

Edge View Homes Limited

Edgeview Nursing Home

Inspection report

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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?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

The inspection was unannounced and took place on 12 December 2018. This was a planned inspection based on the rating at the last inspection when the service was rated as 'inadequate.' Since the last inspection we had also received some whistle-blowing concerns about care at the home and the inspection followed up on these concerns.

Edgeview is a nursing home. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Edgeview is registered to accommodate 24 people. At the time of our inspection 20 people were using the service. Edgeview accommodates people in three buildings. The main building, a bungalow where three people live and a converted stable building for a further three people. All areas are accessible from the main building. Some of the people living at Edgeview have learning disabilities or mental health needs. The care service has not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This was as the service was created a number of years before this guidance was published. These values should include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service are not always supported or to live as ordinary a life as any citizen.

We last inspected Edgeview on 28 March 2018, when we rated the service as 'Inadequate'. We found the provider was in breach of the regulations regarding person centred care; dignity and respect; need for consent; safe care and treatment; good governance and staffing. Following the inspection, we imposed conditions on the providers registration and placed the service in Special Measures. Services that are in Special Measures are kept under review and inspected again within six months. We expect services to make significant improvements within this timeframe.

When we carried out this inspection we found the provider had made significant improvements in the areas previously identified and the regulations were now met. The service is no longer rated as inadequate overall or in any of the key questions; therefore, this service is now out of Special Measures. However, as the last two inspection reports rated the service as 'requires improvement' and 'inadequate;' we need to be assured that the improvements made are embedded fully into practice and will be sustained over time, therefore the overall rating of this report is 'requires improvement.'

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise any concerns about people's safety and shared information so that people's safety needs were met. A revised system of recording accidents and incidents was now in place including a summary report, so any trends could be identified.

Staff were available to people and demonstrated good knowledge about people living at the home. People were supported by staff to have their medicines and records were maintained of medicines administered. Staff maintained good hygiene and used protective clothing when appropriate.

Staff told us training helped them meet the specific needs of the people living at the home and they attended regular training to ensure they kept their knowledge updated.

Staff understood the importance of ensuring people agreed to the care and support they received. The registered manager was aware of their responsibilities in regard to the Deprivation of Liberty Safeguards (DoLS) and had submitted the appropriate applications where they had assessed that people were potentially receiving care that restricted their liberty.

People enjoyed a choice of meals and were supported to access professional healthcare outside of the home, for example, visits with their GP and community health teams and any changes to their care needs were recognised and supported by staff. Most healthcare professionals gave positive feedback on the service provided and said communication with staff was good.

We saw people were relaxed around the staff supporting them. We saw positive interactions and staff showed us that they knew the interests, likes and dislikes of people. People were supported to enjoy various activities and staff ensured that they were respectful of people's choices and decisions.

Relatives and staff told us that the management team were approachable and if they had any concerns they would be listened to.

People, staff and most healthcare professionals we spoke with were positive about the overall service. Relatives and staff complimented the improvements made since the last inspection and staff felt supported to carry out their roles and responsibilities effectively.

The management team ensured regular checks were completed to monitor the quality of the care that people received, and we saw evidence of improvements made since the last inspection, however, we found further improvement was required to ensure that all audits and checks are robust enough to identify all areas for improvement.

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 has improved to good.

Is the service effective?

Good ●

The service has improved to good.

Is the service caring?

Good ●

The service has improved to good.

Is the service responsive?

Good ●

The service has improved to good.

Is the service well-led?

Requires Improvement ●

The service has improved to requires improvement.

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 took place on the 12 December 2018 and was unannounced. The inspection team consisted of one inspector, an inspection manager and a specialist advisor. A specialist professional advisor is someone who has a specialist knowledge area. The specialist professional advisor on this inspection was someone who had learning disability nursing expertise.

As part of the inspection process we looked at information we already held about the provider. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any incidences that put people at risk of harm. We refer to these as notifications. We checked if the provider had sent us notifications in order to plan the areas we wanted to focus on during our inspection. We also spoke the local authority about information they held about the provider. Prior to the inspection we had received concerns about care at the home and the inspection followed up on these. This helped us to plan the inspection.

