

Edwardian Care Homes Limited

Edwardian Care Home

Inspection report

168 Biscot Road
Luton
Bedfordshire
LU3 1AX

Tel: 01582705100

Date of inspection visit:
15 July 2019
23 July 2019

Date of publication:
15 August 2019

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?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Edwardian is a residential care home, providing care and support to people living with a variety of health conditions and support needs. Most people had mental health needs. The service was spread over three floors. At the time of the inspection, 27 people were living at the service.

People's experience of using this service:

People said staff met their care and support needs. However, further improvements were needed to ensure staff were always respectful, and promoted people's privacy and dignity. People did not have opportunities to contribute to the planning and reviewing of their care plans. The provider had missed opportunities to identify and work with people on their goals and aspirations. People had not been supported enough to achieve their wishes to be more independent. People had limited opportunities to pursue their hobbies and interests. Staff had not created a pleasant atmosphere at mealtimes. We recommended the provider should look at guidance about making meal times a more social experience for people.

The provider had not used their quality monitoring processes to identify and make quick improvements to the quality of the service and people's experiences.

People were protected from harm by staff who were trained to identify and report concerns. People were safe because potential risks to their health and wellbeing had been managed well. There were enough staff to support people safely. People were supported to take their medicines. Lessons were learnt from incidents to prevent recurrence. Staff followed processes to prevent the spread of infections.

Staff had been trained to meet people's needs. They had the information to meet people's assessed needs, but said they needed more training to meet the needs of people with complex mental health needs. People had been supported to have enough to eat and drink. People had access to healthcare services when required, and this helped them to maintain their health and well-being.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. However, further improvements were required in the quality of mental capacity assessments and other care records. People made decisions about their daily care and support. The provider dealt with complaints appropriately, and they considered suggestions made by people.

Rating at last inspection:

This service was registered with us on 19/07/2018 and this is the first inspection.

Why we inspected:

This was a planned inspection based on the registration date. We have found evidence that the provider needs to make improvements. Please see the Responsive and Well-led sections of this full report.

Enforcement:

We have identified breaches in relation to person-centred care at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up:

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Edwardian Care Home

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Edwardian Care Home 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, both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that only the provider is legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager had recently left the service and deregistered with CQC. However, a new manager was already in the process of registering with CQC.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since it was registered with CQC. This included information sent to us by the provider or shared with us by the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six people, three staff, the deputy manager, and two of the provider's representatives (provider). These were a registered manager and a nominated individual for another care home owned by the provider. We observed how staff supported people in communal areas of the service.

We reviewed a range of records. This included care records for three people and multiple medicines records. We looked at three staff files to review the provider's recruitment, training and staff supervision processes. We also looked at a variety of records relating to the management of the service, including policies and procedures, audits and surveys.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further records relating to staff numbers and staff training. We received feedback from a local authority professional who worked closely with the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the service. One person said they knew how to report concerns. They said they would tell staff if they were worried about anything. Another person said they felt safe because "staff look after everyone nicely".
- Staff knew how to keep people safe. They said they would report concerns to the manager and if required, to the local authority and CQC. They said they had never witnessed abuse, and people were safe at the service.
- Information from the local authority showed that the previous manager had not reported a potential safeguarding incident to them. However, they had reported this to CQC and had taken appropriate action to safeguard the person. The provider told us they had learnt from this omission.

Assessing risk, safety monitoring and management

- People had risk assessments that guided staff on how to manage risks. These identified the support people needed to mitigate risks including in relation to moving, eating and drinking, and medicines. These were reviewed to ensure information was up to date.
- Staff told us they needed more support to manage risks associated with people showing behaviours that may challenge. They had recently completed training to learn how to deal with this, but they felt they needed more mental health awareness training. The provider told us they were still exploring other suitable training for staff.
- Staff completed regular health and safety checks to identify and minimise hazards that could put people at risk of harm. There had been fire drills to test staff knowledge on how to support people safely in the event of a fire. Staff were confident in carrying this out safely.

