Nellben Limited

The Eadmund

Inspection report

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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

Our inspection took place on 19 and 20 May 2015 and was unannounced.

The Eadmund is a residential care service that provides housing and personal support for up to 15 adults who have a range of needs including learning disabilities and offers a short break service. At the time of our inspection 12 people were using the service. At our last inspection in January 2014 the service was meeting the regulations inspected.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service knew how to keep people safe. Staff helped make sure people were safe at The Eadmund and in the community by looking at the risks they may face and by taking steps to reduce those risks.

People were cared for by staff who received appropriate training and support to do their job well. Staff felt supported by managers. There were enough qualified and skilled staff at the service. Staffing was managed

Summary of findings

flexibly to suit people's needs so that people received their care and support when they needed it. Staff had access to the information, support and training they needed to do their jobs well.

We observed staff had a good understanding of people's needs and were able to use various forms of interaction to communicate with them. Care records focused on people as individuals and gave clear information for people and staff using a variety of photographs, easy to read and pictorial information. Staff supported people in a way which was kind, caring, and respectful.

Staff helped to keep people healthy and well, they supported people to attend appointments with GP's and other healthcare professionals when they needed to. Medicines were stored safely, and people received their medicines as prescribed. People were supported to have a balanced diet and were able to make food and drink choices. Meals were prepared taking account of people's health, cultural and religious needs.

A number of audits and quality assurance systems helped the manager and provider to understand the quality of the care and support people received. Accidents and incidents were reported and examined and the manager and staff used this information to improve the service.

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

The service was safe. There were arrangements in place to protect people from the risk of abuse and harm. People and their relatives told us they felt safe and staff knew about their responsibility to protect people.

Staff knew people's needs and were aware of any risks and what they needed to do to make sure people were safe. Medicines were managed and administered safely.

The provider had effective staff recruitment and selection processes in place and there were enough staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective. People received care from staff who were trained to meet their individual needs. Staff felt supported and received ongoing training and regular management supervision.

People received the support they needed to maintain good health and wellbeing. Staff worked well with health and social care professionals to identify and meet people's needs.

People were protected from the risks of poor nutrition and dehydration. People had a balanced diet and the provider supported people to eat healthily. Where nutritional risks were identified, people received the necessary support.

The provider acted in accordance with the Mental Capacity Act (2005) Code of Practice to help protect people's rights.

Is the service caring?

Good

The service was caring. People and their relatives were involved in making decisions about their care, treatment and support. The care records we viewed contained information about what was important to people and how they wanted to be supported.

Staff had a good knowledge of the people they were supporting and they respected people's privacy and dignity.

Is the service responsive?

Good

The service was responsive. People had person centred care records, which were current and outlined their agreed care and support arrangements.

People could choose to participate in a wide range of social activities, both inside and outside the service.

Relatives told us they were confident in expressing their views, discussing their relatives' care and raising any concerns.

Is the service well-led?

Good

The service was well-led. People and their relatives spoke positively about the care and attitude of staff and the manager. Staff told us that the manager was approachable, supportive and listened to them.

Summary of findings

Regular staff and managers meetings helped share learning and best practice so staff understood what was expected of them at all levels.

Systems were in place to regularly monitor the safety and quality of the service people received and results were used to improve the service.

The Eadmund

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.

Before the inspection we reviewed the information we held about the service. This included notifications, safeguarding alerts and their outcomes and information from the local authority

One inspector undertook the inspection which took place on 19 and 20 May 2015 and was unannounced.

We spoke with one person and two relatives of people using the service, a healthcare professional, two volunteers, seven members of staff, the manager and the provider. We conducted observations throughout the inspection as most people were unable to speak with us. We looked at three people's care records, four staff records and other documents which related to the management of the service, such as training records and policies and procedures.

After the inspection we spoke with two relatives of people who used the service.

Good

Is the service safe?

Our findings

People we spoke with and their relatives told us they felt their family members were safe living at the service. They told us, "[My relative] feels safe here…no problem…no bullying", "[My relative] is definitely safe, if I had any doubt I would have removed [them] straight away" and "[My relative] seems very happy and I know he is well cared for when I leave."

Staff knew what to do if safeguarding concerns were raised. It was clear from discussions we had with care staff that they understood what abuse was, and what they needed to do if they suspected abuse had taken place. This included reporting their concerns to managers, the local authority's safeguarding team and the Care Quality Commission. Managers and staff knew about the provider's whistle-blowing procedures and they had access to contact details for the local authority's safeguarding adults' team. Records confirmed staff and managers had received safeguarding training. People's finances were protected and there were procedures in place to reconcile and audit people's money.

