

Cumbria County Council

Edenside

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 unannounced inspection took place on 12 October 2016. We last inspected this service on 24 June 2013 under the regulations that were in force at that time. We found that the provider met all the regulations during that inspection.

The provider, Cumbria County Council, was re-registered in October 2015 and this is the first inspection since the re-registration process was completed.

The original building in Appleby was flooded in December 2015 and it was necessary to move the people who lived in the home to new accommodation. The people moved to a dormant home in Penrith which has since been re-registered as home to provide care and accommodation for up to 17 older people some of whom may be living with dementia.

There was a registered manager in post on the day of our inspection.

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 who used this service were safe. The staff knew how to identify if a person was at risk of abuse and the action to take to protect people from harm. Risks to people's safety had been assessed and measures put in place to manage any hazards identified.

People were protected by staff who knew how to keep them safe and managed individual risks well. Staffing levels were appropriate which meant there was sufficient staff to meet people's needs and support their independence. Extra staff were being recruited in order to support people who needs were becoming more complex.

The registered manager and the staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Staff had been recruited following a thorough recruitment process and they were clear about their responsibility to promptly report any concerns or safeguarding issues. Staff were well trained in subjects appropriate to their roles in the staff team.

People had access to external health care services which ensured their health care needs were met. Staff had completed training in safe handling of medicines and the medicines administration records were up to date. Protocols were in place for the receipt and disposal of all medicines that came into the home.

People were provided with sufficient food and drink in order to maintain good levels of nutrition and hydration. We saw that drinks and snacks were available throughout the day.

There were some activities organised for those people who lived in Edenside but these were limited. We have made a recommendation that the registered manager considers organising some more activities and entertainment.

We saw that people were included in decisions about their care and were supported to maintain their independence and control over their lives. People's privacy and dignity were respected at all times and they had access to an advocacy service if this was necessary. People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which helped to ensure their individual needs were met.

The provider had a system in place for dealing with any complaints or concerns. There had been no complaints received since the last inspection.

The home was managed by a registered manager who was experienced and qualified to run the service. Staff felt well supported by a registered manager who promoted strong values and a person centred culture. Staff said they were pleased to work in such a good home and were supported in understanding the values of the organisation. There was an appropriate internal quality audit system in place to monitor the quality of the service provided.

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.

Staff had been recruited following a thorough recruitment process and they were clear about their responsibility to promptly report any concerns or safeguarding issues.

There were sufficient numbers of staff to ensure that people had their needs met promptly and safely.

Medicines were managed appropriately and the records were up to date.

Is the service effective?

Good ●

The service was effective.

Staff training was up to date and staff received training appropriate to their roles within the staff team.

There were systems in place to assess people's personal care needs and we saw evidence that people's needs were regularly reviewed so they continued to receive appropriate care.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were being followed.

Is the service caring?

Good ●

The service was caring.

Staff knew people well and respected their privacy and dignity.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

The people we spoke to expressed satisfaction with the service and felt they were well cared for.

Is the service responsive?

Good ●

The service was responsive.

People had their care and support needs kept under review. Staff responded quickly when people's needs changed, which ensured their individual needs were met.

The management and staff at the home worked well with external agencies and services to make sure people received care in a consistent way.

The provider had an appropriate system in place to deal with peoples' concerns and complaints.

Is the service well-led?

Good ●

The service was well led.

The registered manager had developed a strong and visible person centred culture at Edenside. Staff were fully supportive of the aims, values and vision of the service.

Notifications of accidents and incidents required by the regulations had been submitted to the Care Quality Commission (CQC) promptly by the registered manager.

Quality assurance and audit systems were used to monitor and assess the service's performance and to drive a culture of improvement.

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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 12 & 13 October 2016 and was unannounced. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted district nurses, the team leader of the Care Home Educational Support Services and social workers from the local authority who had dealings with this home.

During our inspection visit we spoke to three of the people who lived in the home, the supervisor on duty, three support workers, a domestic and the cook. We spent time with the registered manager and discussed the running of the service with the operations manager who was in the home for part of our inspection visit. We observed care and support in communal areas and looked at the care records for four of the people who lived in Edenside. We also looked at records, including those relating to management of medicines and a range of records pertaining to how the home was managed.

Is the service safe?