Staffing and recruitment

- There were enough staff to support people safely, and there was a system to calculate how many staff were needed. People told us there was enough staff to meet their needs. One person said there was sometimes too many agency staff. However, rotas showed the service had regular staff, with agency staff sometimes needed to cover for staff sickness and leave. This was confirmed by staff we spoke with.
- Staff said there were enough staff to support people with their care, but they were sometimes busy. They said one more staff on the morning shift would allow them to spend more time with people. The provider said they would look into this.
- The provider completed staff recruitment checks to ensure staff were suitable to work at the service. Records showed the range of checks the provider carried out before staff started working at the service.

Using medicines safely

- Medicines were received, stored, administered and disposed of safely. Staff involved in handling medicines had been trained, and their competence was regularly checked.
- People told us staff supported them well to take their medicines. One person said, "Staff give me my medicines on time, four times a day."
- One staff member explained to us how they managed medicines, and we observed them doing this on two occasions. The staff member said this had become more efficient since they started using an electronic recording system. They said the risk of errors had been greatly reduced.

Preventing and controlling infection

- We observed that the service was clean, and people confirmed this. Effective cleaning schedules were in place. One person said, "They (staff) keep the home clean and they change your bedding too."
- Staff told us they were provided with enough personal protective equipment (PPE), such as disposable gloves and aprons. They used these when supporting people to prevent the spread of infections.

Learning lessons when things go wrong

- There were systems to record and learn from incidents or accidents that occurred at the service. Records showed the manager reviewed incidents and they put measures to reduce the risk of recurrence.
- Staff told us they reported any incidents quickly so that the manager would deal with these in a timely way. Learning from incidents was shared with staff through team meetings and individual staff supervision.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law;

- People's care was planned and managed in line with good practice guidance. Care plans detailed what support people needed and staff followed these.
- People told us they were happy with how staff supported them with their care needs. One person said, "The staff are excellent, particularly my keyworker. She supports everyone really well."
- Staff reviewed care plans monthly to ensure they reflected people's current needs. Care plans were updated when changes were needed.

Staff support: induction, training, skills and experience

- People said staff had the right skills to support them effectively. One person said, "I get good care. The staff here are very good."
- Staff were happy with the quality of their training. Appropriate induction was also provided to new staff. One staff member said, "Mandatory training is good. We do face to face and online training too." Staff said ongoing training helped them to provide safe and effective care to people.
- Staff told us, and records showed they received regular supervision. Staff said the new manager was very supportive and they felt supported in their work. One staff member said, "I believe the new manager and deputy manager will make it a more positive environment for staff."

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they had enough to eat and drink. However, some said the choice and variety of food was not always very good. One person said, "They can do with a better menu here, we don't eat enough fresh vegetables and fruits." We saw the provider had already asked people for their food preferences and they had started using this information to develop new menus. This included providing more culturally appropriate food for people who wanted this.
- Staff were clear about their roles in supporting people to eat well. Some people needed support to eat and staff helped them with this.
- The manager took appropriate action to get support for a person who was no longer eating well. The person was admitted to hospital after being seen by their GP.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People said staff supported them to access health services such as GPs, community nurses and hospital appointments. One person told us they mostly arranged their GP appointments and attended these on their own. They said staff supported them if they needed this.

- Records showed people had received care and treatment from various professionals when required.
- Staff told us they worked with other agencies to provide care to people. We saw records of contact with health professionals for advice about people's changing needs. They also followed guidance provided by health professionals so that people received effective care and treatment.

Ensuring consent to care and treatment in line with law and guidance

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 when this is in their best interests and legally authorised under the MCA. 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. We found these were met.

- Where required, DoLS applications had been made to the relevant local authorities. Some people had authorisations, while the process was still ongoing for others.
- Mental capacity assessments showed that some people had variable mental capacity. This meant they were not always able to make decisions about all aspects of their care and support. Where this was the case, people's relatives or professionals had been consulted to decide how to best support the person. This ensured the care and support provided by staff was in people's best interest. The quality of mental capacity assessments records varied, and the provider was reviewing these following a recommendation by the local authority quality assessor.
- Staff told us they always asked people for their consent before they provided care and support. They did this to promote people's rights to accept or refuse support.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring. One person said, "Staff are nice. So are the new manager and deputy manager."
- People told us staff were friendly and would chat with people when they were not busy. They said they were able to speak with the manager too when they were available. When asked if they spoke with the manager regularly, one person said, "Yes, when [manager] has time she listens."
- We observed that some people got on well, with two people holding hands while sitting next to each other and chatting. There were minor arguments between some people, which staff dealt with well. One person said they had developed friendships with some of the people they lived with, but they hardly spoke with others. They said, "I like to sit and chat. Some people talk to you, but others don't. We have some funny people too."