During our inspection we spoke to people who lived at the home and used different methods to gather experiences of what it was like to live at the home. We observed care and used the Short Observational Framework for Inspection (SOFI). SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us. We made telephone calls to two relatives of people living at the home as part of the inspection.

We spoke to the provider, the registered manager, the provider's HR director, the deputy manager and receptionist. We spoke to one nurse, four support workers, two senior support workers and one activities support worker. We looked at records relating to the management of the service such as, care plans for five people, incident and accident records, medicine management records, two staff recruitment files and quality audit records.

As part of the inspection we made contact with five healthcare professionals seeking feedback on the support and care provided to individual people.

Is the service safe?

Our findings

At the last inspection on 28 March 2018, we rated this key question as 'Inadequate,' and found a breach of regulation for safe care and treatment. We found risks to people were not always considered or action taken when needed. The provider was also in breach of the regulation for staffing, because staff were not always available, and we could not be assured people always received their assessed levels of support. At this inspection we found that significant improvements had been made and the regulation had been met and this key question is now rated as 'Good.'

We observed care to help us understand the experience of people who could not talk with us and saw that people were relaxed around staff. We saw people were supported appropriately by staff. For example, when one person experienced anxiety and distress, we saw staff respond and offer reassurance, when the person remained unsettled, we saw staff continue to use different approaches to support the person until they became more settled.

Relatives we spoke with also felt people were safe living at the home. One relative commented they felt their family member was safe because, "Staff know them so well. They know the signs to look out for of when [person's name] is upset." We looked at five people's care plans and found these reflected people's individual risks and the actions taken in response. Three healthcare professionals we spoke with said they felt assured that people's risk were known by and well managed by staff.

The registered manager completed records to monitor any accidents and incidents and to look for actions needed to reduce the likelihood of events happening again. Since that last inspection the provider had taken action to amend the way that accidents and incidents were recorded. A new incident form was in place and completed by the member of care staff to capture details of how the incident occurred. The form was then reviewed by the registered manager to assess the incident and ensure appropriate action had been taken in response. Since the last inspection a new summary form had also been developed to log all incidents and assess any trends. We could see examples of where incidents had occurred, and this had resulted in people's individual risk assessments being updated.

Staff told us they had received training in safeguarding and knew the different types of abuse. All the staff members we spoke with knew what action to take if they had any concerns about people's safety. This included telling the registered manager, so plans would be put in place to keep people safe. One member of staff told us, "I am happy to speak out." All staff we spoke with were assured the registered manager would take action on any concerns raised; but knew they could also raise safeguarding concerns with external agencies too. Staff confirmed that the provider had a whistleblowing policy in place.

Staff we spoke with told us people were safe and staffing levels were suitable to meet the needs of people living at the home. One member of staff told us staffing levels were, "Good; everyone gets the support they need." The registered manager stated that staffing levels were based on a local authority funding for each individual and also looked at people's individual needs. On the day of our inspection, we saw that staff were available to people and support was provided in a timely way. Staff absences, for example, sickness were

covered by staff from the providers sister home or by agency staff. Where possible the provider used the same agency staff to ensure consistency of care.

We looked at recruitment files for two staff and saw the provider had checked staff's suitability to work with people prior to them commencing work at the home. These checks included reference checks with previous employers and with the Disclosure and Barring Service (DBS). Completing these checks reduces the risk of unsuitable staff being recruited.

People were protected from harm by the prevention and control of infection. We saw that an infection control audit was completed monthly and staff told us there was a good stock of personal protective equipment such as gloves and aprons available to them. We observed staff using gloves and aprons when supporting people with personal care. Edge View Nursing Home was awarded a Food Hygiene Rating of 5 (Very Good) by South Staffordshire District Council on 12 July 2017.

Is the service effective?

Our findings

At the last inspection on 28 March 2018, we rated this key question as 'requires improvement,' and found a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, need for consent. We found when needed, people's capacity had not been assessed and decisions made in their best interests; conditions of DoLS were not being met and people were not always supported in the least restrictive way. At this inspection we found that improvements had been made and the regulation had been met and this key question is now rated as 'Good.'

