Edge View Homes Limited

Edgeview Nursing Home

Inspection report

Comber Road
Kinver
Staffordshire
DY7 6HT
Tel: 01384 872804

Date of inspection visit: 28 July 2014
Date of publication: 28/11/2014

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

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, and to pilot a new inspection process being introduced by the CQC which looks at the overall quality of the service.

This was an unannounced inspection. This meant that the providers, managers and staff did not know we were visiting. At the last inspection in September 2013 the provider met all the regulations we looked at.

Edgeview Nursing Home provides accommodation and nursing care to 24 people with mental health and learning disability needs. Some people also have needs due to a physical disability.

There was registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider.

Summary of findings

People were happy living at Edgeview Nursing Home. They told us that they had good relationships with the staff and that they treated them well. We saw that staff were caring and spoke with people in a compassionate and respectful way.

People received person centred care that took account of their individual needs, preferences and hopes for the future. People were supported to be as independent as possible making choices about their daily lives.

People had the chance to take part in lots of activities both in and out of the home. These were based around each person's choices.

Plans of care were in place that gave good detail about the care each person needed. People were involved in planning their care. Care reviews were held and records were kept up to date. Records and discussions with people and health professionals confirmed that people were supported to have their health care needs addressed.

The legal requirements of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) were being followed. The staff took action to support people to make decisions. Where people did not have the ability to make decisions these were made in their best interest by people who knew them. Where people were being restricted, the home had made the referrals and DoLS authorisations were in place.

Staff were subject to a robust recruitment process that made sure all the necessary pre-employment checks were completed. This ensured that appropriate staff were recruited to work with people. Staff were trained and supported to provide people with care that met their needs.

People that lived at the home, relatives and staff spoke well of the management of the home. They told us that senior staff were available to talk with them about care issues or any worries. They were confident that action would be taken if they raised issues of concern.

Systems were in place to review and check the quality of care and to make sure that people were kept safe. Staff were trained in safeguarding adults and knew how to respond if people were at risk of harm.

Summary of findings

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

This service was safe.

People told us they felt safe and were happy living at Edgeview Nursing Home. Staff were knowledgeable about how to keep people safe and the actions to take if someone was at risk of abuse.

The service checked that staff were suitable to work with vulnerable people. There had been some shortfalls in the number of staff but people were not put at risk. The provider had taken action to address this.

The service acted in accordance with the requirements of the Mental Capacity Act 2005. The service was following the Deprivation of Liberty Safeguards. This ensured that people's rights were upheld.

Is the service effective?

Good

The service was effective.

People were supported and encouraged to have their health care needs met. They attended the GP, dentist and optician for check-ups as well as receiving specialist health care support.

People were happy with the meals. They told us and we observed that there was plenty of variety and choice available. Where people needed support to have sufficient to eat and drink this was provided. When there were concerns the service referred people for specialist advice.

Care staff were trained and supported to provide appropriate care to people that lived at Edgeview Nursing Home. They had regular opportunities to discuss their training needs and aspects of their role.

Is the service caring?

Good

The service was caring.

People told us they were happy and liked the staff. Relatives and professionals also told us they felt the staff were caring and provided good care.

We saw that staff treated people with respect and valued each person's individuality. We saw people were encouraged to be as independent as possible.

Relatives told us they felt welcome to visit at any time. Where people could not visit their family, they were supported to have regular telephone contact.

Is the service responsive?

Good

The service was responsive.

Care was person centred taking account of each person's individual needs. Plans of care identified people's needs, likes, dislikes and wishes for the future. Reviews of care were held and information was up to date.

People were supported to make decisions and choices about their lifestyle. Where people could not make decisions these were made by people that knew them in their best interest.

Summary of findings

People took part in a wide range of activities both in and out of the home. These were based on each person's wishes.

Is the service well-led?

Good

The service was well led.

The provider sought the views of people that lived at the service, their relatives and professionals to gain their feedback about the quality of the service. This information was used to improve the quality of the service.

