

Nicholas James Care Homes Ltd

Edward House

Inspection report

86 Mill Road
Burgess Hill
West Sussex
RH15 8DZ

Tel: 01444248080
Website: www.njch.co.uk

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Edward House is a residential care home based in Burgess Hill, West Sussex. It provided personal care to 12 older people at the time of the inspection. Some of whom were living with dementia and other health conditions which included diabetes. The home is registered to support up to 22 people. The home accommodated people over two floors. People had individual rooms and had access to communal bathrooms, lounges and a dining room.

People's experience of using this service and what we found

Oversight of risks, although improved, required further embedding in practice to ensure all risks, for all people, were minimised. This related to the oversight of people's fluid intake, infection, prevention and control practices of senior staff and the accuracy of records to document staff's actions and provide assurances of the care people had received.

The leadership and management of the home had significantly improved. The registered manager had improved oversight of people's care and the running of the home. Actions were taken in a timely manner when there were issues or concerns. There was increased emphasis on improving the culture to improve people's experiences and care. People, relatives and staff were involved in on-going discussions and were complimentary about the changes made. They told us the atmosphere was happier, and more pleasant. The registered manager welcomed feedback and used this to drive improvements within the home and to people's care. Staff worked alongside external healthcare professionals to ensure people received appropriate and coordinated care.

People's care and the management of risks associated to it, had improved since the last inspection. People and relatives told us people felt safe and there were enough staff to meet their needs, and our observations confirmed this. People were supported by suitably qualified staff and received safe and appropriate support which included access to their prescribed medicines. Incidents and accidents were analysed and lessons learned to inform changes in people's care. When there were concerns about people's well-being, the registered manager had liaised with the local authority for them to consider as part of their safeguarding duties.

People's care was person-centred and tailored to their needs and preferences. Staff were provided with improved information about what was important to the person and what they enjoyed doing. Changes had been made to the environment and they spent time in the garden enjoying the outside space. Events had been organised to increase people's social experiences such as barbecues and themed events. People received care that met their interests and preferences and told us they were happy living at the home.

Rating at last inspection and update

The last overall rating for the home was requires improvement (Supplementary report published 29 May 2020). The home was rated as Inadequate in the key question of Well Led and has been in Special Measures

since 28 June 2019. During this inspection the registered manager demonstrated that improvements have been made. The home is no longer rated as Inadequate in any of the key questions. Therefore, the home is no longer in Special Measures.

Why we inspected

We carried out an announced focused inspection on 22 July 2020. We contacted staff and relatives on 20, 21 and 22 July 2020 and undertook a site visit to the home on 22 July 2020. We gave the registered manager and provider notice of the inspection to enable CQC and the registered manager to consider any infection prevention and control protocols due to the COVID-19 pandemic. We also established if people had COVID-19 or associated symptoms.

The provider completed an action plan after the last inspection to show what they would do and by when to improve in relation to the breaches of Regulations 9 (Person-centred care) and 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, we checked they had followed their action plan. We also checked they had met the Warning Notice we previously served in relation to Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and they were now meeting legal requirements. This report only covers our findings in relation to the key questions of Safe, Responsive and Well-led.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained Requires Improvement. This is based on the findings at this inspection.

In June 2019, the previous registered manager notified us of an unexpected death of a person who had fallen and sustained a head injury. This incident is subject to a potential criminal investigation. As a result, this inspection did not examine the circumstances of the incident.

Enforcement

We have identified a breach in relation to safe care and treatment at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow-up

We will continue to monitor the intelligence we receive about the home until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last inspection, by selecting the 'all reports' link for Edward House on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The home was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service responsive?

The home was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The home was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Edward 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by two Inspectors.

Service and service type

Edward House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The home had a manager who was registered with the Care Quality Commission. This means they and the provider are legally responsible for how the home is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced.

What we did before the inspection

We reviewed information we had received about the home since the last inspection. We contacted a social care professional for their feedback. We had not asked the provider to submit a provider information return (PIR). A PIR is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We took this into account, alongside the evidence gathered, when making our judgements in this report. Prior to the site visit, we requested care plans and associated risk assessments for six people as well as documents relating to quality assurance and oversight. We spoke with four relatives and four staff.

During the inspection

At the site visit, we observed the care and support people received. 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 two people, the registered manager and the regional operations manager. We reviewed a range of records about people's care. These included the individual care and medicine administration records for six people. We looked at staff rotas and staff files in relation to competency assessments.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. Risks in relation to people's health had not been appropriately managed to ensure people's safety. Infection prevention and control was not always maintained. The provider was in continued breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete an action plan to show what they would do and by when to improve.