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 to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

We saw that improvements had been made. One healthcare professional we spoke with told us, "It's the most freedom [person's name] has ever had," and said that Edgeview provided, "The least restrictive environment [person's name] has ever lived in." We saw that the registered provider had submitted applications where they had assessed that people were potentially receiving care that restricted their liberty. The registered manager also had a process in place to record the expiry date of any authorisations, so an assessment could be made to review the person's care and make a new application if needed. We saw that one authorisation had a condition in place, which had been actioned as required. The registered manager also told us that an advocate acting as the relevant person's representative also visited people with a DoLS authorisation in place.

Staff understood the importance of asking for people's consent before providing support. We saw that when one person refused support, the staff member respected this. Staff told us where people were unable to give verbal consent they could use Makaton or communications aids to gain consent and enable people to communicate choices. Makaton is a language programme that uses signs and symbols with spoken language to encourage communication skills and develop speech. Since the last inspection a member of staff had been appointed the communication lead and was supporting staff in developing their communication skills.

Staff we spoke with told us that training helped them to do their job. Staff told us access to training was good and the provider had an in-house trainer. We saw new staff worked towards the care certificate. We looked at the providers record of staff training. The provider set a target of 85% of staff trained in each area,

for example, DoLS and First Aid. We saw that although the targets had not fully been achieved, improvement had been made and training courses were ongoing to reach the required target.

People enjoyed a choice of meals. We saw that since the last inspection the menu had been updated to include a vegetarian option each day. One person who chose to follow a vegetarian diet had also been supported to purchase their own refrigerator, so they were able to keep some of their own foods. Care records included notes of people's likes and dislikes which had been shared with the kitchen staff. We saw some people were supported with specific diets to meet their health care needs, for example, softened food where they may have difficulty swallowing.

People's healthcare needs were monitored to make sure any changes in their needs were responded to promptly and people had access to health and social care professionals. Records showed people had appointments with GPs, hospital consultants, occupational therapists and other healthcare professionals.

The service had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This was as the service was created a number of years before this guidance was published. We observed that some communal areas of the service appeared dated and could be improved to reflect a more homely atmosphere. However, we saw people's rooms were personalised and reflected their life histories and interests and in some areas of the home we saw examples of people's artwork displayed.

Is the service caring?

Our findings

At the last inspection on 28 March 2018, we rated this key question as 'Inadequate,' and found a breach of regulation for dignity and respect. We found people were not always treated in a dignified way and were not always encouraged to be independent. At this inspection we found that significant improvements had been made and the regulation had been met and this key question is now rated as 'Good.'

We saw that people were relaxed around staff and throughout the inspection we saw positive interactions. Relatives also said they felt staff were caring, one relative said, "Staff know [person's name] well. Most of the staff have been there a long time so they have a good relationship with him and us too. [Person's name] knows all the staff."

During our inspection we saw staff approached people in a friendly manner and we heard staff chatting with people, offering people support and reassurance where necessary. For example, when one person was anxious we saw one member of staff talk to them, offer reassurance and try different ways to encourage the person. We saw the person become more settled in response.

The registered manager had received written compliments about care provided. For example, one relative wrote to them on the day of the inspection to compliment the care given to their family member and also themselves. The compliment read, "When [family member] was in hospital I was moved to see staff visited in their own time. Thank staff for their support....when their natural inbuilt kindness and compassion extended to me."

People were able to make choices about their care and were respected by staff. We saw people choose how to spend their day. For example, we saw people supported on trips out of the home, when one person chose not to go because they felt unwell this was respected by staff. We saw other people expressing where they chose to spend their day, either in the communal areas with other people, in the grounds of the home or in their room. Relatives also confirmed people were involved in making choices about their care. One relative said, "[Person's name] has choices. Staff respect them."

Relatives told us they felt involved in the care provided. One relative said, "There is good communication." They told us since the last inspection a new care diary had been put in place, which they felt worked well. When their family member spent time at home, the relatives kept a care diary recording what they did and the meals they enjoyed. This ensured information flowed and enabled the staff to ensure that the person maintained a healthy diet.

Three healthcare professionals told us they found the staff team welcoming when they visited. One healthcare professional said, "I go into the home both announced and unannounced and the welcome is always the same. They [staff] are always welcoming."

