Edge View Homes Limited

Edgeview Nursing Home

Inspection report

The Compa
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Tel: 01384872804

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Requires Improvement
Is the service responsive?	Good
Is the service well-led?	Requires Improvement

Summary of findings

Overall summary

We inspected this service on 7 February 2017. This was an unannounced inspection. Our last inspection took place in July 2014 and found no concerns with the areas we looked at.

Edge view Nursing Home provides accommodation and nursing care for up to 24 people with mental health and learning disability needs. Some people also have needs due to a physical disability. There were 24 people using 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.

People were not always supported in a dignified way. The choices they made were not always considered by staff who supported them. There was an on-going safeguarding concern at the home and the provider had not taken the necessary measures as identified in their risk assessment to ensure people were protected from potential harm.

People were happy with the care they received and the staff that supported them. There were enough staff available to offer support to people. Staff received an induction and training that helped them offer support to people. The provider ensured staffs suitability to work with in the home. Staff understood their responsibility in relation to raising safeguarding concerns.

When risks to individuals had been identified action had been taken to minimise this and risk assessments were in place. Medicines were managed in a safe way. When people were unable to consent, mental capacity assessments had been completed and decisions made in peoples best interest. The provider had considered when people were being restricted and authorisations for this were in place.

People enjoyed the activities they participated in as well as the food that was offered to them. When people needed access to healthcare professionals this was provided for them. People were encouraged to maintain relationships that were important to them. People knew how to complain and when needed the provider had responded to complaints in line with their procedures.

Staff felt listened to and supported by the registered manager. People knew how to complain and complaints had been responded to in line with the provider's procedures. Staff knew people well and they felt involved with planning their care. The provider used feedback from people and relatives to bring about changes. Quality monitoring checks were completed to make improvements to the service. The provider notified us about significant events that occurred at the home so we could ensure appropriate action was taken.

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 knew what constituted abuse and concerns were appropriately reported. Risks to people were managed in a safe way. There were enough staff available to offer support to people. Medicines were managed in a way to keep people safe from the risks associated to them.

Is the service effective?

Good

The service was effective
Mental capacity assessments and best interest decisions were in place for people who lacked capacity. People were support by staff who had received training and an induction. Staff knew people well and the support they needed. People enjoyed the food and were offered a choice. When needed people had access to health professionals.

Is the service caring?

Requires Improvement

The service was not consistently caring.
People were not always supported in a dignified way. When people made choices these were not always acknowledged by staff. People liked the staff and their privacy was maintained. People were encouraged to maintain relationships that were important to them.

Is the service responsive?

Good

The service was responsive
People had the opportunity to access activities in and out of the home that they enjoyed. Care for people was reviewed and people felt involved with this. People received individual support that had considered their preferences. Complaints were responded to in line with the provider's policy.

Is the service well-led?

Requires Improvement

The service was not consistently well led.
Action had not always been taken to ensure people were protected from harm following a safeguarding investigation. Quality monitoring was in place to drive improvements within the home. The provider sought the opinions from people who

used the service to make changes. Staff felt listened to and the registered manager understood their responsibility around registration with us.

Edgeview Nursing Home

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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.

This inspection visit took place on the 7 February 2017 and was unannounced. The inspection visit was carried out by two inspectors. We checked the information we held about the service and the provider. This included notifications the provider had sent to us about significant events at the service and information we had received from the public. We used this to formulate our inspection plan.

On this occasion we did not ask the provider to send us 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. However we offered the provider the opportunity to share information they felt relevant with us.

We spent time observing care and support in the communal area. We observed how staff interacted with people who used the service. We spoke with seven people who used the service, four members of care staff and the activity coordinator. We also spoke with the operations manager, the human resources director and the registered manager. We did this to gain people's views about the care and to check that standards of care were being met.

We looked at the care records for five people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files.

Good

Is the service safe?

Our findings

Staff knew what constituted abuse and what to do if they suspected someone was being abused. One member of staff said, "It maybe they are being hurt or are hurting each other". Another staff member told us, "I would report it; I would go to the nurse or manager if I needed to". Procedures were in place to ensure any concerns were reported appropriately. We saw procedures had been followed by the provider and when needed incidents reported appropriately.

When people were at risk we saw assessments had been completed and action taken to keep people safe. For example, when people needed specialist equipment to keep them safe we saw this was provided for them. We spoke with staff about this. One staff member said, "The equipment is important for [person]; if they were not wearing it they may injure themselves quite severely if they were to fall". In the care plans we looked at, risks had been assessed to support people's care and wellbeing. When risks had been identified, the care plans showed how this risk could be reduced. Records confirmed the equipment had been maintained and tested to ensure it was safe to use. This showed us people were supported in a safe way.