Audits and checks were in place to monitor the standard of care provided. Action plans were in place to make sure that any shortfalls were acted upon.

People and relatives we spoke with were complimentary about the management of the home. They felt they got on well with the managers and felt they were available to them to talk with and to raise any issues of concern.

Edgeview Nursing Home

Detailed findings

Background to this inspection

The visit was carried out by an inspector and an expert by experience An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience had experience of services for people with a learning disability.

As part of this inspection we asked the provider to complete a Provider Information Return (PIR). This is a form completed by the provider to give us information about the service, what the service does well and imprvoements they plan to make. Due to administrative issues this was not received until after our inspection. We checked the information we hold about the service. We looked at the previous inspection report and the notifications we had received about the service.

We spent time observing staff supporting people including over lunchtime. We also 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 spoke with 11 people, five relatives and visitors and three health and social care professionals. We spoke with the operational manager, the registered manager and three staff members.

We pathway tracked two people. This meant we looked at two care plans in detail, talked with people about their care and spoke with staff about how they provided support. Pathway tracking helps us to understand the outcomes and experiences of people and the information we gather helps us to make a judgement about their care. We also looked at three staff files and other records relating to the management of the service.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, the inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved for the key question 'Is the service safe?' to 'Is the service effective'.

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Good

Is the service safe?

Our findings

People we spoke with told us they were settled and happy living at Edgeview Nursing Home. They told us they felt safe and confident that staff would act if they were at risk of harm. This was confirmed by relatives we spoke with. We saw evidence to show that safeguarding issues were discussed with the people that lived at Edgeview at their individual monthly review. This was confirmed by two people we spoke with. One person told us they would immediately speak with the manager if they had any concerns.

Care staff told us, and records confirmed, that they were trained in safeguarding adults. Care staff were aware of the different types of abuse and signs that may indicate someone was at risk of or had experienced abuse. They also showed a good understanding of the actions they should take if abuse was suspected. This included reporting their concerns to the senior staff on duty and completing good records. This meant that care staff had the knowledge to respond appropriately when abuse was suspected.

Information we held, including notifications we received, confirmed that the provider responded appropriately to any allegation of abuse. We saw that the provider acted upon concerns and completed investigations into incidents. Learning from incidents took place and where required changes were implemented. We also saw that the provider had a copy of the inter agency safeguarding procedures which sets out the measures in place to protect people and respond to allegations of abuse.

Some people needed support due to behaviour that challenged. We saw that plans were in place that outlined the triggers for behaviour and gave clear guidance of how staff should respond. Actions were based around distraction and de-escalation techniques that took into account the things people liked to do or talk about. Physical restraint was considered the last resort. Care staff we spoke with were aware of people's individual plans. Records confirmed that there had been a very small number of incidents when physical restraint had been used. We saw that following each incident a full record was kept and discussion took place as to whether the incident could have been dealt with differently.

Records and discussions with staff confirmed that the provider followed the principles of the Mental Capacity Act (2005). All people were assumed to have capacity to make decisions and where people did not have capacity a mental capacity assessment was completed. We saw evidence that best interest meetings were held where complex decisions were needed. These included people who were involved in the person's health and social care and people significant to the person such as family members. The manager told us that two people had a Deprivation of Liberty Safeguard (DoLS) restriction placed upon them. We saw that full DoLS assessments had taken place. This meant that a rigorous assessment has taken place prior to a person's liberty being restricted ensuring that person's rights were upheld.

Plans of care demonstrated that the provider was identifying and assessing risks to people. We saw that plans were discussed and agreed with people at their monthly review meeting. This was confirmed by one person we spoke with who told us they discussed their care and safety every month. We saw that the provider was taking action to make sure people were kept safe. For example, a bathroom radiator was identified as a risk to one person and the provider arranged to have it removed. This meant that the risks to this person had been reduced and they were able to access the bathroom more safely. Some people smoked and a planned programme for smoking had been introduced for one person. This identified having a cigarette at certain times during the day. Staff told us and we saw records that confirmed they had agreed to this programme.

