

Hearn Care Homes Limited

Edward House

Inspection report

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Eastwood
Nottinghamshire
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Date of inspection visit:
07 September 2017
08 September 2017

Date of publication:
31 October 2017

Ratings

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

Summary of findings

Overall summary

Edward House is a residential home that provides personal care for up to 44 older people, some of who were living with dementia. At the time of our inspection there were 31 people living in the home. At the last inspection, in June 2015, the service was rated Good. At this inspection we found that the service remained Good, however the rating for 'Caring' has improved from Good to Outstanding.

People were safe and continued to receive safe care. The risks to people's safety were regularly reviewed and processes were in place to protect people from avoidable harm. Sufficient numbers of staff were in place to keep people safe and safe recruitment procedures ensured people were protected from the risks of unsuitable staff. People's medicines were managed safely; although a small number of protocols relating to 'as needed' medicines were required.

Staff were well trained, felt supported and were able to carry out their role effectively. Where people were able to make their own decisions about their care and support needs, their wishes were respected by staff. Where people were unable, the principles of the Mental Capacity Act 2005 (MCA) were always followed. People were encouraged to eat and drink healthily. People's day to day health needs were monitored and referrals to external professionals were made where needed and in a timely manner. External professionals felt staff responded to their guidance when provided.

People were supported by staff who were very kind and caring and treated them with respect and dignity. People were encouraged to lead independent lives and care and support was tailored to enable people to do so. People had an excellent relationship with the staff. All people were treated equally with a strong emphasis on supporting people's diverse needs, including their religion. People were supported to lead their lives in the way they wanted with their views and opinions being respected. People were provided with the information they needed if they wished to speak with an independent advocate, to support them with decisions about their care. People's friends and relatives were able to visit whenever they wanted to and where relatives were unable to visit, alternative methods were used to support family contact.

People were supported to carry out the activities that interested them. Care plans were person centred and focused on what was important to each person. People felt able to make a complaint and that it would be acted.

The service was well-led. People, relatives, staff and professionals commented positively about the registered manager. There was a calm, open and friendly atmosphere at the home which resulted in a high quality of service for people. Effective auditing processes were in place, with regular input from representatives of the provider.

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?

Outstanding ☆

The service is now very caring.

People were supported by staff who were very kind and caring and treated them with respect and dignity. People were encouraged to lead independent lives and care and support was tailored to enable people to do so.

People had an excellent relationship with the staff. All people were treated equally with a strong emphasis on supporting people's diverse needs, including their religion.

People were supported to lead their lives in the way they wanted with their views and opinions being respected.

People were provided with the information they needed if they wished to speak with an independent advocate, to support them with decisions about their care.

People were supported with maintaining regular contact with friends and family.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Edward House

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.

This inspection took place on 7 and 8 September 2017 and was unannounced.

The inspection team consisted of one inspector and an Expert-by-Experience. This is a person who has personal experience of using or caring for someone who uses this type of care service

Before the inspection, 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 improvements they plan to make. We also reviewed information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During the inspection we spoke with eight people and two relatives. We spoke with three members of the care staff as well as the cook, deputy manager, registered manager, regional manager and the provider. We spoke with a visiting social worker and a person providing an exercise class. We looked at the care records for five people living at the home as well as four staff recruitment records. We reviewed the medicine administration of records of 14 people as well as other information related to the management and quality of the service. This included quality assurance audits, training information for support staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

After the inspection we received feedback from additional professionals including a social worker, physiotherapist and funeral director who gave us their views on the quality of the service provided.

Is the service safe?

Our findings

People were protected from avoidable harm because staff understood how to keep them safe. Staff could explain who they would report concerns to both internally and to external agencies such as the Care Quality Commission or the local authority safeguarding team. People and their relatives told us that they or their family members felt safe at the home. A person we spoke with said, "The doors are locked and only people with a key can get in, people can't just open the door." A relative told us their family member was safe, they also said, "It's one of the reasons why we chose this home."

The risks to people's safety were continually assessed, managed and reviewed. Staff spoken with were able to explain the risks to people's safety and how they ensured these risks were reduced. Records showed these risks were regularly reviewed to ensure people were safe without placing unnecessary restrictions on them.

Accidents and incidents were regularly reviewed. The time of day and the location where an accident had taken place were recorded which enabled the registered manager to identify any trends or themes. Action plans were in place to reduce the risks to people's safety where needed. Staff told us they thought people were safe at the home.