People's privacy was respected, we saw examples of staff knocking people's bedroom doors and waiting for an answer before entering. We also saw that care records were stored securely to maintain people's privacy.

We saw there were residents' meetings to give feedback on the home and where staff could share information. For example, we saw minutes of one meeting where a reminder of fire evacuation had been discussed along with a reminder of how to raise any concerns or complaints. Each person who attended had also had opportunity to discuss things they would like to do and any issues or concerns they may have. For example, we saw that where one person had requested a change of rooms and this had been actioned.

Staff spoke warmly about the people they supported and provided care for and said they enjoyed working at the home. One member of staff said, "I really enjoy working here. The people are great, we all get along so well. We are like a family."

Is the service responsive?

Our findings

At the last inspection on 28 March 2018, we rated this key question as 'Inadequate,' and found a breach of regulation for person centred care. We found people did not receive individualised care that was responsive to their needs; people's preferences were not always considered and people were not in control of their lives. At this inspection we found that significant improvements had been made and the regulation had been met and this key question is now rated as 'Good.'

Staff were responsive to changes in people's wellbeing. For example, one person had recently had a period when they had become more unsettled and anxious. They displayed this through behaviour that challenged. We saw that the deputy manager had engaged with the behavioural support team and taken advice on recording any incidents so that the information could be assessed to see if there were any identifiable triggers to the behaviour. The deputy manager had also working with the behavioural support team to develop specific staff training to support this person effectively. We were not able assess how effective this training was as it was not due to start until immediately following the inspection.

Relatives we spoke with said staff were responsive. One relative told us staff had responded to changes in their family members well-being. They said, "They [staff] have done everything they can do, they couldn't do any more. They have escalated concerns correctly." Healthcare professionals we spoke with told us staff were responsive to people. One healthcare professional said, "They [staff] are responsive. I am really pleased with the work they are doing with [person's name]."

We saw that improvements had been made in the personalised care that people received. For example, one person was reluctant to receive care and chose to spend time sitting in the grounds of the home. Since the last inspection their care and been reviewed and a team of core staff had been identified. By offering support through the team of core staff progress had been made and the person was now spending more time indoors. To support their well-being when they spent time in outside the provider had purchased a temporary gazebo and heater to keep them warm. There were also plans in place to build a permanent shelter to support their choice of spending time outside. We saw a note from a healthcare professional regarding the care provided to this person. They said, "[Person's name] has complex needs. Edgeview has adapted to their changing needs and preferences. I believe the level of care is appropriate."

Relatives told us staff knew their family members well and the way they liked things. One relative acknowledged it was challenging for anyone to get to know their family member well but praised staff who they felt had got to know their family member well. This was also confirmed by healthcare professionals we spoke with, one of whom said, "Staff know [person's name] well. They know the signature signs of when they are becoming unwell." They felt the person received positive care and concluded, "[Person's name] is the best I've known them. I am really pleased with the work they [staff] are doing with [person's name]." A second healthcare professional stated, "Staff have demonstrated very well, how well they have known [Person's name], their needs, behaviour and wishes."

People, relatives and staff we spoke with told us that people enjoyed a range of activities. On the day of the

inspection we saw some people supported by staff to go out shopping or to the pub for a pub lunch. One person said, "I like to go shopping." One healthcare professional also commented on how one person had been supported with their interests. This included staff arranging a subscription to a specialist magazine and supporting the person to attend specialist fairs.

Staff told us how people enjoyed both group and individual activities. On the day of our inspection a theatre company visited the home to perform a seasonal pantomime, which we saw people enjoyed. We also saw many examples of art work made by people living at the home displayed throughout the home. An activity support worker supported people to enjoy activities both within and outside the home. We saw that a member of staff ensured one person was present when a Christmas model village made by people living at the home was displayed. They said, "[Person's name] helped make it, so they will love putting out. They will be so proud."

Staff understood people's individual needs and we saw staff shared information as people's needs changed, so that people would continue to receive the right care. This included information in the staff handover. For example, if people had a GP or hospital appointment an update was provided.