Our findings

The people we spoke to told us they felt safe living in Edenside. One person said, "Safe, of course I feel safe and always have done. We have the same staff we have always had keeping us safe". Another person said, "Yes I am quite safe here and it is nice to know there is someone around at night".

There were 15 people living in Edenside on the day of our inspection visit and we found that the staffing levels were appropriate to meet the assessed needs. There were four support workers and a supervisor on duty all day and two members of night staff on duty through the night. We asked the staff if they thought there was enough staff to provide an appropriate level of care and one said, "We can manage but as peoples' needs increase it would be helpful to have an extra member of staff. We would be able to spend more quality time with the people we support".

The operations manager confirmed that a recent re-assessment had been completed in respect of four people whose needs had become more complex. This re-assessment was undertaken by a multi-disciplinary team which included social workers, the district nurses, mental health professionals and the registered manager. As a result it had been decided to increase the number of support staff hours and arrangements were in hand to increase the number of support staff employed at the home.

There were processes in place to protect people from abuse and keep them safe. We found that staff had a good understanding of safeguarding issues and knew how to report any concerns. They told us they would report anything untoward to the registered manager and were able to describe various types of abuse. None of the staff we spoke to had ever seen any inappropriate actions at all during their time working in the home. One member of staff said, "No, I have never seen anything that worried or upset me. I would report it immediately if I did". Staff had completed safeguarding training and they all had information advising them of their responsibility to report anything they were not happy about.

The registered manager understood her role and responsibility with regard to safeguarding and notifying CQC of notifiable incidents. She had ensured that all incidents were reported to the appropriate authorities where necessary although there had been no adult protection issues to report since the re-registration of this service.

The provider had procedures in place to make sure only suitable people were employed to work in their services and provide a safe environment. There was a low turnover of staff in Edenside and we were able to check the personnel files of four members of staff, two of whom had only recently been appointed. We saw relevant references and a result from the Disclosure and Barring Service (DBS) which checks if people have any criminal convictions. This result had been obtained before applicants were offered the post. We saw that application forms included full employment histories.

We looked at the records for the receipt, administration, storage and disposal of medicines and found everything to be in order. We observed medicines being administered and saw this was done in a caring manner. Staff gave people time to take their medicines in a relaxed way explaining why it was important.

We saw that regular audits or checks were completed on the medicines administration records (MAR) and these were signed by the supervisor concerned. Checks were completed daily to ensure the records were completed correctly to ensure all the tablets and liquids held matched the records. There were clear protocols for giving 'as required' medicines in place and variable doses for medicines were clearly recorded on the medicines administration record (MAR). This helped to make sure that people received the medicines they needed appropriately. For example if people needed their medication first thing in the morning the night staff were responsible for giving this. All staff who administered and recorded medicines had received appropriate training.

We spoke to a member of the domestic staff team and asked her about working at Edenside. She said, "It is a lovely place to work and the staff team work well together and support each other. We always have plenty of cleaning materials to keep the home clean". One of the supervisors had delegated responsibility for infection control and regular audits were completed to ensure cleanliness was maintained at all times.

We saw the service had contingency plans in place in the event of foreseeable emergencies and personal emergency evacuation plans were in each care plan should people ever need to be moved to a safer area in the event of an emergency. We saw there were clear notices within the premises for fire procedures and fire exits were kept clear.

There were systems in place for reporting incidents and accidents in the home that affected the people living there. We saw that these systems were being followed and if required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.

Is the service effective?

Our findings

We spent time in the parts of the building that were occupied and saw that people were given choices throughout the day. Some people spent their day in their rooms, only coming to the dining area for their meals. Others stayed in the communal areas of the home chatting with friends and the staff on duty. We heard staff asking people where they wanted to sit, if they wanted a drink and if they were comfortable. There was a relaxed atmosphere throughout the home and one person told us, "It is good living here, I can choose what I want to do and the girls understand if I want to stay quietly in my room".

We saw that care staff at Edenside communicated well with the people who lived there and gave people the time they needed to express their wishes. We saw that people who had capacity to make decisions about their care and treatment were supported to do so.

We saw evidence throughout our visit that the care staff knew the people they supported very well. Most of the staff had worked at Edenside for many years and were familiar with people's likes and dislikes and their preferences about how their care was delivered.