At this inspection, we found improvements had been made and risks had decreased. However, the improvements made needed to be further embedded in practice and sustained over time to ensure all risks were identified and mitigated. The provider was in continued breach of Regulation 12. This key question remains rated Requires Improvement. This meant some aspects of the service were not consistently safe.

Assessing risk, safety monitoring and management; Preventing and controlling infection;

- Due to the COVID-19 pandemic, staff had received additional support and coaching to remind them of what personal protective equipment (PPE) they should wear and how they should support people to reduce the risk and spread of infection. Our observations raised concerns about two senior members of staff's practice. They were observed not adhering to guidance when wearing face masks. This increased their risk of contracting the infection or transmitting it to other staff and people. When this was raised with the registered manager, they immediately reminded the members of staff of the importance of adhering to guidance.
- Staff were not always provided with sufficient and clear guidance when people were assessed as being at risk of dehydration. Staff had been provided with the formula they could use to advise them of the recommended daily fluid allowance, based on the person's weight. However, this had not been calculated for staff to use and they were not provided with clear information to guide their practice. When staff were asked, they demonstrated a mixed understanding about the levels of fluids they should support people to aim for to help maintain their hydration. This placed people at increased risk of dehydration.
- One person who was living with dementia, had not always been consuming enough fluids to maintain their health. They had contracted a urinary tract infection (UTI). Staff had been responsive when they noticed changes in the person's condition and had liaised with the GP who had prescribed medicines. Records showed that despite this, the person continued to have a low fluid intake and it was not evident what action staff had taken to encourage and promote improved hydration.
- Not all risks relating to people's holistic needs had been considered. For example, one person was at risk of falls and had experienced an unwitnessed fall. Staff had been provided with guidance advising on the support and equipment the person required to minimise risk, records showed and staff confirmed the person had received appropriate support. Not all medicines the person was prescribed had been considered in relation to the increased risks these could pose should the person fall. The person was prescribed an anticoagulant which has the potential to increase the risk of bleeding should they fall. This had not been recognised and staff were not provided with guidance advising them of this.

Risks to ensure all people's safety, were not always considered or monitored effectively. Safe care and treatment was not consistently provided to people. This was a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives told us people felt safe. A relative told us, "My relative first moved into the home with a health condition, this is being very well managed now." Another relative told us, "They are safe and secure. My relative is quite a demanding person and would be upset if they weren't. When the family have visited, they seem okay."
- There was increased oversight of people assessed as being at risk of malnutrition. When concerns were found, timely action was taken to ensure risk was managed and people received appropriate support. Staff were provided with clear guidance about people's needs and demonstrated a good understanding about how to support people safely. When there were concerns about people's weight, staff had increased the frequency with which this was monitored and had provided food and drinks that were fortified with cream, butter or cheese to increase the calories people consumed. People's weight had stabilised. When there were concerns or changes in people's needs, the registered manager had contacted external healthcare professionals for their advice and guidance, which staff had followed.
- Most risks were identified, assessed and managed when people were at risk of falls. Staff were provided with detailed guidance about how to support people safely, this included information about the type of hoist or sling that should be used. Equipment such as sensor mats or crash mats next to people's beds, were considered and implemented. When falls had occurred, these were analysed to determine if changes were required to people's care.
- Most staff demonstrated good infection prevention and control practices. They wore disposable face masks to help minimise the spread of infection. Disposable plastic aprons and gloves were also worn and changed in-between caring for each person to help minimise the risk of cross contamination. Staff demonstrated a good understanding of the requirements. Staff had increased the frequency and type of cleaning carried out to help ensure the environment was hygienically clean. Infection control audits were conducted by the registered manager to ensure risks were managed well and staff were maintaining infection, prevention and control.

Staffing and recruitment; Using medicines safely

- People told us there were enough staff to meet their needs when they needed assistance and our observations confirmed this.
- People were supported by staff who the provider had assessed as being suitable for the role. Safe recruitment processes enabled the provider to be assured that staff were of suitable character and had appropriate experience to meet people's needs.
- Staff's skills were considered when allocating work. Staff rotas showed only staff who had undertaken medicines training and who had their competence assessed, were allocated to support people with their medicines.
- Medicines management was safe. Staff had been provided with improved guidance which informed them of people's health conditions, reminding them of the importance of ensuring the person received their medicines according to prescribing guidance. People had received their medicines appropriately and according to the prescriber's instructions.

Systems and processes to safeguard people from the risk of abuse

- Risks in relation to people's health and well-being were identified and considered and people's care had improved. Staff had increased awareness of people's needs and how to provide safe and effective care. People's exposure to risk had reduced and they were protected from harm. For example, when analysing the accidents and incidents that had occurred, the registered manager had noted one person had sustained a

bruise following an altercation with another person. This had led them to reassess and consider the person's changing needs. Staff had been provided with updated guidance advising them how best to support the person when they experienced anxiety which might lead to behaviours that challenged others.