Our records confirmed that we had received a number of notifications from the provider relating to unforeseen events that affected the running of the home. We saw that some of these potentially affected the safety of people living there. One related to a nest of bees in a bedroom. The person whose room it was told us that the staff had arranged for them to move rooms whilst it was dealt with. We saw records to confirm that in all instances the provider had put in place contingency plans to make sure that people were kept safe.

During our visit we saw that staff were available to provide people with support. We saw staff chatting with people and also supporting them in a range of activities including going into the community. One person told us that there was always a staff member available to take them shopping. Staff rosters showed, and some staff told us, that

Good

Is the service safe?

there had been some short term staffing shortages. This was due to staff sickness and insufficient staff willing available to provide cover at short notice. The provider told us that additional staff were always sought to cover gaps on the roster. This was confirmed on the rosters we checked. Staff told us that this had not affected the safety of people but had led at times to a reduction in the activities people undertook. The provider confirmed, and we saw evidence that this was being addressed. This meant that the provider had taken appropriate action to respond to the short term staffing shortfalls.

The provider had a safe recruitment and selection process. We saw evidence of completed application forms and formal interviews. There was evidence of pre-employment checks being completed including references from previous employers and disclosure and barring (DBS) checks. The DBS check includes a criminal records check as well as a check on the register of people unsuitable to work with vulnerable people. This meant that the provider was making appropriate checks before staff started work.

Good

Is the service effective?

Our findings

People we spoke with told us that staff supported them well. One person said, "When I am ill staff respond quickly." Another person said, "We have a doctor's surgery in the village. I go there when I am ill." Relatives we spoke with told us they were pleased with the care their family member received. One relative told us, "[Relative's name] is very reluctant to see the doctor but the staff continue to encourage [relative's name] to attend."

Staff received the training needed to undertake their role. We saw records, and staff told us they completed induction training when they started work. They told us that they spent time shadowing experienced staff to gain an understanding of people's care needs and of their caring role.

Staff told us, and records confirmed, that they received a range of ongoing training that was relevant to their role. This covered such areas as moving and handling, health and safety, fire and food safety, safeguarding adults from the risk of abuse as well as more specialist training. For example some staff had completed training in nutrition, epilepsy and bereavement. This showed that staff were trained to provide care to meet people's needs.

Staff were supported in their role. They received individual supervision which provided them with the opportunity to talk with a senior staff member about their role and about people they provided care for. They also told us that the nursing staff and the manager were always available to raise issues with. This meant that care staff had the support that needed to undertake their role effectively.

We specifically looked at two people's plans of care. We saw that people had a health action plan that gave comprehensive information about all aspects of their health care. This covered both people's physical and mental health needs and was provided in an easily accessable format. We saw evidence that people received regular primary health check-ups including an annual health check. We also saw people were supported to receive specialist health care support. This included psychiatric support and support from occupational and physiotherapists.

We saw one plan for someone with mental health difficulties. This fully identified the person's needs including a good description of indicators that their mental health was deteriorating. When we spoke with one staff member they were able to describe fully this person's needs and the actions to take when their health deteriorated. A mental health specialist we spoke with told us that the staff provided a good service and said they were good at supporting people with complex needs. They said, "I would not refer people to Edgeview if the care was not good."

One person whose care plan we checked had a specific health condition. We saw that they were supported to have regular health checks and that staff were monitoring their condition. A comprehensive plan was in place telling staff the action to take if the person had a seizure and for the use of recovery medication. Staff knew the care this person required. This meant that the person was receiving the support they needed.

We saw that people were provided with a choice of meals. This was confirmed by one person we spoke with who said, "There's a choice of food and there's lots of it." We observed there was a relaxed atmosphere during lunch. Staff were supporting people and were sitting and chatting together. We also saw that people were encouraged to drink lots of fluids during the day. Some people were supported to make some of their own meals and drinks. One person said, "I get my own drinks when I want."

