Edenmore Care Limited

Edenmore Nursing Home

Inspection report

6-7 Hostle Park
Ilfracombe
Devon
EX34 9HW

Tel: 01271865544

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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

The unannounced inspection took place on 7 and 9 September 2016. This was the first inspection for this service, which was registered on 1 February 2016 as there is a new provider of the service.

Edenmore is a nursing home registered to provide care and treatment for a maximum of 47 people. Most are living with the condition of dementia.

The service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. Edenmore had a registered manager.

Edenmore was a home where staff said they enjoyed working, people's family members said they enjoyed visiting and people smiled when they engaged with staff. There was an ethos of care and kindness. Some people had behaviours which were a challenge to the service and distressing to themselves, but the staff understood their needs, were kind, caring and supportive. Staff were patient and had the time to spend with people.

Health care professionals spoke highly of the service people received.

Staff knowledge protected people from abuse and harm; risks were understood and well managed with as little restriction as possible to promote people's well-being. People received their medicines as prescribed.

People were protected by a well organised and managed recruitment process. Staff practice was monitored through observation and supervision. Staff received a detailed induction and regular training, which they said was very good.

The Care Quality Commission (CQC) is required to monitor the operation of the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are put in place to protect people where they do not have capacity to make decisions, and where it is considered necessary to restrict their freedom in some way, usually to protect themselves or others. People's consent was sought. Where they were unable to provide informed consent the principles of the MCA and DoLS were followed, so people's legal rights were upheld.

People received a nutritious diet; the menu was varied and food and drinks were available at any time. Dietary concerns were identified and followed up.

People's needs were assessed. Their care was planned and kept under regular review. Staff were very responsive to people's needs, which they understood and were adept at meeting.

People's views were sought and staff worked hard to engage with people, such as choosing colour schemes for their rooms. People had activities available to them and staff worked to provide a stimulating environment for them.

The registered manager led by example and was well known by people and their family members.

There was an open and progressive culture, where the quality of service and safety was under regular review by the registered manager and the organisation.

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 recruitment was robust in protecting people. Staffing numbers ensured people's care needs were met in a timely manner.

People were protected by staff knowledge and response to any allegation of abuse or harm. Risks to individuals were understood and managed.

People received their medicines in a safe way. The premises were kept in a safe state.

Is the service effective?

Good

The service was effective.

People's care and health needs were met by staff who received detailed induction, on-going training, supervision and support. Where necessary external professional expertise was sought and followed.

People's legal rights were understood and upheld because staff had a good understanding of their responsibilities.

People received a nutritious diet and any dietary concern was followed up for their health and welfare.

Is the service caring?

Good

The service was caring.

People received kind, considerate and compassionate care. People's dignity and privacy were upheld and they were treated with respect.

Staff made positive relationships with people.

Is the service responsive?

Good

The service was responsive.

People's needs were understood and responded to quickly by staff who knew them well.

Care was planned in detail and staff delivered their care in a consistent way.

People's family members had confidence that any complaint would be dealt with openly and to their satisfaction.

Is the service well-led?

Good

The service was well-led.

There was a culture of care and respect.

Safety, and the standard of service people received was under regular review, taking into account research based good practice.

Regulatory obligations were well met.

Edenmore Nursing Home

Detailed findings

Background to this inspection

The unannounced inspection took place on 7 and 9 September 2016. One adult social care inspector completed the inspection.

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 reviewed any notifications we had received. A notification is information about important events which the service is required to tell us about by law.

We spoke with three people using the service and met most of the people living at the home, but only one person was able to comment directly on their experience. 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 three people's family representatives and saw information from two other people's family. We looked at the care plans and records of care of seven people and sampled medicine records.

We spoke with nine staff members, the registered manager and two members of the organisation. We looked at records connected with how the home was run, including recruitment records, records of staff meetings, audits and feedback forms. We received information from three community health care professionals.

Good

Is the service safe?