We looked at the staff training records and saw they were all up to date. The registered manager explained that staff training was organised through the provider's electronic system and she always managed to access what she wanted when she wanted it. Training had been completed in living with dementia, safeguarding, fire warden and fire safety, medicines management, emergency first aid, an awareness of The Mental Capacity Act 2005 (MCA) and Deprivation of Liberty safeguards (DoLS). More in depth training in the MCA and DoLS had been organised for December this year for all staff as the registered managers within the organisation had already completed this. This training was in addition to that which the provider deemed as mandatory training which included moving and handling and infection control.

We asked the staff if they met with their line manager to discuss their personal and professional development in a supervision meeting. They said they met with their supervisor every four to six weeks. One member of staff told us, "I meet regularly with my supervisor to talk about the job and how I am getting on. When we first start work we sign a supervision agreement and I know there is a record kept". We saw evidence to support the system of staff supervision and annual appraisals. The supervisor on duty during the inspection told us, "I have regular supervisions with the registered manager and get chance to make suggestions and comments of my own".

Some people who lived in the home were not always able to make important decisions about their care and lives. We saw that the registered manager had a good understanding of her responsibilities under the Mental Capacity Act 2005, (MCA) and around protecting people's rights.

The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The registered manager confirmed that there were three people currently living in Edenside who had a DoLS order in place and four had been applied for. We saw evidence in the care plans that the DoLS applications had been correctly completed and the manager confirmed that CQC were notified when approval was granted.

We found that staff had an understanding of the MCA and best interest decision making, when people were unable to make decisions for themselves. Records we saw contained information about people's mental health and the correct 'best interest' decision making process, as required by the MCA. Best interest decision making is required to make sure people's human rights are protected when they do not have mental capacity to make their own decisions or indicate their wishes. Records we saw evidenced this. Each member of staff had been given a booklet produced by the Department of Health that outlined the principles of the MCA in language that was easy to understand and gave a broad outline of what the Act was about.

We saw, from the care plans we looked at, there was information held on file with regard to people who held Lasting Power of Attorney (LPA) for those who lived in Edenside. It also stated if the LPA was in respect of finances or care and welfare or both. This information showed who had the legal authority to make decisions on a person's behalf when they could not do so themselves in respect of financial and/or care and welfare needs. The registered manager confirmed that the provider ensured all details and copies of any LPA were held at the home and we saw evidence of this in people's care files.

We heard people in the service being asked about consent for day to day support and care delivery. We spoke to people who said that they were always asked for consent. One person said, "The staff don't tell us what to do, we ask them for the kind of support we need." We observed subtle interactions where staff allowed people to make their own decisions but also appropriately guided and supported them.

The provider had suitable arrangements in place that ensured people received good nutrition and hydration. We looked at four people's care plans and found they contained detailed information on their dietary needs and the level of support they needed to ensure they received a balanced diet. Risk assessments such as the Malnutrition Universal Screening Tool (MUST) had been used to identify specific risks associated with people's nutrition. These assessments were being reviewed on a regular basis. Where people were identified as at risk of malnutrition, referrals had been made to the dietician or the speech and language therapist (SALT) for specialist advice.

Weights were recorded monthly or more frequently if this was necessary for staff to be aware of anyone who may be at risk of becoming malnourished. Food and fluid charts were kept for people who needed their nutrition and hydration reviewed to ensure they received a balanced and nutritious diet. We spoke to the cook on duty at the time of our inspection and she was aware that there were times when people need a fortified diet when necessary. People told us they enjoyed their meals and we saw there were drinks and snacks available throughout the day. The home had recently been awarded a 5 star excellence award following an inspection by the food standards agency.

Healthcare needs were met through close working relationships with the local GP practice and the community nursing service. We spoke to the team lead from the district nursing team who was very positive about the care and support provided by the staff at Edenside. They advised us that there was very good communication between the district nursing team and the staff at Edenside. They said, "The staff contact us if they need help and advice or an extra visit. If a visit is requested it is always for a good reason. I have only been visiting the home for a relatively short space of time but I have always found the manager and staff to

be both caring and supportive to the people in the home".

We also contacted the team leader of the Care Home Educational Support Services (CHESS). The CHESS team held monthly clinics at Edenside to discuss the support of people with mental health needs including dementia and to provide support to the staff in meeting those needs. We were told, "The staff are very good indeed and contact us when they need help and advice. They are very responsive to our advice particularly in the formulation of the appropriate care plans".