People's nutritional needs were assessed and where required a plan was in place to support them to have adequate to eat and drink. People were weighed regularly and their weight monitored. If a significant change in weight was identified the staff involved the GP with the person's agreement. One person whose care plan we viewed needed extra support to ensure they received sufficient nutrition. We saw evidence of the involvement of the GP and a speech and language therapist. Records we saw confirmed that the care staff had acted upon the recommendations made. This included monitoring their food and fluid intake and when needed, providing food supplements. This meant that people were being appropriately supported to have their nutritional needs met.

Good

Is the service caring?

Our findings

Everyone we spoke with told us that the staff were caring. People who lived at Edgeview told us they liked the staff. One person said, "I have been here four years and I love it here." We spoke with four relatives and one visitor who were all complimentary about the staff. One said, "I cannot fault them. They are absolutely fantastic. My [relative] is the happiest they have ever been." They went on to say, "The staff are very caring." A health care professional said, "People are happy. They are safe and the staff are caring."

We saw that people were fully involved in decisions and plans about their care. Information was provided in an easy read format to help people to understand information better. We also saw that each person had a comprehensive communication plan outlining how to communicate including the best times to discuss issues with people. Each month the person met with their key worker to discuss their care. A key worker has special responsibility to work with a person to support them and to oversee their care and welfare. This meeting was held to discuss whether they were happy with the care, wanted anything changed and whether they had any worries or concerns. One record signed by one person stated, "I'm happy with [my] care". This ensured that the person was at the centre of planning and agreeing their care. This meant that staff were listening to people and ensured that people's views were taken into account.

We observed that people made choices about their daily care including the food they wanted to eat and the activities they wanted to take part in. We saw that some people chose to spend time in the activity room whilst others spent time in one of the lounges. Another person we spoke with said they preferred to spend time in their bedroom watching the television. Other people told us they were supported to go into the community.

Staff took account of people's wishes, preferences and interests. For example one person loved to go shopping and they told us they went out every week either to the village or to a large shopping centre. Another person enjoyed going out for meals and they did this every week. The staff also took into account people's preferences and interests when identifying key workers and staff to support them on a daily basis. This meant that staff cared about people and that their individuality was valued and promoted.

People privacy, dignity and independence was promoted. One person we spoke with said, "Staff knock on my door before entering. They also check on me when I am having a shower just to see if everything is ok with me." We also observed staff talking in a respectful way with people and saw they were given plenty of time to understand and act on information. Staff we spoke with were clear about their role in promoting people's rights. One staff member said, "Residents are free to express how they want to be cared for and can choose whether to bath or shower." Another staff member described how they encouraged people to do as much as possible for themselves when completing personal care so that the person's independence was not taken away from them. Our observations also confirmed that staff knocked on people's bedroom doors and waited for a response before entering. We saw where people were receiving one to one support this was done as discreetly as possible.

Good

Is the service responsive?

Our findings

Records confirmed that people's needs were fully assessed and comprehensive plans of care were in place. These plans gave staff full information about people's care needs, their preferences and future hopes and wishes. Plans were kept under review with monthly evaluations with the person concerned and at least annual reviews that included both the person and other people of importance to them. Relatives we spoke with confirmed that they were always invited to reviews and their views were listened to. This meant that information was always kept up to date.

Everyone had an assessment of the support they needed to make decisions. This identified any specialist support required including the times of day when the person's ability to make decisions may be more effective. We also saw evidence of symbols and easy read information to help people to make decisions and choices. Some people were not able make complex decisions. Records and discussions with the manager confirmed that in these instances the views of significant people were taken into account to make sure that decisions were made in people's best interest. For example we saw a best interest meeting was held to decide if one person should receive some medical treatment. This meant that the service was taking account of each person's individual needs to make sure their rights were upheld.