Our findings

People's family members said that the home was safe. One said that the home was "just what (relative) needs because she wanders" and she had the space to do so safely. Another said, "It is very safe here".

There were enough staff to meet people's needs in a timely manner and vulnerable people were not left unsupervised and at risk. One person said, "I've only got to ring the bell." A district nurse said, "I have no issues about the staffing numbers. The home is busy but relaxed." Another said, "There are plenty of staff." One person's family said, "There are always loads of staff about." This is what we found during our inspection.

The registered manager decided on staffing levels and deployment, based on meeting the needs of people using the service. Where necessary, additional staff members were arranged. Examples included if a person needed one to one support at short notice so that the person, and other people, were safe. Nursing and care staff were supported by administrative, domestic, laundry, catering, maintenance and activities staff. Each shift the senior care worker organised the staff deployment, based on the staff member's skills and competence. This was to ensure the staff worked as effectively as possible.

People received their medicines as prescribed and in a safe way. Medicines were stored and delivered from two areas in the home. Storage safety was promoted by checking the temperature of the storage areas and ensuring medicines were stored securely. Nursing staff administered the medicines and they received update training in safe medicine administration. Medicines were checked into and out of the home, with codes used when a medicine was not taken so there was a clear audit of their use. Safety was promoted through good practice, such as only using written information about a medicine change. There were regular audits to check the medicines were given as expected, and in line with policy at the home.

Recruitment was well organised and there were robust recruitment and selection processes in place. Three staff files included completed application forms and interviews had been undertaken. In addition, pre-employment checks were done, which included references from previous employers, health screening and Disclosure and Barring Service (DBS) checks completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. Where there were gaps in employment history these had been followed up. There was a process used to check that nurse registration was confirmed. A recently employed care worker confirmed that they had not worked at the home until the checks on their suitability had been completed.

People were protected from abuse and harm. Staff received training in how to protect people from abuse and knew how to respond if they had any concerns. This included telling senior staff on duty, the registered manager, organisation or taking their concerns to the police or local authority safeguarding team. The staff hand book included information about whistle blowing and safeguarding adults from abuse. Where safeguarding concerns had been raised the registered manager always followed the correct protocols and worked closely with the local authority and Care Quality Commission (CQC).

Some people using the service had behaviours which might pose a risk to other people. Where an incident had occurred the registered manager had taken the necessary steps to protect people, such as increasing staffing, and taking advice from external health care professionals. Staff had received training in conflict resolution. A care worker explained the service approach if a person became angry or distressed. They said they were to remain calm and speak calmly so that the situation would not escalate. We saw them do this when one person's behaviour was effecting people around them. A district nurse said staff used "gentle, calming and skilled diffusion of problems."

Risks to each individual person were assessed and managed effectively although falls records were not very detailed. The number and severity of falls was, however, closely monitored by the registered manager and organisation, as part of auditing to reduce risk. An on-line system was used at the home for care planning and reporting, included graphs so that risk level was easily viewed. Risk management included skin damage, nutrition and behaviours.

Each person had a detailed plan for their individual needs in the event of an emergency, such as a fire. A health care professional said they had been present when the fire alarm was activated and were "very impressed" by how the staff had responded.

Arrangements in the event of an emergency included staff training in first aid, details for trades' people (such as gas and electricity) and agencies used for emergency staffing shortfalls. Senior people from the organisation were said to be available for advice and support at any time. Staff had easy access to important information, such as whether resuscitation in the event of cardiac event, was to be implemented.

The premises were in need of updating because in some areas the décor was tired. We experienced an odour throughout the home although it looked clean. The registered manager said they were surprised about the odour. However, one person had commented in a survey about the service that there was an "overpowering smell of urine". The registered manager said the premises was part of an overall review of the service by the organisation and plans were in place for refurbishment.

The premises were kept in a safe state. Records showed that equipment was serviced and maintained to a safe standard. Maintenance issues were dealt with within a short period of time by two maintenance workers.