We saw that people were able to raise any concerns with staff. The complaints procedure was available in picture format and we saw one person living at the home had made a complaint. We saw this had been looked into and a response had been made. We also saw that people were able to raise any concerns at the residents meeting. Relatives we spoke with commented they had no concerns but felt able to speak to staff. One relative said, "I would certainly speak up if I had any concerns." We saw that where written complaints had been received during the last twelve months, these had been investigated, and the supporting documentation showed the progression and conclusion of the complaint.

At the time of the inspection there was no one at the home being supported with end of life care. The registered manager told us when this care was required a care plan would be put in place and they would work closely with people's family and GP's to support people to get the care they wanted.

Staff spoken with respected people's individuality and diversity. Care files contained information about people's personal histories and people's preferences, so staff could consider people's individual needs when delivering their care. We also looked at information made available by the provider to support people to see if this information is accessible to the people that use the service. We saw that menus, activities information and the complaints procedure were available all available in a picture format.

Is the service well-led?

Our findings

At the last inspection on 28 March 2018, we rated this key question as 'Inadequate,' and found a breach of regulation for good governance. The inspection found systems in place were not always effective in driving improvements within the service. At this inspection we found improvements had been made and the regulation had been met but further improvement was still required to ensure the improvements made were fully embedded and sustained. The home had not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. This was because the service was created a number of years before this guidance was published. We discussed this with the provider, who was aware of the limitations of the current environment. The provider outlined potential improvements going forward.

Following the last inspection, we imposed conditions on the providers registration requiring them to take action to ensure risk assessments were updated and requiring the provider to submit a monthly action plan detailing improvement made. During the inspection we looked to see if the actions listed had been put in place. We saw evidence of improvements made as described throughout this report, however, we found further improvement was required to ensure that all audits and checks are robust enough to identify all areas for improvement. In addition, the last two inspection reports rated the service as 'requires improvement' and 'inadequate,' we need to be assured that the improvements made are embedded fully into practice and will be sustained over time.

We looked at the governance systems within the home because we wanted to see how regular checks and audits led to improvements in the home. We saw that the provider had a programme of regular checks in place to review the quality of the service provided; where areas for improvement had been identified we saw actions had been taken. However, further improvement could be made to ensure that all audits and checks are robust enough to identify all areas for improvement. For example, we found individual staff had a varying degree of understanding of DoL's and what this meant for the individual people who had an authorisation in place. The providers assessment of training and staff knowledge had not identified this. We discussed this with the registered manager who gave assurances that they would address this immediately following the inspection.

We also found that people living at the home had signed their care plans showing their agreement. We discussed this with the registered manager, because although we found other information in accessible formats, the care plans were not provided in a picture format. We discussed this with the provider, who agreed this would make the information more accessible to people and agreed to address this following the inspection.

We also found some areas where the environment could provide a security risk. We discussed this with the registered manager, who gave assurances this would be risk assessed immediately following the inspection.

We looked at how the service works in partnership with other agencies in support of people's wellbeing. We received mixed feedback from the healthcare professionals we spoke with. Whilst two healthcare

professionals told us they felt communication was good, two further healthcare professionals told us that communication could be improved to ensure they had accurate and up-to-date information on the people they supported.

There was a registered manager in place who was present during our inspection. 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. Since the last inspection, there had been a change in the management team and a new deputy manager had been appointed.

The registered manager outlined the actions taken and improvements made since the last inspection. They said, "Documentation has improved." They gave examples such as the new incident recording forms and new handover documentation. They said the changes had enabled a more consistent approach by staff.

Relatives told us they were happy with the service provided. One relative commented, "I think it's excellent care. Staff deliver above and beyond." Another relative commented, "The care is excellent. I've no concerns what's so ever. [Person's name] is better than ever before."

All staff we spoke with felt improvements had been made since the last inspection. One member of staff said, "Improvements made are definitely for the better. Communication is brilliant now. I am proud of the changes made. I always thought care was good, that's not changed but people are more involved now." Three healthcare professionals also felt improvements had been made. One healthcare professional said, "I would have no hesitation in placing another person at the home in the future."

Staff we spoke with told us that they had regular supervisions and felt they could always approach the registered manager or other members of the management team for advice and support. The registered manager said they felt supported by the provider in making changes. Records we saw showed the management team worked with other agencies to support the well-being of the people living at Edgeview. For example, we saw referrals to GP, community health teams and speech and language team.