

St.Edmunds,Limited

# St Edmunds Residential 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	

### Overall summary

This inspection took place on 03 December 2014 and was unannounced.

St Edmunds Residential Home is a care service that provides accommodation, care and support for up to 39 older people, some of who are living with dementia. At

the time of the inspection, there were 37 people living at St Edmunds Residential Home. The provider, St Edmunds Limited, is a wholly owned subsidiary of Eastern Healthcare Limited.

There has not been a registered manager at the service for over six months. However, a manager is in post and they had taken action to apply to be the registered

# Summary of findings

manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

The new manager and provider were taking action to make certain that people living at the service were well cared for and the records and systems used in the home were complete and up to date.

Adequate staffing levels were in place to meet people's needs and staff absence was covered. Staff used a friendly and thoughtful approach when talking with and assisting people and treated them with respect. People were able to raise their concerns, felt safe at the home and received their care from compassionate and competent staff.

Staff had completed training and knew how to make sure that people were safe and protected from abuse. Increased training had been provided and planned for staff to make sure they had suitable opportunities to develop the skills and knowledge they needed to carry out their role. Recruitment checks were being carried out to make certain they were complete and that the staff employed continued to be suitable to care for older people.

People had their needs met and they and their relative were consulted and involved in discussions about the care and support they wished to receive. Reviews of the care plans held for each person were taking place to ensure they contained accurate information and were personalised. Each person was encouraged to maintain

their independence and had access to healthcare professionals when they became unwell. Arrangements were being made to increase the range of activities provided for people. Medicines were available for people to take when they needed them, were stored securely and had been accurately recorded when administered.

The new management team had taken action to introduce themselves to people living, visiting and working at the home. People's concerns were listened to and were dealt with and resolved as quickly as possible. People had been given increased opportunities to raise their concerns and their suggestions for improvements within the service had been listened to by the provider and manager. Plans were in place for regular meetings to be held to discuss the improvements needed and planned within the service.

Staff were involved in discussions when changes in care practice were needed. A new audit system was being introduced to monitor how well the home was being run and to check that people received the care and support they needed. Regular checks had started to be made on the way staff worked, the records held and the maintenance of the premises.

The policies and procedures currently in place were being reviewed and replaced with those used by the new provider. CQC monitors the operation of the Deprivation of Liberty Safeguards which applies to all care services. Plans were in place for staff to complete this training. People's capacity to make decisions for themselves about their care was being assessed and the manager knew when to liaise with the supervisory body, about making an application, when a person was at risk of having their liberty restricted or deprived.

# 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?

The service was safe.

People felt safe living at the service and were encouraged to raise their concerns.

People received their medication when they needed it. Medication was administered and stored safely.

Staff were available when needed and sufficient staffing levels were in place to meet people's needs.

Good



### Is the service effective?

The service was effective

Healthcare professionals visited people when needed and staff knew how to provide care and support for the people in their care.

People enjoyed the meals they received. Staff supported people and encouraged them to make their own choices and give their consent.

Training provided for staff had been increased to make certain they were competent to carry out their role.

Good



### Is the service caring?

The service was caring

Staff treated people well and made them feel as if their well-being mattered to them.

People were involved in planning their own care and support and staff respected the decisions they made.

People's dignity and privacy were respected and they were encouraged to be as independent as possible.

Good



### Is the service responsive?

The service was responsive

Care and support was being reviewed with people to make sure their changing needs were met and they received their care in the way they chose.

People were being asked to state their preferences, wishes and interests to make sure they were known, promoted and respected by staff.

People knew how to complain and their concerns and complaints were encouraged and responded to in a timely way.

Good



### Is the service well-led?

The service was well led

The new management team were approachable and included people living at the home, relatives and staff in discussions about the planned changes to the service provided.

Good



# Summary of findings

There was no registered manager at the service. However, the new manager has taken action to be registered as the manager of the service.

A new auditing system had been introduced that would regularly monitor the quality of the service provided to people.

# St Edmunds Residential Home

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 03 December 2014 and was unannounced. The inspection was carried out by two inspectors.

Prior to our inspection we reviewed information we held about the service. This included information we had received and any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law. We asked the provider to send us some information prior to the inspection and this was received. The provider completed a

Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make.

On the day we visited the service, we spoke with 15 people living at the service, six relatives and eight staff. We spoke with the cook, manager, assistant manager and a company director. We observed how care and support was provided to people. To do this, we used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not communicate easily with us.

We looked at eight people's care plans, four staff recruitment files, two staff supervision files, four staff training records, records relating to the maintenance of the premises and equipment, four medication records and records relating to how the service monitored staffing levels and the quality of the service. After the inspection we telephoned a social care professional for their feedback on the service.