Good

Is the service effective?

Our findings

People received effective care and treatment. For example, one person had a dental issue and a dental appointment was immediately arranged. A district nurse said, "(The registered manager) would ring if she thought we could help with something". A visiting GP described the care as "excellent", saying, "They know people, their histories, they keep good records and they call me appropriately". The registered manager said they had access to a tissue viability specialist and have a good relationship with them. Records, conversation with health care professionals, people's family members and staff, confirmed a high standard of skin protection, wound care and treatment was provided.

A handover between staff at the start of each shift ensured that important information was shared, acted upon where necessary and recorded to ensure people's progress was monitored.

Staff said they were very satisfied with the training they received. It included 13 subjects which every staff member covered on-line, having their own log-in arrangements provided when new to the home. This system ensured that each staff member, of whatever role, had received training in relation to the service of caring for people living with dementia. For example: dementia care, safeguarding vulnerable adults, infection control and moving and handling. Staff also had training directly relating to their role. For example, for nursing procedures, such as use of pain relief equipment. There were systems in place to check that staff received the mandatory training.

New staff received an induction. This meant that staff had started the process of understanding the necessary skills to perform their role appropriately and to meet the needs of the people living in the home. Care staff new to care work undertook the nationally recognised Care Certificate. New care workers shadowed senior care workers and were extra to the normal staffing numbers. The first nine months of staff employment was a probationary period. A care worker said they felt their induction had equipped them for the work and other staff, particularly the senior care workers, had been very helpful. A district nurse said, "The new staff are so keen to learn". Another health care professional praised the "pleasant, skilled and competent" receptionist, which showed training was promoted across different roles.

Staff confirmed they received regular team supervision of their work and one to one supervision was also available. Supervision provides an opportunity for staff to discuss work and training issues with their manager. It also provides the manager with an opportunity to feedback to staff issues around their performance. One care worker said of their supervision, "They're good; you look at achievements and targets and training courses, for example".

People's nutritional needs were understood and staff helped people receive an adequate diet. One person said, "The food is not too bad; good". Other people were unable to tell us what they thought of the food they received. One person's family said, "(Their family member) had eaten all she was given and staff have put food in her room to snack". Another person's family member said the person did not eat much, adding, "They have tried everything to help her to eat, including asking the family to make a list of likes and trying these out". This showed staff tried to meet people's individual needs.

There was a six week rotating menu, written by a member of the organisation. This included honey roast gammon, stuffed courgettes, lemon and thyme roasted chicken and lasagne; the menu was varied and included a choice of vegetarian meal with each lunch. Food and drinks were served between 9am and 9pm. We were told that drinks and snacks were available any time, night or day. Where a person had particular preferences the staff tried to meet them. For example, one person had spare ribs provided for them whilst we were there and another enjoyed a whisky with their meal.

Each person's nutritional and dietary needs were kept under regular review through weight and dietary monitoring and feedback between staff at shift hand overs. Where action was needed, this was taken, such as arranging a specialist assessment where choking was a risk. People had drinks available to them at all times and were supported to take frequent fluids.

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.

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 Liberties Safeguards (DoLS).

We found that people were not free to leave Edenmore because of the risk this would pose to their safety and all were under constant supervision.

We discussed DoLS with the registered manager and looked at records. We found the provider was following legal requirements in the DoLS. At the time of the inspection, applications had been made to the local authority in relation people living at the service and three authorisations were in place. This meant people's legal rights were protected.

Where people had given lasting power of attorney to a representative, family confirmed that the detail of that authority had been provided to the home. This meant that staff and external health care professionals had those details for reference to help ensure the right people were involved in specific decisions around a person's care and welfare or finances. The registered manager said they used the local authority DoLS team as a resource for advice if at all unsure about how to proceed in a particular case.

Good

Is the service caring?