The service had systems to manage and report whistleblowing, safeguarding, accidents and incidents. Staff told us they knew how to whistle blow if they needed to and we noted this had been discussed during the April staff meeting. This allowed staff to report their concerns anonymously if they were uncomfortable speaking with their manager. Details of incidents were recorded together with action taken at the time, notes of who was notified, such as relatives or healthcare professionals and what action had been taken to avoid any future incidents.

Staff followed effective risk management strategies to keep people safe. People's care records contained a set of risk assessments, which were up to date and detailed. These assessments identified the hazards that people may face and the support they needed to receive from staff to prevent or appropriately manage these risks. We saw risk assessments related to people's day to day lives such as eating and drinking, mobility, sleeping and personal hygiene. We saw how plans were put into place to minimise risks. For example, one person had a risk of night seizures due to their epilepsy and sensors had been fitted in their room so staff were able to monitor them regularly at night without disturbing them. One staff member told us about the risk people faced with seizures they said, "Every client is different but we try to avoid the risks they face…we know people, what to look out for."

There were sufficient numbers of staff on duty to meet people's needs. On the day of our inspection there were four staff on duty, the manager, the deputy manager, the cook, the maintenance person and an activities co-ordinator. Nights were covered by two waking staff and one sleeping. Staffing numbers were flexible and there were enough staff to support people when accessing the local community and to accompany people to and from activities throughout the day. Where people stayed at the service, during the day, staff were always visible and on hand to meet their needs and requests. Staff we spoke with told us they felt there was enough staff on duty. One staff member told us it would be nice to have another staff member to help at mealtimes but said, "If we ask the managers will always come and help us." Some shifts were covered by regular bank or agency staff, staff told us it was important to use the same external staff to make sure people experienced consistent care. We looked at staff rotas which confirmed people received appropriate staff support.

The service followed appropriate recruitment practices to keep people safe. Staff files contained a checklist which clearly identified all the pre-employment checks the provider had conducted in respect of these individuals. This included an up to date criminal records check, at least two satisfactory references from their previous employers, photographic proof of their identity, a completed job application form, a health declaration, their full employment history, interview questions and answers, and proof of their eligibility to work in the UK.

People received their prescribed medicines as and when they should. All prescribed medicines handled by staff on behalf of the people who lived at the service were stored appropriately in locked secure cabinets. We found no recording errors on any of the medicine administration record sheets we looked at. Only those staff who had received regular training in medicines management were able to administer people's medicines. In addition staff undertook yearly competency checks to ensure they

Good

Is the service safe?

handled people's medicine safely, we saw confirmation of these checks in staff files. The manager confirmed there was always a trained staff member on every shift to administer people's medicine.

The building and surrounding gardens were adequately maintained to keep people safe. However. when we first arrived we noted the locks on the COSHH (Control of Substances Hazardous to Health) storage areas were not in use and cleaning chemicals were easily accessible to people. We spoke with the manager about our concerns and noted locks were in use later that day.

The water supply and utilities were regularly inspected and tested. The service was fully accessible and of a suitable design and layout to meet the needs of people living there. There were procedures and checks in place which aimed to keep people safe and provide a continuity of care in the event of an unexpected emergency such as a fire. The vehicle used to transport people was regularly inspected and serviced.

Arrangements were in place to test and service essential equipment such as lifts and hoists. Staff had been trained in how to use the equipment people needed. The equipment was clean and well maintained. There was sufficient equipment in the home to assist people.

Good

Is the service effective?

Our findings

People were supported by staff who had the knowledge and skills they needed to carry out their role. One relative told us they were confident that staff were suitably qualified. They said, "Staff are always having training days so I think there is enough." Another said, "Staff seem absolutely skilled enough and they communicate with each other which is very important." Staff told us "I'm always on training and more training is discussed in supervision", "I have enough training but they ask if I need more" and "We have enough training to do the job."

Records were kept of the training undertaken by staff. The manager showed us how they monitored their system to ensure all staff had completed their mandatory training within the specified time scales. This included subjects such as, basic life support, food hygiene, infection control, manual handling, health and safety and safeguarding. Most staff had completed all of their mandatory training and we saw overdue training had been identified and was being addressed. Staff received additional specialist training to meet people's needs such as epilepsy, continence and person centred approaches. Staff confirmed they had received one to one supervision with their manager and that training was a discussion point during these meetings. We saw records of regular staff supervision and appraisals.