People and their relatives told us that for most of the time there were enough staff in place to support them or their family members. One person said, "There is always someone if you want them. Sometimes if they're short they find a way. They use staff that you know. Most of them have been here a long time, they're happy." Another person said, "They have jobs to do. They're all busy but yes, I think there are enough staff." Two relatives did state that they felt there were a small number of occasions when more staff may have been needed to ensure people were responded to quicker, but both stated they were happy with the care provided at the home.

Our observations throughout the inspection showed the number of staff working matched the number specified on the staff rota. For the majority of the inspection we noted there staff available to support people, however, we did note in one of the three lounges staff were not as readily available as within other areas of the home. We discussed this with the registered manager. They told us it was unusual for staff not to be spread evenly across the home and they would ensure the importance of doing so was reinforced to all staff. Safe recruitment processes were in place that ensured only staff suitable for their role were employed at the home. This included criminal records checks as well ensuring staff had the experience to support people.

People received their medicines as prescribed and when they needed them. Safe medicine management practices were in place. These included safe storage, regular ordering and safe disposal of medicines and accurate recording in people's medicine administration records, showing when people had taken or refused to take their medicines. Medicines were administered safely and in line with people's preferences. Photographs were used to aid identification and people's allergies were also recorded. All of these measures ensured people received their medicines safely.

We did note that when people received medicines that were required on an 'as needed' basis, medicines that are not part of a person's regular daily intake, guidance for staff on when to administer these medicines was not always in place. This could increase the risk of inconsistent administration. The registered manager told us they would review people's records and where needed, would ensure sufficient guidance was put in place to support staff.

Is the service effective?

Our findings

People told us staff understood how to support them and they did so effectively. One person said, "They know what they're doing." A relative said, "They seem to really understand what [my relative] needs. It's reassuring."

Staff received an on-going programme of training which was designed to provide them with the necessary skills to support people effectively. Where training had been deemed mandatory by the provider, records showed this training was up to date. This included training in areas such as moving and handling, safeguarding and mental capacity. Staff were also supported to obtain externally recognised qualifications such as diplomas (previously known as NVQs) in adult social care. The staff we spoke with all felt supported and encouraged to carry out their role effectively. One staff member said, "We have great communication here. I plan to stay here, develop my skills and hopefully have a successful career here."

People felt able to give their opinions and about their day to day routines and support needs. We saw people making decisions such as deciding if they wanted to take part in an activity, where they wished to sit for dinner or deciding if they wished to return to their bedrooms. Where people were unable to make decisions for themselves, decisions were made in their best interest ensuring the appropriate legal processes had been followed. This included obtaining authorisation from the authorising body to place restrictions on certain people for their own safety; this can include not being permitted to leave the home unaccompanied. These are called Deprivation of Liberty Safeguards (DoLS). Staff and the registered manager spoke knowledgeably about DoLS and were aware of the restrictions they could and could not place on people.

The majority of the people we spoke with were positive about the food provided at the home. One person said, "The food, that's quite nice. We get a choice. They ask you at lunchtime what you want. You can have a jacket potato if you don't want dinner. It's hot, straight out the oven, it's all fresh." We noted people were invited to meetings to decide what meals they would like. The cook told us people's views were important in ensuring they had what they wanted. There was a four week rotated menu in place, which was amended up to four times a year to take into account seasonal changes. We observed lunch being served and asked a person if they liked their meal. They said, "Beautiful, all freshly cooked."

People were supported to maintain a healthy, balanced diet and those at risk of not eating and drinking enough received the support they required to maintain their nutritional intake. Where people were at risk of dehydration or from eating and drinking too much or little, monitoring of their consumption was recorded along with regular monitoring of their weight. Where needed, professional guidance was requested to enable staff to support people effectively.

People told us they had regular access to a wide variety of health and social care professionals to support them with their health, care and support needs. One person said, "They ring the doctor and he comes. The dentist came here too." Another person said, "I went to the hospital and a member of staff from here went with me."

Staff requested the guidance of a variety of health and social care professionals when people's needs changed. Records showed this included the use of the dementia outreach team, social workers and falls specialists. A healthcare professional told us staff acted on any guidance they had given.

Is the service caring?

Our findings

People who used the service and the relatives we spoke with all felt the staff were kind, compassionate and cared about providing them or their family members with the highest quality of care as possible. "Staff are very good. I can confidently approach them. They are happy and joyful and not miserable. They always ask me how I am." Another person said, "They [staff] are brilliant. I get such a lot of care and attention." A third person said, "The staff are friendly, they're not staff, they're friends. They make you feel at home." A fourth person said, "I'm happy to spend the rest of my life here." A relative said, "This is some of the best care [my family member] has had." A healthcare professional said, "Staff are always kind and compassionate with residents whenever I visit."