We saw plans were in place to respond to emergency situations. Staff we spoke with were aware of these plans and the levels of support people would need in these situations. These plans identified the individual support people would need if they were to be evacuated from their homes. This demonstrated staff had the information available to manage risks to people in a safe way.

There were enough staff available to meet people's needs. One person said, "The staff help me, I like them. I can always find them if I need someone". We saw that staff were available to offer support to people when needed. When people required one to one support throughout the day we saw they always had someone available to offer support.

The provider ensured that staff were suitable to work with the people who used the service. Staff told us their references were followed up and a Disclosure and Barring Service (DBS) check was carried out before they could start work. The DBS is the national agency that keeps records of criminal convictions. Checks were also completed by the provider to ensure nurses had the relevant registration qualification to work within the home. This demonstrated there were recruitment checks in place to ensure staffs suitability to work within the home.

Medicines were managed in a safe way. We saw that when staff administered medicines they spent time with people, explaining what the medicines were for and gaining consent from them before administering. Staff waited with people to ensure the medicine had been taken. We saw people were offered medicines for pain relief. This is known as, 'as required medicines'. When people received as required medicines we saw there was guidance in place for staff, stating when they could receive this medicine and how much they could have. Records and our observations confirmed there were effective systems in place to store, administer and record medicines to ensure people were protected from the risks associated to them.

Good

Is the service effective?

Our findings

Staff knew people well and the support they needed. One person said "I like the staff they help me". Another person said, "I like it here and the staff look after me very good". Staff told us they received an induction and training that helped them support people. One staff member told us about their induction. They explained they had face to face training and they shadowed more experienced staff. We spoke with the registered manager who confirmed this was in place for all new starters. Another member of staff told us they had received training that enabled them to support people. They said, "We have moving and handling training as there are lots of people we have to support here with hoists. We also have training about techniques we may need if we have to hold people". They went on to say, "We use it much more in the other homes but we are trained in case we need to go and help out there". The registered manager told us how they had implemented the Care Certificate for all new starters as part of their induction. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care.

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 or 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 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).

We checked to see if the provider was working with the principles of MCA. We saw when needed people had mental capacity assessments and best interest decisions in place. Staff we spoke with understood the Act and used their knowledge of people to assess their capacity. Staff gave examples of how they would gain consent from people. One member of staff told us, "Consent is an important part of the MCA/Act". Another staff member said, "With some people who live here they may not verbally tell us so we have to make sure they are in agreement. We look at communication for that person and how they may choose to consent". This demonstrated that staff understood the importance of gaining consent from people.

The provider had considered when people were being restricted and applications to do this lawfully had been made to the local authority when needed. Four people had a DoLS authorisation in place and further applications had been made. Staff we spoke with demonstrated an understanding of DoLS and how they would support the person with this. A staff member said, "It's about what is safe for that person. So for example if they don't understand the consequences of what they may do, we would agree what we needed to do to keep them safe". They went on to explain how they would offer support to the person. This demonstrated that the principles of the MCA were recognised and followed.

People enjoyed the food and were offered a choice. One person said, "The food is nice, I like it". Another person told us what their favourite meal was. We saw this was provided for them at lunchtime. When needed

staff spent time with people and offered them support. When people needed specialist diets we saw this was provided for them in line with recommendations. Records we looked at included an assessment of people's nutritionals risks. We saw when these risks had been identified people had their food and fluid intake monitored, so concerns could be identified. Throughout the day people were offered a choice of hot and cold drinks.

People told us they had access to health professionals. One person said, "My nurse come to see me, they talk to me and help me". Records confirmed people had input from health professionals when required. This demonstrated that people had access to health professionals to support their wellbeing.

Requires Improvement

Is the service caring?

Our findings

People were not always supported in a dignified way. For example, in the communal lounge two people were being supported on a one to one basis by staff on different tables. Throughout, staff spoke with each other about their personal lives rather than interacting with the people they were assisting. Staff also spoke with other staff that entered the communal area and did not always acknowledge the people sitting there. We heard staff speaking with each other about an incident that had previously occurred that involved a person who used the service. At one point we observed a person was waiting for staff to support them with their drink, while the conversation was taking place. The person was unable to tell us about their experience. However, this demonstrated that people were not always supported in a dignified way.

People were not always offered choices. For example, we observed one person being supported to have a drink. The staff member placed a towel around the person's neck. We observed on several occasions the person take off this towel. The staff member replaced the towel around the person's neck without considering the choice they had made. On another occasion we saw the person threw the towel on the floor. We also observed that the same person could mobilise independently in their wheelchair using their feet. The person pushed themselves away from the table where they were seated several times. We observed that the staff member returned the person to the table without asking them if they would like to.