Supporting people to express their views and be involved in making decisions about their care

- People told us they made decisions and choices about their care. One person told us they went out whenever they wanted because they did not need staff support. Another person liked to visit the former registered manager who now worked in a nearby care service also owned by the provider.
- Staff said they gave a limited number of options to people who found it difficult to make choices. This made it easier for people to make choices in areas such as choosing what to wear or what activity to take part in.
- Where required, relatives or professionals helped people to make decisions about their care. This was mostly so for people who did not always have the mental capacity to understand what support they needed. This ensured they always received the care and support they required.

Respecting and promoting people's privacy, dignity and independence

- People told us staff were always respectful in the way they supported them. Staff said they promoted people's privacy and dignity by providing personal care in private.
- Some people could wash and dress themselves without support and staff supported this independence. One person said, "I like to do things for myself and I can do most things. I like to keep my bedroom clean."
- Staff helped other people with activities of daily living. For example, with washing and dressing, preparing meals, and taking their medicines. Staff told us they promoted people's independence by encouraging them to do as much as they could for themselves.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they received good care to meet their needs. People said they were normally supported quickly, but at times they had to wait when staff were busy. Two people said staff sometimes shouted when they told people to wait for support. Staff said they always spoke with people calmly and we did not hear staff shouting at people during the inspection.
- One person said the service was not always good at supporting them to maintain their independent living skills. They were hoping to move on to an independent living setting, but they said they had been deskilled by being at the service. They said, "I am not allowed to do my own laundry, I can't make my own cup of tea or coffee, and I am not allowed to have a mop and bucket to clean my own bedroom floor. I am embarrassed that I can't do these things for myself." They said they were told that 'health and safety' precautions were the reason they could not do these things. The provider had not explored how they could better help the person to achieve their wishes to be more independent.
- Everyone we spoke with did not know they had care plans and they had not seen them. Some people said they would like to see their care plans so that they could contribute to their development. People confirmed they had keyworkers who they met with regularly. They said they discussed some aspects of their care during these meetings, but they never spoke about care plans. This meant the provider did not encourage people to have greater control of their care and support planning. The provider had also missed opportunities to identify and work with people on their goals and aspirations.

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

- People told us there were not enough enjoyable activities for them to take part in within the service. One person said, "Nothing really happens, I sit around and watch TV. Sometimes, staff take people out for walks or shopping." Staff confirmed this, and they said more resources were needed to support people to take part in appropriate activities. They said the provider needed to buy more board games that people wanted to play and book more external entertainers to visit the service.
- Staff said some people did not want to take part in activities, and it was normally the same people who went out regularly. One person said they had not been out in a long time. They said weekends were not good because they did not do much. They also said, "I would like to go out more as I'm sick of being stuck inside. I have had bother with some of the other residents here shouting all the time."
- The activities coordinator had been away for more than two weeks, and people said they used to do more when they were there. Staff said they did not always have time to provide activities because they were busy. They said the additional staff they were asking for would help them do this
- We observed some staff did not always engage with people while sitting in the ground floor lounge. This

was a missed opportunity to talk to people about subjects they might be interested in. One person said, "They (staff) sometimes don't answer when you speak to them. They need to talk to the [people] more. People sit around without staff talking to them."

People's care was not always managed in a person-centred way to improve their experiences and wellbeing. This was a breach of regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were photographs of people taking part in seasonal activities, such as when people visited a Christmas fair last December. One person also told us about a holiday they were going to soon with three other people. They said they enjoyed these.

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.

- Most people using the service could communicate verbally and understood information given to them.
- Staff spoke slowly and gave fewer options to people who found decision making difficult. This helped people to understand and communicate with staff.

Improving care quality in response to complaints or concerns

- There was a system to manage people's concerns and complaints. Records showed that complaints received by the service had been dealt with appropriately.
- People told us they would speak with the manager if they had concerns. One person said they had complained when they first came to the service because it was 'all new to them'. They also said, "I used to get cross, but I don't now."
- The manager discussed issues raised by people with staff during team meetings. This helped them to improve their practice.