Our findings

One person said, "They're very kind. Particularly Matron". People's family members said the staff were very caring. Their comments included, "Staff are very kind", "They're so kind and considerate" and "They're lovely. The way they treat people. They hold their hands and sit and listen to them." A staff member said, "Staff care. It is all round care and the team pull together, especially when somebody is very poorly; we all get attached to people. The end of life care is very good."

We saw people looked happy when staff engaged with them, clearly recognising the staff member and responding to them in a positive way. Staff sat next to people when assisting them to eat. They provided comfort when a person was upset and they looked for ways to occupy and distract if a person became agitated. For example, one person was seen cradling a doll. Another spent time with a 'fiddler muff', which provides sensory stimulus with objects to which people are familiar. This showed that staff had been able to develop relationships with, and understood, the people they cared for.

Staff showed patience and treated people with dignity, listening to them and supporting them, for example with eating, taking the time the person needed to complete the task. People's views were sought in relation to their care, for example, what they wanted to do and where they wanted to be. If a person wanted to spend time walking, this was possible because they had the space to do this. Staff did not interrupt the activity other than to let the person know when food, drink, or other activities were available.

People's privacy within the home was upheld. Personal care was provided in private and, where two people shared a room, a room divider was available for privacy; this was seen in use.

The service had a policy on confidentiality and disclosure of information, reviewed in 2014. The registered manager said that, following a recent event relating to the use of personal information, the policy was being reviewed. Confidentiality was also addressed through the staff hand book, codes of conduct and contract of employment.

People's views were sought and responded to. For example, people were being encouraged and supported to choose their room colour scheme. One person's family said how much their family member liked their room. We saw that each person's room was individual to them, decorated how they wished it to be and with any personal items they wanted with them.

Edenmore provided end of life care. Community health care professionals said they had no direct knowledge of the standard of that care, but they expected the standard would be high. One person's family felt the standard of care their family member received was outstanding. They had recorded, "I am confident that (the person) is well looked after and I am very happy that I chose Edenmore".

Some staff had received training specific to end of life care, for example, through a local hospice, and nursing staff had trained in using equipment to provide effective pain relief.

Good

Is the service responsive?

Our findings

People's relatives felt the staff were very responsive to their family member's needs and they describe positive outcomes at Edenmore. One described how much improved their family member was because they could move about as they wanted to, and remain safe. They said, "She can sleep or wander 24 hours a day. She is very settled here." They said they were pleased that it was normally the same staff that looked after their family member as they understood her needs. For example, the person had moved to a room which it had been felt was safer for them, following discussion with people that knew them best.

Another person's relative said how staff monitored their family member for safety, adding they would give staff a "First class certificate" for their work. Their family member had been very meticulous in their personal care and their relative said this had been continued, with help from the staff. The person had always liked to sing and enjoyed the regular entertainment at the home, which we observed during our inspection. When the person needed to use a frame for walking the staff had decorated it for them to make it more attractive. The relative said, "All these little touches" helped reassure them their relative was well cared for.

People received an assessment of their needs prior to admission. One person's relative described how the registered manager had visited the person, talked to the family and the head care worker of their (previous care) home. Then the relatives visited Edenmore, were given "lots of written information" and had the opportunity to ask any questions. They said of their family member since moving to Edenmore, "They settled in so quickly. They are now more alert, chatty and engaging. They are getting more attention now."

Each person's assessment was used to produce a care plan. Care plans are a tool used to inform and direct staff about people's health and social care needs. The service used an on-line system for care planning, integrated with risk management tools. For example, for one person there was a moderate risk of falls because they were unable to wait for anything once they had decided they needed it. This meant they got up without waiting for staff to help. They also had an obsession around their diet. Their care plan described them being unable to understand consequences, what triggered their behaviours and how staff should intervene. When visiting the person we saw the measures staff were taking to manage their obsessive behaviour and keep them content and safe.

People were encouraged to be involved in the planning of their care. Where they were unable to actively participate family members were consulted. Care plans were kept under regular review.

A community health care professional said, "(The staff) certainly know their clients well. The standards of care seem very good and the care plans are up to date".