The manager and deputy manager had received training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). The manager explained this training was due to be extended to all staff. However, in the meantime all staff had received a fact sheet detailing the principles and processes to follow if they felt a person's freedom and rights were being significantly restricted, we noted this was also a discussion point during staff meetings. Care records contained mental capacity assessments and records of meetings held in a person's best interests. The manager explained applications had been made to the supervisory body for people, this included decisions about lawfully depriving people of their liberty so that they would get the care and treatment that they needed. Most authorisations were in process and had not been returned at the time of our inspection.

People were supported to have a balanced diet and were involved in decisions about their food and drink. The daily menu was displayed in the dining rooms in easy read and pictorial format. People's preferences and special dietary needs were recorded in their care records but also noted in the kitchen for staff to refer to. We saw guidance for staff on what special equipment to use to enable people to be more independent when eating their meals and how people should be positioned so they were safe and comfortable. We spoke to the cook, they explained how they always made available two choices of food including a vegetarian dish and also provided alternatives for people if they wanted a different option. They said, "I often make people a sandwich or soup at lunchtime if [people] don't like the meal or feel a little unwell." During lunchtime we observed one person who was unable to verbally communicate. Staff were assisting the person with their meal, the person turned away from their food and made various gestures to indicate they did not want the option given. Staff offered encouragement and support to the person and offered an alternative which the person then ate and enjoyed.

People were supported to access the healthcare services they required when they needed to. We saw from care records that there were good links with local health services and GP's. There was evidence of regular visits to GPs, consultants and other healthcare professionals such as the dentist, optician and chiropodist. May people using the service were unable to verbally communicate and we saw detailed guidance for staff on how to recognise when that person may be unwell. For example, guidance about physical gestures or facial expressions that could indicate the person was in pain. Records contained hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to show staff how they like to be looked after.

Good

Is the service caring?

Our findings

People and their relatives told us they were happy living at The Eadmund and that staff were caring. One person said, "I'm alright." Relatives commented, "The staff are absolutely lovely…I am glad I made the choice and that [my relative] is here", "The staff are really caring" and "It's an absolutely brilliant service…we are always made to feel welcome…the staff are very nice." We spoke with a healthcare professional who had been visiting the service for some years, they told us, "It's lovely, like a home, very personalised and people are relaxed and comfortable…there is a good standard of staff and from what I have seen they are caring."

We spoke with two volunteers who came to the service regularly to help with teas and coffees at The Eadmund's activity centre. They told us, "It's very welcoming here… I have been coming here for over a year now" and "Everyone is very friendly."

We observed staff when they interacted with people. They treated people with respect and kindness. People were relaxed and comfortable and staff used enabling and positive language when talking with or supporting them. During lunch staff took their time to sit and engage with people in a kind and friendly way. One staff member reassured a person when they didn't want their lunch, "I can see you are not ready for your lunch yet, we can save it for later…would you like something else."

People were involved in making their own decisions and planning their care. We saw people making choices about their day to day life, for example during our inspection, one person decided not to get up until later in the day and another person told us about how they liked to sit at their desk in their room and write letters.

Most people at the service were unable to verbally communicate however staff knew people well and were able to tell us about people's individual needs, preferences and personalities. The manager explained each person had a keyworker and they would review people's needs and make sure people's choice was respected. We saw good examples of this in staff meeting minuets were people's decisions, views and needs were discussed. For example if people needed specialised equipment, new furnishings or had plans for birthdays or activities.

Staff spoke about people in a caring way, they told us, "The best thing is our clients, if I can put a smile on their face by the end of the day… make a difference in their life", "I enjoy working with the service users" and "The clients are my priority…I am happy if I leave here and the clients are happy with a smile."

People's rooms were personalised with their own furniture, photographs and pictures and the manager explained how some people had been involved with choosing the colour and decor of their rooms.

Care records were centred on people as individuals and contained detailed information about people's diverse needs, life stories, strengths, interests, likes and dislikes. Detailed guidance was available to staff on how to support people with their day to day activities and this included details on how that person could communicate with them to show if they are happy, upset or need assistance.

We observed that people's privacy and dignity were respected, for example, staff always knocked on people's doors before entering and called people by their preferred name. One relative told us, "Staff are caring, they are fantastic. I see them with [my relative], the love and respect they show, I haven't seen it elsewhere [other care homes]." Relatives told us they were made to feel welcome and could visit at any time.

