

Belmont Sandbanks Limited

Edendale Care Home

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 ●

Summary of findings

Overall summary

This inspection took place on the 20 April 2017 and was unannounced. Edendale Care Home is a care home for up to 12 older people that require support and personal care and who live with dementia. At the time of the inspection there were 10 people living in the home. The service is owned by Belmont Sandbanks Limited and is located in St Leonards on Sea, East Sussex. The registration for the service has recently changed from 27 beds to twelve.

At the last inspection, the service was rated Good. At this inspection we found the service remained Good and met all relevant fundamental standards.

Staff knew how to recognise signs of abuse and how to raise an alert if they had any concerns. Risk assessments were centred on the needs of the individual. Each risk assessment included clear measures to reduce identified risks and guidance for staff to follow or make sure people were protected from harm. Accidents and incidents were recorded and monitored to identify how the risks of recurrence could be reduced.

Medicines were stored, administered, recorded and disposed of safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

There was a sufficient number of staff deployed to meet people's needs. Staff received essential training, additional training relevant to people's individual needs, and regular one to one supervision sessions. Thorough recruitment procedures were in place to ensure staff were of suitable character to carry out their role.

Staff knew each person well and understood how to meet their support and communication needs. Staff communicated effectively with people and treated them with kindness and respect. People were supported to have choice and their independence was promoted by staff who understood the needs of older people and of those living with dementia. Staff supported people in the least restrictive way possible and the policies and systems in the service supported this practice.

The staff provided meals that were in sufficient quantity and met people's needs and choices. People told us they enjoyed the food. Staff knew about and provided for people's dietary preferences and restrictions.

People were promptly referred to health care professionals when needed. Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. These records help staff deliver care that met people's individual needs. The activities provided were suitable for people living with dementia.

The provider and the management team were open and transparent in their approach. They placed emphasis on continuous improvement of the service. There was a system of monitoring checks and audits

to identify any improvements that needed to be made. The management team acted on the results of these checks to improve the quality of the service and care.

Further information is in the detailed findings below

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 remains Good

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good

Is the service well-led?

Good ●

The service remains good.

Edendale Care 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 checked 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.

The inspection took place on the 07 April 2017. This visit was unannounced, which meant the provider and staff did not know we were coming. The inspection 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 used this type of service.

Before our inspection we reviewed the information we held about the home. We looked at the providers' action plan. We considered information which had been shared with us by the local authority and looked at safeguarding alerts that had been made and notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law. The provider had completed a provider information return (PIR). This is a form that asks the provider to give some key information about the service, what they do well and any improvements they plan to make. Before the inspection we spoke with the Local Authority and Clinical Commissioning Group (CCG) to ask them about their experiences of the service provided to people.

We observed care in the communal areas and over the three floors of the home. We spoke with people and staff, and observed how people were supported during their lunch. Some people were unable to speak with us. Therefore we used other methods to help us understand their experiences. We used the Short Observational Framework for Inspection (SOFI) during the morning in the communal lounge. 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 the registered manager, the cook, domestic and three care staff.

We spent time looking at records, including three people's care records, two staff files and other records relating to the management of the home, such as complaints and accident / incident recording and audit documentation.

Is the service safe?

Our findings

People told us they felt safe living in Edendale Care Home. They said, "I feel safe and there are enough staff" and, "I feel safe and it is very nice here." A person's relative told us, "This home is well run and feels perfectly safe."

People were protected from abuse and harm by staff who had received safeguarding training and who understood the procedures for reporting any concerns. All of the staff we spoke with were able to identify different forms of abuse and were clear about their responsibility to report suspected abuse.

Thorough recruitment procedures were followed, appropriately documented and monitored to check that staff were of suitable character to carry out their roles. Therefore people and their relatives could be assured that staff were of good character and fit to carry out their duties.

There were sufficient numbers of staff being deployed on shift to meet people's needs in a safe way. One person told us, "There are always staff around and they come quickly if I need them." There was a system for monitoring staff response to call bells. We observed that people's requests for help were responded to swiftly.

Medicines were stored, administered and managed safely in the home so people received their medicines timely and as prescribed. People were supported to manage their own medicines if they wished. All staff who administered medicines received appropriate training and were routinely checked for their competency. Staff completed people's medicines administration records (MAR) appropriately. The use of topical creams was guided by individual body maps and recorded by care staff. Management maintained oversight of medicines practice by regular audits.

Individual risk assessments were carried out for people who needed help with moving around and transfer, who were at risk of falls, of skin damage and of malnutrition. A person who chose to walk independently had a sensor beam in their doorway to alert staff they were up and about. Staff were aware of these instructions and followed them in practice. Risk assessments contained clear instructions for staff to follow and reduce the risks of harm.

