." Another person said, "You might see her two or three times a day. You know she's there if you need her."

Staff told us that the manager provided effective leadership and supported them really well. A member of staff said, "The managers are very supportive and staff are enabled to contribute towards improving the service." Another member of staff said, "We can just talk to the manager if needed." We saw that regular staff meetings had been held for them to discuss issues relevant to their roles. Staff said that these discussions ensured that they had up to date information in order to provide a good standard of care to people who used the service. Staff also told us that they worked well as a team and they supported each other. A member of staff said, "There is a lot of trust within the team." We noted that the manager started work at 6am most mornings. They said that this enabled them to talk with night staff and to monitor morning routines.

Most people we spoke with said that the service was 'good' and we saw that the service had been accredited by the local authority for how well they provided care to people living with dementia. The manager was proud of this achievement. Some people said that they were able to give feedback about the quality of the service at any time by speaking with the manager, while others were not so sure if they had been asked for feedback. We noted that there were planned quarterly 'residents and relatives' meetings that some people chose to attend. The provider also sent out annual surveys to people and their relatives. The results from the most recent survey showed that improvements were needed in some areas including staff retention, activities, and staff ratios. We noted that the manager had completed an action plan to address these issues, as well as, those identified following a review by the local authority and audits completed by the provider.

The manager and deputy manager completed a number of quality audits on a regular basis to assess the quality of the service provided. These included checking people's care records, health and safety of the environment, medicines management processes and staff records to ensure that they were accurate and contained up to date information. We saw that the provider's quality strategy included annual audits by the directors; feedback from people, their relatives, staff and external professionals; monthly managers' meetings. Information from these sources informed the annual quality assurance report that the manager produced and it was reviewed by the directors of the service. The most recent report had been produced in December 2015 and at the time of our inspection, we saw that some of the identified improvements had already been made. The manager told us of other areas they planned to improve before the end of the year including changing the pharmacy that supplied the medicines so that they had a more streamlined medicines management process.