All of the staff we spoke with displayed compassion and warmth for all of the people they supported. Staff referred to people in a very positive light. One staff member described people as their "work family" and told us, "for every minute I'm here I want to do my best for people." These comments were supported by the many examples of the caring and empathetic approach of all staff. We observed staff ensuring people were well dressed and presented. One staff member noticed a person did not have their glasses with them. They checked, found they had left them in another room and brought them to them. Another staff member commented how nice a person looked and the person reacted positively saying, "Oh you're lovely." This person's care plan stated their appearance was very important to them and the staff member clearly understood this, using this to form a positive relationship with the person. The registered manager told us, "We focus on doing the small things right here, making sure people are well dressed, shaved, their hair is combed and their clothes match. These are the things that really matter, it is about respect."

The registered manager told us people's relatives and friends were able to visit them without any unnecessary restriction. We saw and spoke with a number of visitors throughout the inspection and they gave us overwhelmingly positive feedback about the service and staff. One relative said, "There's a nice happy vibe about the place. Mum was at another place but the attitude of the staff here is more positive. It's more like a home than an institution."

Supporting all people, including those living with dementia to enjoy meaningful contact and visits from friends and families was a key aim for the provider. Where relatives were unable to visit regularly the option to talk with their family members via a computer based system was provided at the home. Relatives who were able to visit were encouraged to join in with activities, have meals with their relatives and to attend events both inside and outside of the home. The registered manager told us ensuring Edward House was as a 'home' for all people, but especially for those living with dementia was key to the calm, relaxed atmosphere within home. We were given an example where a person currently living with dementia was due to come and live at the home. Their family wanted their bedroom to be as personalised to them as possible. Prior to the person coming to the home and in consultation with family, they transformed the person's new bedroom to match, as far as possible, their front room at their own home. This included obtaining the same wallpaper and ensuring it was in place ready for when the person arrived. The registered manager told us this had a very positive effect on the person settling at the home. We checked all bedrooms within the home and noted all had been personalised to each person's individual taste. A healthcare professional said, "They [staff] seem to have a very good appreciation of dementia as a condition and handle residents with patience

and kindness."

People told us all staff treated them with dignity and respect and maintained their right to privacy. One person said, "Staff speak politely and sensitively and are kind. They always knock on my door before coming in and close the curtains when helping me to undress or dress." Another person said, "I respect them and they respect me. They close my curtains and the door when I shower and help me to dress." A health care professional said, "This is one of the best homes I've seen for ensuring people are treated with dignity and respect." One of the many testimonials provided by relatives in the home's compliments book said, 'You have all treated [name] with love, respect and dignity; I am so grateful to you all.'

Five dignity champions were in place at the home. A dignity champion believes that care services must be compassionate, person centred, as well as efficient, and are willing to try to do something to achieve this. We spoke with one of the champions. They said, "In my role I ensure that all people, at all times, are treated with dignity and respect, although I don't need to remind my colleagues because they just do it. It comes natural. We treat people here like we would treat our own family." This approach was supported by the overwhelmingly positive feedback from the provider's annual survey. People praised the approach of staff, with one person saying, "Staff are very good to me, they listen to me." We observed numerous examples of staff providing people with dignified care. They ensured when people had their meals, their faces and clothes were clean. We observed one staff member notice a person had spilt their drink on their cardigan so they asked them if they would like another, which they did. This attentive approach ensured all people received the dignified care they should expect from staff.

Ensuring people were treated equally with no discrimination was a fundamental aim of the provider. For example, people were supported to follow their own religion and their personal choices and preferences were always respected. The registered manager told us they arranged for a Baptist and Catholic church service to be provided at the home to ensure that the varying denominations of the Christian faith were respected. When people wished to, they were supported to attend services at their chosen place of worship. The registered manager said, "When staff first started to work at the home a key part of their induction was to ensure the provider's philosophy of care and values were understood and then used to support all people at the home. The staff we spoke with all spoke positively about embracing people's individual choices about their lifestyle, cultural background and religion."

The communication needs of the people living at the home varied widely. Some people were able to communicate verbally and we able to make their views known, whereas others, some of whom were living with dementia or other mental health conditions, required more support. Each person had detailed individualised communication care plans in place that contained guidance for staff to enable them to communicate effectively with people. For example, we saw records which showed one person required staff to speak calmly, but always offering encouragement. We saw staff using this approach throughout the inspection. Another person was living with a specific condition that prevented them from speaking. Their care plan stated the person was able to respond to picture cards to ensure they were able to communicate; staff used these during the inspection. We observed staff use a variety of skills and different methods to communicate effectively with people with all people living at the home and people responded positively to the way staff communicated with them.