Accidents and incidents were being appropriately monitored to identify any areas of concern and any steps that could be taken to prevent accidents from recurring. The registered manager and deputy manager carried out a monthly analysis of accidents and incidents to identify any common trends or pattern, documented what actions had been taken, and reflected on their effectiveness. Measures had been implemented in practice to reduce the risk of falls, such as one to one support; an increase of regular checks; and sensor beams that alerted staff when people got out of bed and may need assistance.

The premises were safe for people because the home, the fittings and equipment were regularly checked and serviced. Where shortfalls or failures had been identified they were promptly repaired. Staff confirmed that they were able to get equipment repaired as and when required. There was a range of environmental

risk assessments, including some tailored to individual needs. There were personal evacuation plans in place for every person, to guide staff and emergency services on their individual needs in the event of an evacuation. The service held a comprehensive emergency contingency plan. All staff received regular training and drills in fire safety.

Is the service effective?

Our findings

People and their relatives were complimentary about staff's effectiveness and capability. They told us, "The staff are very efficient and 'on the ball'" and, "Everyone seems to know what they are doing, they are all good, obviously well trained." A relative told us, "The staff keep me well informed of my husband's progress."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). All appropriate applications to restrict people's freedom had been submitted to the DoLS office as per legal requirements. The registered manager had considered the least restrictive options for each individual.

Consent to care and treatment was sought in line with the law and guidance. Processes were followed to assess people's mental capacity for specific decisions, for example when bed rails were put in place to keep people safe at night and sensor beams to alert staff. Meetings to reach decision on behalf of people and in their best interests were held, and relevant decisions were appropriately documented.

People received effective care from skilled, knowledgeable staff. Staff received an appropriate induction that included shadowing more experienced staff until they could demonstrate their competence, and the completion of workbooks to evidence their knowledge. Newly recruited staff studied to gain the care certificate. All staff received regular one to one supervision sessions and were scheduled for an annual appraisal of their performance.

Staff were up to date with essential training that focused on health and safety, falls and wound prevention, infection control, moving and handling, dementia care and food hygiene. Staff had been provided with additional training to effectively meet people's individual needs such as, Parkinson's, and diabetes. Five staff had received training by the district nurse in monitoring people's blood sugars and administering insulin. Regular refresher and competency sessions were given to staff by the district nurses.

People were supported to eat, drink and maintain a balanced diet. People commented positively on the quality of the meals describing them as, "tasty" and, "marvellous." The kitchen operated for twelve hours a day and snacks were available at any time. Staff sat with people who needed support or encouragement to eat, in the dining room and in their bedrooms. People were allowed to eat at their own pace and were gently encouraged when appropriate.

A seasonal menu offered choices at each main meal, in addition to which there was a wide range of further alternatives kept in stock, which were effectively provided on demand. Hot and cold beverages, with home-made cakes, snacks and healthy alternatives were offered to people throughout the day. Staff liaised closely with the kitchen staff, who knew of people's specific dietary requirements and preferences, and current concerns such as weight loss. Staff were able to describe to us who needed support, the type of food they favoured and how they liked their food served.

People were supported to maintain good health and were weighed monthly or twice weekly depending on their needs. When there were concerns about their health or appetite, their food and fluid intake was recorded and monitored. People were referred appropriately to healthcare professionals such as, specialised clinics, GPs, speech and language therapists (SaLT), dieticians, and the community mental health team.

The premises were welcoming, and fit for purpose at this time. However the refurbishment programme has not progressed due to the maintenance person being off work. It was acknowledged that the décor was in need of refreshing. A recent leak to the roof had been repaired and the ceilings were ready to be repainted. An environmental audit and walk around had been recently undertaken by the provider and maintenance lead and these actions will be pushed forward. Several areas had been equipped with new carpets and furniture. The grounds were well maintained and accessible, but the patio area was waiting to be cleared.

Is the service caring?

Our findings

All the people and their relatives we spoke with told us that they liked the staff and described them as, "Very accommodating", "Helpful", "Amazing" and, "Very caring". A GP who visited the service regularly, told us, "The staff are very helpful."

Positive caring relationships were developed between people and staff. A person told us, "I like them [staff] very much and they have got used to me and I've got used to them." We observed staff addressing people respectfully and with kindness throughout our inspection. A member of care staff told us, "We respect people as individuals; they are all special." People were encouraged, praised and appropriately conversed with during mealtimes and activities. Staff spent time with people. They ensured people were comfortable and offered explanations prior to any care interventions, such as when using equipment to help them move around.