# Is the service safe?

## Our findings

People told us that they felt safe living at the service. One person said, "It is very nice here, like a hotel and very comfortable." Another person told us, "I love it here, having the staff always near makes me feel safe and if I am worried about anything they [staff] soon sort it out." They also told us that if they were worried about their safety they would feel comfortable talking to members of staff or the manager about this. One relative said, "We are happy with my relative's care. We don't have to worry about them being in here because we know they are being well cared for. We couldn't ask for anything more."

Staff told us they had received training in how to recognise, prevent and report abuse. They understood what abuse was and knew how to reduce people's risk of abuse and report any concerns they had. People living at the service and visitors said that they would speak with the new manager or provider if they had any concerns or wished to report suspected abuse. They confirmed that they had not had to do this.

Staff knew the care and support needs of each person living at the home. They knew when people were at risk of receiving unsafe and unsuitable care and how to minimise the risk to a person's safety, when it had increased. Risk assessments had not been completed for each person and were being written for some people and reviewed for other people, by staff. This was to make certain people received care and support that was safe and met their individual needs and choices in relation to their risk of moving, falls, malnutrition, dehydration, pressure sores and use of bed rails.

People told us they received their medication when they needed it and that the staff had never forgotten to give it to them. One person said, "When I did my medication myself I always used to get into a muddle, but the staff look after it now and make sure I take it properly and at the right time." Staff had received training in the administration of medication. Plans were in place for staff to complete refresher training and to have their ability to assist people with their medication regularly assessed, to check that it was carried out safely and correctly.

Medicine administration records were accurate and had been fully completed showing that people had been given their medicines as prescribed. Checks of these records

were made at the start of each shift to help identify and promptly resolve any staff signature gaps. Medicines were stored securely in a locked room with access restricted to senior staff only. Temperature checks of the room and fridge where medicines were stored were conducted daily to ensure they were within safe limits.

People told us that there were enough staff working at the home and that they responded quickly to their requests for assistance. One person said, "There are always staff around to help us. You only have to ask for help or ring the call-bell." Relatives told us that staffing levels were good.

Staffing levels were calculated based on each person's individual needs. The provider told us that the dependency of each person was currently being reassessed to check that staffing levels were accurate. People's requests for help were quickly met by staff and there were enough staff available to help people who required assistance. The manager explained that staffing levels were provided to meet the total number of hours needed for everyone living at the home. This was confirmed by staff and in the staff roster viewed.

Staff understood how to keep people safe, in an emergency situation and told us they had received training in fire safety. Contingency plans were in place if everyone living at the home needed to be evacuated in the event of an emergency. They detailed the action staff should take to keep people safe. The testing of fire alarms around the building had occurred regularly, each week and fire exits were well sign posted. Access to fire exits were clear so that people could quickly leave the building, if needed.

Maintenance records showed that checks had taken place and that plans were in place for the servicing of fire-fighting equipment and gas, electric and water systems within the home. Equipment such as hoists and stand aids, that were used to assist people with moving, had been regularly serviced. This demonstrated that the provider made sure that the premises and equipment were safe.

There were gaps in recruitment records that provided incomplete information about staff members. To address this shortfall the new provider was taking action to carry out recruitment checks on each staff member to make sure the records were complete and that the staff employed were of good character and suitable to work in the home.

Staff told us that they had been asked by the manager to provide the missing information for their staff file, such as,

## Is the service safe?

a completed application form and/or reference. They said that before they had begun to work in the home a criminal

records check had been received and they had completed induction training. A plan was in place for staff to update their training and to have their competence assessed to make certain they were trained to carry out their role.

# Is the service effective?

## Our findings

People living at the home told us that the staff were quick to act if they were unwell or needed more assistance than usual. One person said, “I have lived in two other homes and feel as if I have been parachuted into paradise since I moved here. The care here is second to none.” Another person told us, “All of the staff are lovely and very kind. I feel well attended to by polite staff who will do anything for you.”

They confirmed that staff asked them for their consent before they assisted them and that they respected the decisions they made. We observed this on the day of inspection. Relatives told us that the staff and manager kept them informed when there were changes in the care and support needs of their relative.

There was a variation in the amount of training that each staff member had completed. Staff said they had completed training that equipped them to meet people’s needs such as, safely moving people, diet and nutrition, health and safety, medication and first aid. Some staff told us that they had also completed training in dementia care and infection control. Other staff said that there was now a plan in place for them to complete this training.