The service employed three activities workers who between them covered from Monday to Friday. There was an activities schedule, which included: PAT dog visits, a 'Men's Club', pamper day for the ladies and Communion once a month. Entertainment was two or three times a month. People had been baking, planted sun flower seeds and there was a secure garden area for people to use. One person had not been well enough to see their sun flower growing and so staff had taken a photograph of it for them.

The activities worker said they visited people who might become isolated, spending 30-45 minutes with each individual. An example, was (one person) who did not like to join in. Staff said, "When you interact with him it seemed to make a huge difference; talking about the garden in particular". Staff had asked him exactly what he wanted in the greenhouse, which was planned for the near future.

Activities workers also helped people to plan their new bedroom colours, taking colour cards round for them to see. After each interaction or activity the worker recorded how the person had responded, to help make judgements about how effective, or not, it had been.

Our discussions with the registered manager and staff demonstrated their commitment to provide a stimulating environment for people. To that end the walls had been decorated with flowers and butterflies at levels where people would see them best. This was an on-going project. A health care professional said, "I am impressed with the recent décor; freezes and pictures make it more lively."

People said the registered manager was always available to listen to any comment. One said, "Her office door is always open and she really knows her residents." A complaints procedure was displayed near to the home entrance and also within the home. In addition, people were encouraged to provide feedback comments or grumbles using the feedback forms which were provided. There had been one complaint during 2016 which had been resolved.

Good

Is the service well-led?

Our findings

The registered manager had been in post for many years, working for the previous organisation as well as the new organisation. Without exception she was praised by people with connection to the home. A health care professional said, "(The registered manager) is one of the most competent managers."

The standard of staff performance was under regular review through staff supervision and listening to people's views about the service. Where staff performance needed addressing, records showed that this took place.

The atmosphere among staff at the home was happy and relaxed throughout the inspection. Staff at all levels came to the manager to pass on information, discuss issues or ask questions. For example, it had been decided that staff would no longer wear uniform at the home, because it was people's home. However, domestic staff felt they needed some clothes protection. With the manager's agreement they went out and chose the aprons they thought were most suitable for the situation. These were in a 1950's style; very homely and pretty. They said, "The (registered manager) likes to have staff opinion and we enjoy it." This was also evident from records of staff meetings.

Staff felt supported in their work. A senior nurse said, "The transition for me (toward a new role) is absolutely amazing. The organisation is also very supportive".

People's views were sought through 'quick' feedback forms, an annual survey (offered both electronically and on paper) and family meetings, the last being June 2016. Staff also completed a yearly survey giving their opinion of the service and the opportunity to suggest improvements. The provider said that, where any negative comments or concerns were evident from survey responses, these would be followed up. For example, inviting the person to visit to discuss the concerns. We were told this had not been necessary following the last annual survey.

Safety and the standard of service were audited to look for ways to improve. For example, care planning had been improved following feedback from a care plan audit. Other audits included medicine management, accidents, infection control and nutrition. A nutritional audit had led to recognising that one person, who did not like a drink 'thickener', but was at risk of choking, being assisted to drink using a tea spoon instead.

The organisation, as part of their quality monitoring, visited the home on a regular basis and audited the standard of the home's audits.

A representative from the organisation said it was decided to introduce a new model of care for Edenmore, based on research into models of care for people living with dementia. A complete review had identified which areas for development were needed. The representative said, "It has to work from the roots up". This recognised the importance of being very clear about the vision and the staff all working to the same vision. We were told there would be a complete culture change and "the whole environment" would change. This was to include all aspects of the premises, in line with good dementia care practice. They said it was

recognised that the change could not occur until the organisation confirmed that the highest standards of care were already being delivered. To that end an in-depth audit of the service had been completed, with actions to be taken within set timescales.

There was a culture of openness and regulatory responsibilities were well met, such as notifying the CQC of events that might impact on the service or on the well-being of people.