Information was provided about how people could access advice from an independent advocate if they wanted it. Advocates support and represent people who do not have family or friends to support for them at times when important decisions are being made about their health or social care.

Promoting people's independence, involving them in decisions about their care and using people's views to

support them to lead fulfilling lives was evident in the approach of all staff. People were involved with decisions that affected them personally, but also the home as a whole. People's views were actively sought in relation to the activities they wished to partake in both individually and collectively as a group, their views also determined the food that was provided and any change to the decoration of the home. People felt included and one person told us said, "They welcome what we have to say, they are always asking for our views."

All people were supported to do as much for themselves as possible. This included people living with dementia. The registered manager told us the layout of the home was deliberately "dementia friendly" and had been specifically designed to enable all people to mobilise independently, where able, without the need for continual staff support. Corridors were individually named, directions to other areas were well signposted and each person's bedroom door individually decorated with their name and photograph to aid recognition.

Staff had an excellent knowledge of people's individual ability to carry out a variety day to day tasks for themselves. Staff knowledge, supported by detailed person centred care planning ensured people led independent lives with as little or as much support from staff as they wanted. We saw people supporting staff with laying tables and setting up activities for others. We observed staff encourage independence throughout the inspection, they were patient and supportive at all times. One person living at the home said, "They encourage me to do as much as possible. They know when I need help with clothes or getting my socks on. I shave myself and put my own clothes on." Another person said, "I can shave myself. If I want to go out I will go with staff or my family."

Staff were always looking for ways to promote new ideas and activities within the home to ensure all people, including those living with dementia to try new things and to meet new people. People's success was championed. We saw a number of people had expressed a wish to attend a 'watercolours painting' course. They attended and upon completion their certificates were proudly posted on a wall for all to see at the home.

People living with dementia were treated equally and were provided with excellent care and support that enabled them to lead fulfilling and meaningful lives. Edward House has been awarded the Nottinghamshire County Council (NCC) Dementia Quality Mark (DQM). The DQM is awarded to care homes in Nottinghamshire that have shown that they provide a high standard of care for people living with dementia. We noted, there was always something for people living with dementia to do. This ranged from using a wide variety of memorabilia the person could relate to such as books, magazines and clothing, to activities designed to support them with maintaining their independence. For example, one person's care plan stated, 'It is important to promote [name's] self-worth, give [name] encouragement and commend [name] for doing a good job.' We spoke with a staff member about this person. They told us this person liked to be kept busy and took pride in cleaning the tables in the dining room. We observed the person doing so throughout the day. They were regularly encouraged by staff. We also noted in this person's care plan that the number of examples of behaviour that may challenge others had been reduced as a result of the staff identifying a 'role' for this person within the home.

Strong and effective links had been made with local community based workshops and events. For example, after consultation with people within the home, people were invited to attend workshops for older people, with an organisation called 'Creative Paths'. Creative Paths are a company who provide inclusive leisure, learning and social opportunities. People had recently attended workshops with other older people from the community where they made and printed their own tea towels. People were also supported to attend a local 'memory café' designed to support older people, some of whom were living with dementia, to meet and reminisce with people from the local community. The registered manager praised the approach of the

activities coordinator in ensuring that all people within the home were able to feel part of their local community.

Detailed, person centred documents had been completed, such as people's life history and a 'This is me' document; this gave staff the information needed to form meaningful relationships with people. We observed staff using this information when speaking with people. One positive example was one person's love of Princess Diana, and they were provided with books about her life. The person said, "I do love this book." Other people told us they felt able to talk with staff and when they did, they said staff respected their views. One person said, "I have a care plan in the office. It's been updated recently." Another person said, "They always listen to me and do what I ask." A person's feedback from the recent survey said, 'I'm happy here and enjoy being able to make my own decisions'. Records showed where able, people had signed their care plans when they were first written to show they agreed with the decisions made to support them.

High quality and individualised end of life support was provided at the home. Detailed end of life care plans were in place having been agreed either with the person or their family. The registered manager told us they ensured people were fully involved with the process and made sure people's wishes were communicated to staff and respected. We noted some positive comments received from relatives whose family member's had passed away at the home. These included, 'To all the lovely staff, thank you from the bottom of our heart for all the wonderful care you gave' and, 'Many thanks to the staff. Our relative was warm and comfortable and you always looked after their needs'. We received positive comments from a funeral director who supported the home when a person had passed away. They said, "It was clear that [name] was not just a resident there but was like a family member." They also said, "The manager has started to discuss this (end of life care planning) with people so the families knew what the resident's wishes were, or if there were no family, that the manager or carers would know what to do."