- Staff demonstrated an awareness of the signs and symptoms that could indicate people were at risk of abuse. They knew who to report concerns to and when there were concerns about people's safety and well-being, the registered manager had raised these with the local authority for them to consider as part of their safeguarding duties.

Learning lessons when things go wrong

- There was increased oversight of accidents and incidents and action was taken in a timely manner to further prevent risk. For example, one person had experienced several falls. Appropriate equipment was provided to minimise risk and the registered manager had asked the person and their relative if they wanted to move to a room on the ground floor. This would enable the person to summon assistance from staff more easily, as well as to enable more effective monitoring when the person wanted to spend time in their room. The person had moved rooms and together with the equipment provided, this action had mitigated further falls.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. People's social and emotional needs had not always been considered and people were at risk of social isolation. The provider was in breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We asked the provider to complete an action plan to show what they would do and by when to improve.

At this inspection, we found improvements had been made and the provider was no longer in breach of Regulation 9. The rating of this key question has improved to Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them; Improving care quality in response to complaints and concerns

- Both the registered and regional manager had addressed concerns raised as part of the last inspection and had acted to improve people's experiences. A member of staff from one of the provider's other homes, whose good practice had been recognised in relation to meeting people's social and emotional needs, had spent time at the home to provide a role model for staff. They were observed interacting, singing and engaging with people. This created a fun, lively atmosphere. People were observed to be smiling, singing and dancing.
- There was an emphasis on what was important to people and what they enjoyed. Staff had been provided with guidance advising them about the person's life history, their interests and preferences and were encouraged to provide pastimes and experiences that were enjoyable and meaningful. For example, one person had enjoyed gardening, they and others had been supported to grow some beans in the garden which they had enjoyed tending to and watching grow.
- The environment had been adapted to enable people to use the space in a way that better met their needs. For example, in past inspections a large room which had access to the garden had been used as a storage room. This created a barrier for people to access and enjoy outdoor space. The registered manager had organised for the room to be cleared so that people could use the space and easily access the garden. Tables, chairs and umbrellas had been provided and people were observed smiling and talking with one another whilst enjoying the fresh air and sunshine. One person told us, "It's lovely out there."
- Due to COVID-19, visitors to the home had been restricted to help prevent the risk of infection. The registered manager had acknowledged the impact this could have on people's well-being and they and staff had supported people to remain in contact with their family and friends through the use of technology, such as Facetime and Zoom. When restrictions had eased, people had been able to enjoy visits from family in the home's garden.
- Despite the limitations on people accessing the community or receiving visits to the home due to COVID-19, efforts had been made to provide a fun and enjoyable atmosphere. People had enjoyed a socially

distanced barbecue in the garden and had received a visit from an ice-cream van so they could enjoy eating ice-creams. Suggestions on themes of events had been made by people and staff and a 1950's theme had been selected. People had enjoyed seeing vintage cars that had visited and parked on the home's forecourt. 1950's posters were displayed and staff had accessed music videos on YouTube. One person enjoyed singing along to the 1950's music, whilst another danced. When asked what was good about the home, a relative told us, "They find things to keep people occupied and entertained."

- People's culture, life experiences and interests were considered. For example, one person was living with dementia. Staff had been advised about the person's culture and language. Records to document the food the person had eaten showed they had been supported to consume foods they enjoyed and were part of the cuisine of their culture.
- If people or relatives had raised concerns or comments about people's care, these had been listened to and practice had changed as a result. One person told us, "I only need to mention it to her [registered manager] and it is sorted."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were provided with information about people's communication needs and abilities and adaptations had been made to ensure people were provided with communication they could understand. When people were living with dementia and experienced difficulties remembering certain words, staff used flash cards with words and phrases to support them to remember.

End of life care and support

- No one was receiving end of life care when we inspected. People had been supported to discuss and plan for the end of their lives if they felt comfortable doing so. Staff had been provided with information about what was important to the person and how they wanted to be cared for. There was clear guidance for staff so they knew what to do when people's health deteriorated.
- People were supported to receive care at the end of their lives and efforts were made to liaise with external healthcare professionals to enable the person to continue to remain in the home. Equipment and medicines had been sought to ensure the person received appropriate care to maintain their comfort.
- Staff had received compliment cards from relatives, thanking them for the care provided to people's loved ones when they were at the end of their lives.

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 the last inspection this key question was rated as Inadequate. There were concerns about the leadership, management and oversight of risk relating to people's care. For example, neither the manager or the provider had identified the shortfalls we found as part of the inspection. There were concerns about the lack of oversight in relation to risks associated with people's health. We found a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We served a Warning Notice to the provider and they were required to become compliant by 1 May 2020.