Staff promoted people's independence and ensured walking aids and call bells were within their reach. People's wishes were respected, such as having a late breakfast, not shaving, remaining in bed, going to bed at different times and having specific food.

Staff promoted people's privacy and respected their dignity. They ensured people's continence needs were met quickly and in a discreet manner. People could have a bath or shower as often as they wished; staff knocked on people's bedroom door and announced themselves before entering. Staff were discreet and respectful while discussing people's care and staff shift handovers were held confidentially. People's records were kept securely to maintain confidentiality.

People were involved in decision making about their care and treatment as they or their legal representatives, when appropriate, participated in initial assessments of needs, care planning and reviews of these when changes occurred. Families told us they were consulted and involved in decision making and in decisions regarding care delivery.

People could be confident that best practice would be maintained for their end of life care. When people had expressed their wish regarding resuscitation or had made any advance care planning, this was appropriately recorded and acted on. The service and its staff were well supported by GPs and a local hospice palliative care specialist team who offered guidance when needed and ensured pain management was effectively delivered.

Is the service responsive?

Our findings

People and their relatives told us that staff were responsive to their needs. They told us, ""I go to bed when I like", "I can choose to have a male or female care giver", "They [staff] know what I like and what I don't like." A GP told us, "The staff respond well to any emergencies; they refer appropriately, seek guidance and act on it." A district nurse said, "The staff seem to be genuinely sensitive to the residents' needs." A local authority case manager who oversaw a person's wellbeing in the service told us, "This is a nice home; they listen to the residents."

People received personalised care that reflected their likes, dislikes and preferences about food, activities, routine and communication. A person liked to have a bath or shower daily and this was accommodated. Another person had expressed the wish for staff to spend additional time communicating with them as they had hearing difficulties. Staff spent time with them ensured their hearing aids were functioning correctly. People's files included vital information that helped staff understand individual perspectives, such as, 'my life'. Care plans were in place and reflective of their identified needs. Staff were aware of these plans and implemented these in practice. A person's care plan had been updated to include instructions to staff when they had developed a pressure wound. As a result, staff followed a specific wound care management plan and ensured the person was repositioned every three hours.

People were occupied with a programme of daily activities that was suitable for older people and those living with dementia. These included quiz sessions and music appreciation. Staff engaged in one to one activities sessions with people who remained in their bedroom. A wide range of outings and themed activities was provided to reduce social isolation.

Resident and family meetings were currently on hold due to poor response. The registered manager informed us that they will begin the resident/family meetings in the near future and carry them out quarterly. The service have an open door policy for residents and family members to approach staff at any time. One visitor said "Our suggestions no matter how small are acted on, I mentioned a favourite food and they got it in for him."

People and their relatives knew about the service's complaint policy and procedures which was displayed in the service. They told us they were confident that any complaints would be promptly addressed in line with the policy. A person told us, "If I have anything to grumble about, they would see to it straight away for sure." No complaints had been received by the service over the last 12 months.

The service coordinated with other services such as GPs, physiotherapists, specialist nurses and psychiatric services, when people's needs increased. Reviews of people's care were held in partnership with the local authority and the service liaised with other health care services to ensure a successful transition. Updated information about people's needs was effectively provided to other services to ensure continuity of care.

Is the service well-led?

Our findings

There was 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.

People, their relatives and staff told us they appreciated the registered manager's style of management, describing it as, "firm and fair" and, "efficient". People described the registered manager as, "lovely" and, "easy to talk to." The registered manager did a daily 'walk-about', talked with each person living in the service, operated an open door policy and welcomed people and staff comments and suggestions. A staff member told us, "The manager is ever so approachable and understanding."

A positive person-centred culture was promoted. People's individual needs, moods and wishes were effectively discussed at handovers to ensure continuity of personalised care. A member of staff told us, "This home is all about resident-focused care, it is not task-oriented; residents and what they want are the priority here." A relative told us how her loved one had been made to feel "so welcome when she first came to the home."

The provider and the management team sought feedback from people, their representatives and staff about the overall quality of the service. Suggestions for improvement were welcome and acted on, such as how to arrange new furniture in the lounge, ideas for new activities, outings and specifically requested meals. An annual satisfaction survey results showed that people were 100% 'happy and content; listened to by staff; safe and secure; treated with dignity and respect'; and 92% felt they were 'treated as individuals'.

The service ensured that quality of care was maintained through an effective monitoring system. A programme of monthly or quarterly audits was followed by the management team, such as audits of medicines, and infection control. Additionally, the area manager inspected the service on a monthly basis checking compliance with regulations in every aspect of the service. Action plans were written to address any shortfalls that had been identified during these checks and audits. The registered manager said, "We are waiting for action points and plans from the visit last week."