Is the service responsive?

Our findings

Prior to admission to the home, the registered manager carried out a detailed assessment of people's care and support needs. These assessments were designed to ensure that as much information as possible was provided to enable staff to provide each person with individualised care that met their needs. Where possible, people and/or their relatives had been involved with this process. A relative confirmed they and their family member had been involved. They said, "The manager went out and assessed [my relative] and made sure they understood. I had a couple of long sessions with the manager and she gave me lots of her time."

Once people had moved to the home, detailed individualised care plans were put in place. In the sample of records we looked at we saw they were regularly reviewed to ensure staff were able to respond to people's changing care and support needs.

People's personal preferences were taken into account when care was planned for them. The time people wished to go to bed, their food likes and dislikes and their preference for activities were just some of people's preferences that were recorded within their records. Staff understood people's care and support needs and spoke confidently when we asked them about specific elements of some people's care. For example, one member staff could explain how a person was supported with a health condition.

People spoke positively about the programme of activities provided at the home. One person said, 'We've got some good records we can play, Elvis and stuff.' Another person said, "You can do lots. Play dominoes or games. We have quizzes which are very good, entertainers, a motivator, there is always something happening." People's personal preferences were taken into account when activities were planned. Throughout our inspection we saw a wide range of activities were taking place. These included; arts and crafts, dominoes and support with reading books. A motivational exercise class also took place. This was well attended and people appeared to enjoy it. A person was heard describing the person running the class as, "A lovely man."

A person we spoke with told us if they felt the need to make a complaint or to raise an issue that was worrying them, then they felt confident enough to discuss this with staff or with the registered manager. They also said, "I'd say my piece, they always listen to you and do what they can to put things right."

The registered manager told us they had recently responded to feedback from people and their relatives that they were unaware of how to make a formal complaint if they needed to. They rectified this by placing a copy of the complaints process on the back of each bedroom door and also in the foyer of the home. We did note that the style the complaints process was written in, for example in small type, may make it difficult for some people to read or to understand. This was rectified immediately by the registered manager. Records showed the complaints received were dealt with in line with the provider's complaint policy.

Is the service well-led?

Our findings

People were encouraged to contribute to the development of the service and were asked for ways in which the staff, the registered manager or the provider could improve the quality of the service they received. Although some people advised they were unsure of meetings taking place, records showed meetings for people and their relatives took place approximately every three months. We saw a newsletter was produced for people which advised them when the next meeting would be. The most recent newsletter gave feedback for people on the results of the latest quality assurance survey, gave some advice for people on keeping safe within the home and invited family and friends to the summer fayre. The results of the most recent quality assurance survey were positive with people commenting about the quality of the care provided, the environment in which they lived and the food. We saw examples where the registered manager had acted on the feedback given.

Staff also felt able to contribute to the running of the service. Regular staff meetings and discussions during supervisions gave staff the opportunity to talk about the people they supported and how improvements could be made. This led to an inclusive, open and positive atmosphere and culture at the home. Staff felt valued and empowered and as a result the staff we spoke with told us they enjoyed their job. One staff member told us, "I never want to leave." The staff we spoke with were also aware of the provider's whistleblowing policy and told us they felt comfortable in challenging poor practice if they needed to.

People, staff, relatives and professionals all spoke highly of the registered manager. They found her approachable, willing to listen and ready to act on their views. One person said, "The manageress? She comes round every morning. You can go to her office and talk to her if you need her." A relative said, "If I was worried I'd just go and see someone in the office, the manager. I've not had to see her myself but she seems approachable." An external professional said, "To me [name] is a very caring manager."

The home was well-led by a passionate, caring and dedicated registered manager who had the best interest of all of the people living at the home at heart. She had developed a dedicated, loyal and effective team of staff who supported her to provide the best care and support possible for people. We saw the registered manager engage easily with people throughout the inspection. Her office door was always open and we saw people take the opportunity to go and speak with the registered manager. No matter what she was doing, the registered manager always made time for people, their relatives and staff.

Quality assurance systems were in place to help monitor the standard of the service provided and to help drive improvement at the home. A variety of audits were carried out by the registered manager and/or her senior staff as part of the provider's quality monitoring system. A monthly update was provided to the regional manager to ensure the home was effectively monitored from provider level. Where guidance was needed from the provider himself, or his representatives, the registered manager told us this was always available. The registered manager said, "Nothing is too much trouble. If I need something, a new bed for someone for example, I don't even need to ask, I just get it and then it is discussed later."