As this was the first time this service had been inspected since the change of location we looked at the environmental standards throughout the building. As Edenside was registered to provide care and accommodation for up to 17, only part of the building was registered and in use. Much of the building had been redecorated since people moved in but there was still work to be carried out. The operations manager confirmed that plans were in hand to continue with the redecoration of the building. Parts of the building were locked up and not in use and people were supported on two floors with a passenger lift that gave them access to the upper floor. As this move had been difficult for some people that lived in Edenside we did remind the operations manager the importance of ensuring the part of the building that was occupied was kept to the highest possible standards.

We saw that external contractors carried out regular inspections and servicing of, for example, fire safety equipment, electrical installations and gas appliances. There were records in place to report any repairs that were required and these showed the work had been completed. We also saw records to show that equipment used at the home was regularly checked and serviced under annual service level agreements. These checks included the passenger lift, hoists and specialist baths.

Is the service caring?

Our findings

It had been a difficult time for the people who lived in Edenside. When their original home had been flooded in December 2015 they had moved to another location in the nearby town of Penrith. People told us they had needed extra support from the staff following the move and that the staff had helped them throughout the upheaval. One person said, "We would not have managed without the staff who know us so well. They are so well trained too".

The service had a stable staff team, the majority of whom had supported the people who lived at Edenside for a long time and knew the needs of the people well. This continuity of staff had led to people developing meaningful relationships with all the staff. We were told by people that the staff had been very caring throughout the difficulties encountered during the recent move from Appleby. One person told us, "It was a difficult time and very stressful. The staff have been wonderful and I have nothing but admiration for their care and support. After all it wasn't easy for them either".

There were two units in the home that were open and we spent time on both of the units during our visit. The units consisted of peoples' rooms and lounge/dining facilities. We saw that the staff offered people assistance but respected people's independence. Staff took the time to speak to people and took up opportunities to interact with them, engage and offer reassurance if needed. People were given choices about what to do and where to go. Some chose to remain in their rooms and others sat in the lounge areas.

All the bedrooms were for single occupancy and this meant that people were able to spend time in private or see people in private if they wished to. Bedrooms we saw had been made more personal places with people's own belongings, such as photographs and ornaments to help them to feel at home with their familiar and valued things. There were other small seating areas around the home. These enabled people to meet with visitors in private or just sit quietly on their own. There was also a large lounge on the ground floor that could be used for activities or entertainment. This room was also used for religious services.

We observed, during the inspection, how staff were respectful when talking to people, calling them by their preferred names. We observed staff knocking on people's doors and waiting before entering. Staff were also observed speaking with people discreetly about their personal care needs. We saw friendly and supportive interactions between the staff and the people who lived in the home. We observed lunch being served on one of the units and saw staff assisting people in an unobtrusive way when help was needed. The lunch time was relaxed and people were given time to eat their meal in an unhurried manner.

We found that information was available for people in the home to help support their choices. This included information about the services offered, about support agencies such as an advocacy service, 'People First' that people could use. An advocate is a person who is independent of the home and who can come into the home to help support a person to share their views and wishes.

We discussed, with the registered manager, how the service supported people who were nearing the end of their life. The registered manager confirmed that when people wished to remain at home local healthcare

providers were consulted and appropriate plans were put in place to ensure people's wishes were adhered to. We saw in the care plans we looked at that people had advanced care plans in place. These had been agreed with the person concerned and family members if this was appropriate. There was nobody in need of end of life care at the time of our inspection and there were no core drugs held in the home. Core drugs are medicines that are available as soon as they are needed in the care and treatment of people who are receiving end of life care.

Is the service responsive?

Our findings

People we spoke to during our visit told us they thought the staff were very responsive to their needs. People told us, "I like living here as I can move around the building if I want to. The girls [staff] don't mind if I stay in my room all day. That is my choice as I am used to my own company. I do sometimes join the others for my meals though".

We found throughout our visit that the service was responsive to the needs of the people that lived in Edenside. Prior to their admission to the home people's health and social care needs had been comprehensively assessed. The assessments were completed by the registered manager and ensured the service was suitable and could meet their needs. Most of those who lived in the home had been there for some time and we could see that they lived just as they wanted to.