Care staff we spoke with were aware of people's needs. They were able to give us comprehensive information about people's care needs including about people's life history and the things they enjoyed to do. A health care professional told us, "They [the staff] know people well." We saw positive examples when the service had acted to improve people's lifestyle. For example the provider was altering two bathrooms to ensure they were suitable to meet people's changed needs.

People told us, and we observed that people had lots of activities they could choose to take part in. Activities took place both in and out of the home and took account of people's interests. Within the home there were activities provided every weekday from 9am to 5pm. These included arts and crafts, baking, bingo, gardening, computer skills, films and board games. People could also take part in supported work where they could earn money. Some people also told us about being supported to cook a meal and we were provided with cakes made by one person. Everyone had the opportunity to access the community on a regular basis. People told us they could choose where they wanted to go. Trips included regular visits to the local village, to shopping centres, meals out, trips to the pub and lots of day trips to attractions. This meant that people were protected from the risks of social isolation and were supported both to develop their skills and to have hobbies and interests.

People told us that they were supported to maintain relationships with their family members. This depended on each person's individual wishes and circumstances. Two people said their relative visited them and they went to meet them. Other people had regular phone contact. Relatives we spoke with said there were good relationships between themselves and the staff. They told us that they were kept up to date and they were invited to attend meetings to discuss their family member's welfare.

The provider had a complaints procedure. This was displayed in the hallway and was provided in a pictorial format. Information about how to make a complaint was also discussed with each person at their monthly review meeting. This meant that the provider made sure that the procedure was made fully available to people. The provider maintained a record of complaints received. None that related to people's care had been received since our last inspection. One person we spoke with said they would talk to the manager if they felt the need to complain. We observed that the manager had an open door policy and people regularly went to see them to talk with them. Relatives we spoke with told us they would have no hesitation in reporting any concerns. One said, "I would go to the manager if I had any concerns. I am confident they would sort it out."

Good

Is the service well-led?

Our findings

Staff were positive about the management and leadership of the home. Staff told us that the manager was supportive and encouraged them to develop their knowledge and skills. They told us that the registered manager and the nursing staff were readily available to talk with. They said that if they had any concerns about care practices they were confident to report them through the provider's whistle blowing procedures. This was confirmed in records we saw that showed that when one person's dignity may have been compromised, this was addressed promptly.

We observed that people felt at ease with the manager and saw that throughout the day people went in and out of their office. We also observed them chatting with people around the care home. Relatives also told us that they had a good relationship with the manager of the service. One of the surveys completed by a health care professional said, "The managers are hands on. They know the people well."

Our discussions with the registered manager confirmed they were keen to develop and improve the service. They told us their aim was to, "Strive to do the best for the people that lived there." They went on to tell us that they kept up to date with practice through distance learning, use of websites and through attending local learning events. They said, "Learning is important for the organisation."

The home analysed incidents, accidents and safeguarding events in order to look at any action that could be taken to reduce the likelihood of such events reoccurring. We saw action had been taken to make an area of the home safer following a fall. This meant that the provider ensured that lessons were learned from incidents and used to improve the service.

People that lived at Edgeview, their relatives and professionals who supported people at the service had the opportunity to express their views about the care and service provided. We saw records to confirm that people could attend monthly residents meetings as well as individual meetings to discuss their care. One person confirmed they attended the monthly meeting and had the opportunity to express their views about how the home was run. We also saw that satisfaction surveys were completed. Samples we checked were complimentary about the service. This meant that the provider was seeking people's views to check the standard of the service and to identify any shortfalls in people's care.

We saw that there were systems in place to monitor and check the quality of service provided. Internal checks were completed that included medication, health and safety, the environment and plans of care. Records confirmed that external managers including the Director of Operations visited the home every month unannounced to undertake an external audit of care. We saw that this covered such areas as staffing, checks on documentation, health and safety, the environment, complaints and safeguarding issues. An action plan was provided following these visits and checked on subsequent visits. This meant that any shortfalls in care were identified and acted upon.