Staff that had completed the training told us that the dementia training had provided them with a range of different ways to work with people living with dementia and had improved the care and support they gave to people. They said that they had support from the new management team when they needed it, and confirmed that when a training need was identified that the manager and provider took action to arrange for the training to take place. This was confirmed by the manager and in the training plan we viewed.

Staff reported that they had not previously received regular supervision and a yearly appraisal of their work practice. They said that the new manager had booked supervision dates with them throughout the year and had begun to carry out supervision sessions with each staff member, every other month. They confirmed that staff meetings were now being held and had been planned to take place every three months. They told us that the new manager and provider were good at dealing with problems and issues of concerns, as they occurred. This was confirmed in the minutes of meetings and handover records we saw.

People living at the service said that they enjoyed the meals provided. One person told us, “The meals here are excellent and we are given plenty to eat and drink.” Another person said, “They [staff] know what I like to eat because I can be fussy. They cook me something else if I do not like what is on the menu.” Relatives told us that their family member was provided with a constant supply of drinks and the food they liked to eat.

We observed the lunch meal being served to people in the dining room. Staff members explained and showed people the meals on the menu and gave them time to make a choice. People were provided with their meal in the way they required it, such as a soft diet and an alternative meal was offered if they did not like the menu choices. The food and drink needs, preferences and likes and dislikes of each person were recorded in the kitchen. The cook told us that this information was used to decide the meals that would be put onto the menu. We saw that enough staff were provided to ensure that people were served their meal quickly and received assistance to eat, if they needed it.

People were provided with drinks and the staff encouraged and assisted those people who needed help to have a drink. The fluid and nutritional in-take of people at risk of not eating and drinking enough had been monitored throughout the night but there were gaps in some of the daily records. This meant that it was not always possible to accurately calculate when people were not eating or drinking adequate amounts. Action had been taken by staff to involve a health professional, such as, a dietician or speech and language specialist to assist them in reducing the risk to people.

The manager told us that as part of their new auditing process a check was now being made, at each shift handover, that staff had completed the monitoring records for each person at risk of receiving poor hydration and nutrition. This action was confirmed by staff and in the auditing records viewed.

Care plans were being reviewed with people and as part of this action people were having their capacity to make decisions about their own care and support assessed. The manager told us that they had completed training and showed us that they had an understanding and knowledge of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). Plans were in place for the staff to complete this training and we saw that best interest decisions had been made, when required.



## Is the service effective?

The manager told us that no applications had needed to be submitted to a local authority Supervisory Body, but would be if a person was at risk of having their liberty restricted or deprived.

# Is the service caring?

## Our findings

People told us that the staff were calm when they assisted them and made sure they were given the attention they needed. One person said, “The staff are super, they never make you feel as if you are a nuisance and really cannot do enough for you.” Another person told us, “The staff are friendly and kind to all of us. They are caring and patient and do all they can to make us comfortable.”

The relatives spoken with praised the staff and told us that their family member was happy living there because the staff were polite and respectful.

People were encouraged to be independent and were offered the care, support and attention they needed. The staff knew the care and support needs of each person living at the home and encouraged and supported them to make a choice. The dignity of people was protected by the staff discreetly asking them if they would like to be assisted with their personal care. People living at the home told us that the staff explained to them the action they were going to take, prior to assisting them, and respected their decision if they declined their help.

The staff told us that they liked to laugh and joke with people so that a relaxed atmosphere was created. They

said that if a person became anxious they used distraction and encouragement to assist them to be calm. Relatives said that the staff used a kind and friendly approach and responded quickly when a person asked for help or rang the call-bell. These actions were confirmed during our observations.

People living at the home told us that they and where appropriate, their relative had been involved in reviewing their care plan information. They said that the staff had asked them how they liked to be cared for and had listened to them when they had made a change to the daily routine they had chosen. One person told us, “They asked me if I was happy with everything and I asked if I could have a bath twice a week instead of weekly. They increased the days I had my baths straight away.”

Relatives spoken with told us that the new manager and provider had recently asked them if they were happy with the care their relative received. The manager explained that if a person was unable to make their own decisions about their care that their family member would be involved in making any decisions about the changes that were needed in the care and support provided. This was confirmed in the reviewed care plans we looked at.

# Is the service responsive?

## Our findings

People who lived at the home and their relatives told us that the care and support provided to people was planned and that activities were provided on some days. They explained that the staff occasionally took them out for a walk along the beach or to the local shops. They said that an outside entertainer regularly sang at the home and that they attended local clubs. One person said, "There are some things arranged for us to do, such as playing skittles or dominoes but I feel more could be done to entertain us."

Another person told us, "On some days it seems that all we have to look forward to is our meals and I get a bit fed up. The new manager has talked to us about what we would like to do to amuse ourselves and they have listened to our suggestions, so we are hopeful things will improve."