Following this initial assessment, care plans were developed detailing the care, treatment and support needed to ensure personalised care was provided to people who lived in Edenside. We saw that, wherever possible, people had signed their care plan and consented to the care and treatment to be provided. The assessments identified people's support needs and included medical information, nutrition needs, mobility and skin care needs.

The care plans ensured staff knew how to manage specific health conditions such as diabetes or mental health needs. Individual care plans had been produced in response to risk assessments, for example where people were at risk of developing behaviours that may have challenged the service and/or people who lived in the home.

We looked in depth at four of the care and support plans and found these were relevant and up to date. All care plans and risk assessments were reviewed and updated at least each month. Where people's needs changed the care plans were updated by hand so that the information for the staff team was always up to date. At the monthly review the changes were then detailed on the computer system and that became a new, revised plan of care. Changes in people's needs were documented clearly and where necessary external professional advice was sought. For example advice from the community mental health team, the dietician and the speech and language therapist (SALT). Annual review meetings were also carried out by the social work team and these included the registered manager, the person concerned and family members if this was appropriate.

In all the care plans we looked at we saw there were risk assessments in place that identified actual and potential risks and had the control measures to help minimise them. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition.

Although there was no activities coordinator employed at the home the support workers organised some activities for people who wished to join in. Musical entertainers visited the home and people we spoke to enjoyed visits from the hairdresser. The activities were limited and people we spoke to said, "I am hoping to start painting again as soon as my hand improves" and "I really prefer to stay in my room with my books and

TV". We saw, from the minutes from the latest meeting held for people who lived in the home, plans for the Christmas festivities had been discussed and these were being put into place.

We recommended that the registered manager looked at organising some more activities and entertainment as soon as possible.

People living in Edenside told us they were able to follow their own faiths and beliefs. They told us that they could attend the monthly religious service if they wanted to. They could also see their own priests and ministers as they wanted to take communion.

The provider had a policy and procedure for recording complaints and the details of this were displayed about the home. There had been no complaints since the previous inspection and this was evidenced by the complaints log. One person we spoke to said, "I have no complaints at all about the manager and staff just the fact that we have had to move from our original home".

Is the service well-led?

Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. We found there was a clear management and organisational structure within the home. Staff we spoke with told us they felt the registered manager and provider listened to them and that they had regular staff meetings to promote communication and discussion. We saw minutes of meetings for the senior staff the support workers and also the minutes of the most recent meeting for people who lived in the home.

The registered manager promoted strong values and a person centred culture. Staff said they were pleased to work at Edenside and were supported in understanding the values of the service and of the provider

Staff told us the registered manager was very supportive to all the staff. One member of staff said, "The manager is very good at managing the home. We have all had a rough time this year and through it all she has been so supportive to us and the people who live here. She has extremely high standards and expects the staff to follow her lead. I like that as it means people who live here get a very good quality of life".

People who lived in the home said they saw the registered manager every day. One person said, "Yes I know who the home manager is and I see her every day. She is always about in the home. She has been so good over the last months when we had to move homes. It wasn't easy for anyone you know".

The registered manager used the provider's internal quality audit systems in place to assess and monitor the quality of the service provided. There was an established auditing programme for the registered manager to follow as well as other forms of quality monitoring. Care plans and medication audits were done regularly. Procedures and monitoring arrangements were being followed in the event of accidents and incidents relating to people's care. Records showed that incidents were recorded and reviewed. To evidence this we looked at the manager's record of all the monthly audits completed.

There were also regular visits from the operations manager, who had overall responsibility for the running of the service, to do their own checks on aspects of the service and monitor the standards in the home. We were told that during the monitoring visits the operation's manager spoke to people in the home, staff on duty and any visitors to the service. This meant people were regularly given the opportunity to raise any concerns or to a senior person within the organisation.

During these monthly visits they completed their own checks on aspects of the service and monitored the standards in the home as well as providing supervision and support for the registered manager.

We spoke to the operations manager about the effect the move from the home in Appleby following the flood last December. They told us the registered manager and staff had worked very hard to make it easier for people when they had to move. He said, "The staff have been really great and followed the exceptional lead of the registered manager. It has been so traumatic for the residents and their families and all the staff did their very best".