People privacy was promoted. One person said, "They knock my door when I'm in my room or they call out to me so I know they are coming". Staff gave examples of how they upheld people's privacy and dignity. One staff member said, "We give people time in the bathroom once they are safe". Another member of staff said, "We knock people's doors. We make sure we close curtains so that no one else can see". When staff offered support to people in their rooms or the bathroom we saw the door was closed. This showed us people's privacy was promoted.

People were happy with the staff. One person said, "I like the staff they are nice to me". Another person told us, "I like living here we have a laugh". People told us they went to visit their relatives. One person said, "They go with me to see my family, it's important to me". Another person said, "People come and see me here all the time, I like that". This meant people were encouraged to maintain relationships.

Good

Is the service responsive?

Our findings

People accessed the community to participate in activities they enjoyed. One person said, "I go out all the time. I love it. I have just been to the cinema". Another person told us, "It's great I go out every day even if I just go to the shop or the pub". We saw during the inspection people accessed the community and some people had gone to college. There was activity coordinator in place. They gave examples of how they knew people well and the activities they liked. For example, they told us one person liked to relax and enjoyed a foot spa. We saw this person had the opportunity to do this. There was an activity room that people could choose to access. We saw there was a pictorial timetable of activities. People told us they liked the activities on offer. One person said, "I have had a lovely morning, it's always nice when I spend time in here".

People told us staff knew about their needs and preferences. One person said, "They know I like it to be quiet". Another person told us, "I like spending time in here alone, the staff check on me but I'm okay". Staff told us they were able to read people's care plans to find out information. One staff member said, "People have information in their files, they are very detailed with what they like and don't like". We saw that care plans identified people's individual routines and their likes and dislikes. This meant people were offered person centred support.

People were involved with reviewing their care. One person said, "I am involved with what I do". The registered manager told us review meetings were held with relatives and professionals. We saw that peoples care files were reviewed monthly and when people could be involved with this we saw they were. This demonstrated that people's care was reviewed regularly to ensure it met their needs.

People told us if they had any concerns or complaints they would feel happy to raise them. One person said, "I would talk to someone if I was unhappy". People we spoke with were happy with the home and the care they received and did not raise any concerns or complaints. The provider had a complaints policy and systems in place to manage complaints. We saw that when complaints had been made the provider had responded to them in line with their policy.

Requires Improvement

Is the service well-led?

Our findings

Prior to the inspection the home had notified us about an on-going safeguarding concern. At this inspection the provider told us and we saw an on-going investigation was taking place. However the provider had not taken the necessary action to ensure people were protected during this time. For example, following the safeguarding concerns the provider had produced a 'risk assessment summary form'. This identified 'risks' and 'measures to control the risks'. We identified the measures that the provider had said they were going to take had not always been actioned. We found during our inspection that the concerns identified were on-going and the identified risks were still taking place. This meant we could not be assured the provided had taken the agreed action to protect people from harm.

Quality checks were completed by the registered manager and provider. These included checks of health and safety, medicines and monitoring of accidents and incidents. Where concerns with quality were identified we saw action plans had been put in place. For example, we saw that a medicines error had occurred by one staff member. We saw this was fully investigated and an action plan put in place to ensure this did not reoccur. Actions included, further training, a competency reassessment and a verbal discussion for future learning. We saw these actions had been implemented by the provider and no further errors had occurred.

The registered manager told us and we saw feedback was sought from people and relatives who used the service. This information was used to improve the service. For example, concerns had been raised about the quality of a bathroom. We saw an action plan had been put into place. Work was currently being completed to make this into a wet room at people's requests. This demonstrated that the provider sought opinions off people who used the service and used this information to make changes.

Staff we spoke with told us they were happy to raise concerns and were aware of the whistleblowing procedure. Whistleblowing is the process for raising concerns about poor practices. One staff member said, "I would be happy to whistle blow if I thought poor care was happening". Another member of staff said, "Concerns here are listened to and fully investigated which is good". We saw there was a whistleblowing procedure in place. This demonstrated that staff knew how to raise concerns and were confident they would be dealt with.

Staff told us they had meetings to discuss changes in the home and had the opportunity to raise any concerns. They said the registered manager asked for their views and would make changes. One member of staff told us, "They listen to us". Another staff member said, "The manager and nurses are approachable if we need support". This demonstrated if staff raised concerns they were listened too and changes made. The registered manager understood the responsibility of registration with the care quality commission and notified us of important events that occurred in the service which meant we could check appropriate action had been taken. We saw that the rating from the last inspection was displayed within the home in line with our requirements.