Relatives told us that the variety of activities provided for people to enjoy had been recently increased and that the staff respected their family member's decision when they chose not to join in.

On the day of our visit we saw that people had the opportunity to take part in a fund raising coffee morning arranged by the staff. Staff had involved people and visitors in providing, selling and buying donated goods, cakes and drinks. One person told us, "This is what I miss. I love browsing and buying things to raise money for a good cause." Another person said, "This is lovely, I feel as if I am really being useful and not some old person who sits around all day." Staff members told us that planning, finding and making the things to sell had been a positive and stimulating activity to do with people. This was confirmed by the people who took part.

People were being consulted and involved in planning their care and support. Individual plans of care had been provided and were in the process of being rewritten and reviewed for each person to make sure they were personalised. People's likes, dislikes, preferences and

interests were being recorded and their care and support requirements were being reassessed to ensure they were planned and delivered by staff, as needed. Care, support and risk assessments were also being rewritten and assessments made by health professionals and speech and language specialists were being checked to make certain they were accurate. The provider told us that this was to ensure that people received the care and support they needed, in the way they wished.

Staff knew how each person liked to be cared for and respected the views and opinions people expressed. For example, one person told us that the staff respected and supported them in their decision to go to their bedroom after their tea to get ready for bed. They explained that they watched television in their bedroom until the staff assisted them into bed, at an agreed time. Staff told us that the reviewed and rewritten plans of care gave them access to better and more detailed information that told them of the personal and social needs and choices of the person. They said that the plans of care and the information they were given at each daily shift handover provided them with the information they needed about each person. This was confirmed in the reviewed records we saw.

A complaints policy and procedure were in place that outlined the action people should take if they wished to complain. People told us that they had felt listened to when they had raised their concerns. One person said, "I have not complained myself but I know of other people who have complained to the new provider and they have been delighted with the outcome." Another person told us, "If I have a problem I tell the staff and they immediately do their best to sort it out for me."

Relatives told us that the provider, manager and staff took them seriously if they raised a concern and resolved the problem as quickly as they could and to their satisfaction. Everyone spoken with confirmed that they did not currently have any concerns about the quality of care they received.

# Is the service well-led?

## Our findings

At the time of our inspection there was not a registered manager at the home. When the new provider took over the running of the service in October 2014 they used an experienced manager, who also manages one of their other homes, to oversee the two homes with the assistance of a deputy manager in each home. The manager is registered to manage the other home and they had submitted an application to the Care Quality Commission to also be registered as the manager of St Edmunds Residential Home. The provider had been visiting the home regularly to support the manager and staff and ensure that improvements were being made.

People living at the home, their relatives and staff told us that the new provider and manager were approachable and had involved them in discussions about the planned changes within the service. One person said, "We see the provider or manager most days and they do something if the staff are not doing their job properly." Relatives were complimentary about the manager and provider. They told us that the home was becoming more organised and that the provider and manager had checked with them that everything was okay.

Improvements had been made and staff members had an opportunity to express their views at staff meetings and through regular supervision. They told us that a plan was in place for them to receive a yearly appraisal of their work practice and to complete a staff questionnaire. They said that during daily shift handover meetings their suggestions for changes in care practice were listened to and implemented, when appropriate. They told us that the management team were open-minded and supportive and made sure that they put the needs of the people living at the service first. Our observations and the records viewed confirmed this.

People said that the staff regularly asked them to give their opinion of the service they received. The provider explained that regular resident and visitor meetings had just been set up to give people a chance to discuss and help develop the improvements required for the service. They confirmed that a questionnaire survey would be sent out to people at the end of 2015, as part of the quality monitoring process used. They said that from the returned questionnaires, people's feedback and views of the service provided would be gathered and analysed. They told us that this information would be used to create an action plan of the improvements needed to be made in 2016 to ensure that continuous good standards of care and environment were provided.

The manager told us that to ensure that the staff were trained to a good standard they maintained information that detailed the training that staff had completed and planned to undertake. They explained that this enabled them to monitor training and to make arrangements to provide refresher training for staff, as necessary. We saw this in the record of staff training we viewed.

New systems were in place to monitor the quality of service provided to people living at the home. Weekly and monthly audits had begun to be carried out by designated staff, the manager and provider to ensure the home's policies and procedures had been followed by staff. Medication management audits had been completed on a daily and weekly basis and action had been taken promptly when any shortfalls in the handling of medicines had been identified.

Maintenance records were complete and the testing and servicing of equipment and systems within the home, such as fire safety and hoists had been planned to be carried out in a timely manner. This made sure that they were safe for people use.