End of life care and support

- The service supported people at the end of their lives when this support was required.
- People's care plans detailed their wishes about how they wanted to be supported at the end of their lives. The details in these varied depending on how much people or their relatives were happy to talk about. One person's care plan said their relative had been involved in completing a document which contained more details about their wishes.
- The provider said care plans would be updated if specific care and treatment plans were advised by health professionals so that people received effective support. For example, if specific pain relief was required.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had not used their quality monitoring processes to check the quality of the experience of people using the service. They did not always promote a person-centred culture, that allowed people to be fully involved in discussions about their care. People had not been given opportunities to look at their care plans or be involved in planning and reviewing these. The level of activity provision was not enough to support people to pursue their varied hobbies and interests.
- Staff did not always use respectful language when talking about people's needs. For example, one staff member referred to people needing support to eat as 'feeders'.
- Staff said they did not feel appropriately skilled to meet the needs of people with complex mental health needs. They said they needed mental health training. This did not support good care outcomes for people.
- Some people found the environment unsettling because of others who shouted a lot. The suitability of some of the people moving into the service had not been robustly considered. We observed one person was upset because they did not want to be there. The provider told us this person was waiting to move to another service.
- Staff did not promote social meal times. Only one person sat at the dining table during lunch. Everyone else ate their lunch while sitting on armchairs or in their bedrooms. Staff said most people did not want to sit with others for meals. However, there was no evidence they had made an effort to create an environment that would encourage people to sit together at mealtimes.

We recommend the provider look at guidance about creating social meal times in care homes.

There was lack of robust processes to assess, monitor and improve the quality of people's experiences. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager was new to the role, but they had worked as the deputy manager for many years. People and staff told us the manager was good and keen to ensure staff provided good care to everyone. Staff said they had seen improvements in the short time the manager had been in the role. One staff member said, "[Manager] is very supportive to staff and listens to suggestions about things that need changing."
- Staff said the service was good and they did their best to provide good quality care to people. However,

staff said more needed to be done to support staff to meet the needs of people living with mental needs. One staff member said, "We have much more people with mental health needs, but resources have not been improved."

- Staff said their morale was low. One member of staff suggested that the provider should look at ways of boosting this.
- The provider had a system to assess and monitor all aspects of the service. The manager carried out various audits to ensure risks to people's health, safety and wellbeing were effectively managed and that they provided good care. They had already identified that the quality of food and activities needed improving, but they had not acted quickly to make changes. This meant people had not always received the best care and support to meet their needs.
- We showed the deputy manager areas where the floor was broken and could be a trip hazard. They told us they already knew about these and would be getting them repaired soon.

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; Continuous learning and improving care

- The provider worked closely with the commissioning local authority to ensure they met the required standards. We saw they had made significant improvements detailed in an action plan they developed with the local authority.
- However, the recent report from the local authority showed the provider needed to further improve the quality of mental capacity assessments; further work with staff was necessary to ensure they treated everyone with respect, and always promoted their privacy and dignity; improve the quality of daily records. The provider told us they were making good progress with these areas.
- The provider knew about their responsibility to be open and honest when things went wrong. We saw evidence that they reported relevant issues to CQC and the local authority.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There were meetings planned for people and relatives to discuss about different aspects of the service. Some people attended these meetings and they mainly contributed to discussions about food and activities provided by the service.
- People also told us they could speak with the manager when they needed to. There was also a suggestion box where people could post any suggestions they had about improving the service. One person told us they had used this before and their views had been considered.
- Surveys were also sent to people, but none had been done yet this year.
- Staff told us they had regular team meetings where they discussed various subjects relevant to their roles. They found these supported good information sharing and learning.

Working in partnership with others

- The service worked well with health and social care professionals who were involved in people's care.
- The local authority that commissioned the service also checked regularly that the service was providing good care. This ensured people consistently received the support they required and expected.

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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>People's care was not always managed in a person-centred way to improve their experiences and wellbeing. People had not always been supported to pursue their hobbies and interests.</p> <p>Regulation 9(1)(2)(3)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not used their quality monitoring processes to identify and make quick improvements to the quality of the service and people's experiences.</p> <p>Regulation 17(1)(2)(a)(c)(d)</p>