At this inspection, improvements had been made, the provider was no longer in breach of Regulation 17 and the Warning Notice had been complied with. The rating of this key question has improved to Requires Improvement. This meant the service management and leadership was not always consistent and further improvements were required to embed and sustain the positive improvements already made.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care; Promoting a positive culture that is person-centred, open inclusive and empowering, which achieves good outcomes for people;

- At an inspection in June 2019, we had concerns about the previous registered manager's and provider's oversight. We imposed conditions on the provider's registration and from October 2019, they were required to send us a monthly analysis of risk in relation to people's specific health conditions, to enable us to have assurances these were being effectively managed. The provider did not comply with this condition until eight months after it was imposed due to a lack of understanding about the requirements of their registration. When the analysis was submitted, it showed people's care and support needs had decreased and they had less-complex health conditions. Risks to people had been reduced.
- At this inspection, staff were sometimes provided with inconsistent guidance about people's care and support needs. For example, one person was living with diabetes and staff had been informed of the signs and symptoms of high or low blood glucose levels and advised of the actions to take to ensure the person's health and well-being was maintained. Guidance for another person who was living with diabetes, did not contain this level of detail and increased the potential risk that people might be provided with inconsistent care.
- A new system to oversee people's daily fluid intake enabled the registered manager to monitor and ensure appropriate action was taken when people's intake was low. It was not apparent that the registered manager had acted when the system showed people had not consumed sufficient fluids. When this was raised with the registered manager and staff, they told us staff sometimes forgot to update the daily records to accurately reflect how much fluid people had consumed. The registered manager had identified that documentation to record people's care needed to improve and staff told us they had been reminded of the importance of this.

Systems and processes that had been introduced to monitor and oversee people's care more effectively,

including records to document people's care, needed to be further embedded and sustained in practice. Therefore, this is an area of practice that needs further improvement.

- At the last inspection, the manager was new in post, they have since registered with the Commission. It was evident they had made efforts to change the culture and quality of care people received. People and their relatives were complimentary about the changes that had been made since the registered manager had been in post. One person told us, "She is very nice, she listens and if anything isn't right, she will change it." A relative told us, "Things have improved in quite a few areas, before it was all talk about improvements but nothing happened, now it's much better."
- Staff told us the leadership and management of the home as well as the oversight of people's care, had improved since the registered manager had been in post. They were complimentary about the improvements and when talking about the registered manager, one member of staff told us, "Since she has been here it is 100% better. She is approachable and will listen to staff." Another member of staff told us, "About a year ago I was thinking of leaving as things had gone downhill. Things are getting done now, the improvements have been dramatic and staff are a lot happier. It is a nice place to work, full of smiles and laughter."
- There was improved oversight, monitoring and action taken when people were assessed as being at increased risk of malnutrition. When the registered manager had identified that people's weight was not increasing, despite being supported appropriately, they had liaised with the person's GP in a timely manner to rule out any further health concerns.
- Quality assurance processes enabled the registered manager to ensure staff followed guidance and people received appropriate care to meet their assessed needs. When issues had been identified prompt action was taken to ensure improvements were made. For example, contacting external healthcare professionals for further guidance.
- The provider's oversight of people's care and the running of the home had improved. A new regional manager conducted their own quality audits to ensure those used by the registered manager were effective. When either the registered or regional manager had identified areas for improvement, there were clear, timebound actions set for improvement. Quality assurance processes focused on shortfalls found at the last inspection which included more emphasis on people's experiences and an increased oversight of risk.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- Relatives told us they were assured of their loved one's safety at the home and took comfort in the caring and compassionate nature demonstrated by both the staff and the registered manager. They told us they were involved in their loved one's care and the registered manager updated them if there were any changes in relation to it. A relative told us, "Since the change in manager more has been achieved, assistance has been very good. I've been kept informed and they stay in contact if they need to." A recent resident's survey contained the comment, 'Lots of improvements under new management'.
- The registered manager and provider demonstrated a candid, open and transparent approach. They had informed CQC and other external health and social care professionals, when care had not gone according to plan. They had notified us of incidents that had occurred to enable us to have oversight to ensure appropriate actions were taken.

Working in partnership with others; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager and staff liaised with external healthcare professionals and worked alongside them to ensure people received appropriate and coordinated care.
- People and relatives had been involved in discussions that related to people's care and the running of the

home. People's diversity, their suggestions and ideas were welcomed and valued and were used to ensure they were provided with things they enjoyed doing.

- Consideration and adaptations had been made due to COVID-19 so that people could continue to have an input into their care. Residents meetings continued to be conducted whilst observing social distancing and for those people who chose to stay in their rooms, efforts had been made to involve them in independent discussions.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Safe care and treatment. The registered person had not always ensured that care and treatment was consistently provided in a safe way to service users.