Good

Is the service responsive?

Our findings

People's relatives told us they felt involved in the care their family member received. They told us, "They keep me informed the whole time…even if it's a message from [my relatives] college they will let me know" , "Staff keep me informed…I feel involved" and " We hear about changes at yearly reviews…they always tell us what is going on."

Care records gave staff important information about people's care needs. Most people at the service were unable to verbally communicate and we saw some good examples of how staff could support these people. There was clear guidance for staff on how to interpret people's facial expressions and body language with advice for staff on what action they should take in response to each gesture. For example, there was information about one person who made certain eye movements when they liked you, when this happened staff were advised to acknowledge that the person had just paid them a compliment. Staff told us this guidance was really useful for people's day to day care but they also found it helpful to share this information with healthcare professionals when they visited so they could better understand what the person was trying to tell them.

People's records were person centred and identified their choices and preferences. There was information on what was important to people, what they liked to do, the things that may upset them and how staff could best support them. For example, one person liked to listen to music and we observed them enjoying music during our visit.

People were supported to follow their interests and take part in social activities. One person told us how they liked to watch their television in their room and could choose what they wanted to do. A relative told us, "[My relative] goes to collage during the week, they get up and go to bed when they want to…we have just sorted out them going to church on Sundays...the activities are there if [my relative] wants to go." Another relative said, "I think there is enough for [my relative] to do and [the service] take them on holiday each year." The service employed two activities co-ordinators and ran its own activity sessions several mornings a week in the local church hall. This included sports and games, arts and crafts and cooking and music. People from other local services were invited to join in and local volunteers helped with tea and coffee.

Each person had an individual activities planner which included visits to the local shops and the pub, trampolining, aromatherapy and reflexology. We observed people coming and going on various activities during our inspection and also spending time in the sensory room at the service. One person was attending college during our visit. We saw the service had its own vehicle that enabled people to enjoy activities outside of the local area. The manager explained they would try to take most people on a holiday at least once a year and there were photographs around the communal areas of holidays and days out people had enjoyed.

People's relatives told us they knew who to make a complaint to, if they were unhappy. One relative told us, "I speak to the manager if I'm unhappy, she is brilliant. Another told us, "I would complain if I had any concerns but I have never had to." The manager took concerns and complaints about the service seriously with any issues recorded and acted upon. Information on how to make a complaint was available for people in the reception area. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. All complaints were logged and were regularly monitored.

Good

Is the service well-led?

Our findings

Relatives we spoke with knew who the senior management team were and spoke positively about how the service was run. Relatives told us, "The manager is excellent" and "I know all the senior staff and [the provider] is brilliant…he is so confident with his staff." We observed the manager and senior team were actively involved with people who used the service and knew them well.

Surveys were sent to relatives and people attending the activity centre run by the service. We saw the results from two of the most recent surveys and noted how these were used to highlight areas of weakness and to make improvements. We spoke with the manager about the ways the service gathered and acted on the views of the people that used the service as most were unable to verbally communicate. The manager explained they would speak to people's relatives and each person had a keyworker who worked with that person closely and knew them well. We noted people's everyday needs were noted as discussed during staff handovers, staff meetings and people's likes and dislikes were included in their care records.

Staff said they felt supported by their managers and were comfortable discussing any issues with them. Staff told us, "The manager has an open door policy, she welcomes you", "[The manager] is always there if there is a problem…anything you want to talk about she's always there to support you" and "The staff team and manager are supportive."

One relative we spoke with told us how they felt supported by the staff they said," Staff are absolutely lovely, they make you feel comfortable, they are there if you need them and good with the people that live here…they make you feel like you are a part of the family." Staff told us they felt they worked well as a team they told us, "We work as a team…night staff will often stay longer to support us if we need help" and "We have a great team of staff…very supportive." Staff meetings were held monthly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included discussions about people's general wellbeing, updates including new legislation staff should be aware of and guidance on the day to day running of the service.

The manager explained how they worked to improve communication at the service, for example one senior member of staff worked both day and night shifts and this proved to be a valuable link for the exchange of information between day and night staff. In addition regular senior staff meetings helped to discuss issues and improvements and enabled the same message to be disseminated to all staff.

There were arrangements in place for checking the quality of the care people received. These included weekly and monthly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks and audits on people's medicine. The provider also carried out regular reviews of the service including checks on care records, risk assessments, medicines, staff files, supervision and training. This helped to ensure that people were safe and appropriate care was being provided.