

# Portsmouth City Council Edinburgh House

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

We conducted an unannounced inspection of this home on 10 and 11 November 2016. Edinburgh House provides accommodation, personal care and support for up to 32 older people many of whom are living with dementia. The accommodation is arranged over two floors of a large purpose built building with lift and stair access. There are four units within the home, two on the first floor and two on the ground floor. Each unit has its own communal kitchen/dining area, there is also a main large communal lounge at the front of the building and a conservatory and balcony. The property is surrounded by large, enclosed mature gardens.

At the time of our inspection, there were 21 people living at the home. There were 29 care workers, seven domestic and kitchen staff, four senior care leads, four assistant managers and a registered manager. 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. At the time of our inspection the registered manager was unavailable. However, the registered manager from another of the providers' locations made themselves available during inspection to assist with any queries.

Following an inspection in December 2014 we asked the provider to take action to make improvements which related to person centred care and assessments to establish people's capacity to consent to care. At this inspection, we found the necessary improvements had been made.

Not all staff members had received their mandatory training to ensure they maintained the appropriate skills and knowledge to carry out their roles effectively based on best practice. Staff were receiving regular supervision, but not all staff had received an annual appraisal.

There were audit systems in place to assess quality and safety but no real outcome from these audits had been identified. Staff morale was low, they felt communication with the manager could be improved and there had been no team meetings within the previous year. Feedback about the service was sought from people but there was no analysis of the information received.

The home had a welcoming, homely feel although the decoration was somewhat dated and tired. Generally, the home was clean and tidy. However, there was some staining on carpeting. Repairs were required within the kitchen that had not been completed.

Consent was sought by staff when providing personal care to people and there was a good understanding of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS).

People's medicines were administered, stored and disposed of safely and staff administering medication had all completed their annual medication update training.

There were procedures in place to ensure that risks to people were managed to keep people and staff safe. Staff demonstrated a good knowledge of how to keep people safe from abuse and avoidable harm. The home had systems in place to ensure safe recruitment practices were followed and only suitable staff were employed to work with people. There was adequate numbers of staff available to keep people safe.

We observed caring, compassionate interactions between staff and people living at the home. People were supported to eat and drink so as to maintain a healthy and balanced diet. Staff knew people well and encouraged and supported people to maintain their independence where possible whilst respecting their dignity.

Access to external health and social care professionals was readily available for people living at the home.

People's care plans were detailed and personalised with evidence of regular review. People and their relatives were encouraged to contribute to their care plans and reviews.

There was a complaints procedure in place and any complaints that arose were dealt with effectively by the management team. People felt able to raise concerns which would be dealt with appropriately.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of the full version of this report.

## 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.

Systems were in place to manage risks associated with people's health and wellbeing which kept people and staff safe.

People were protected from abuse and avoidable harm. Safe recruitment practices were followed to ensure appropriate staff worked with people.

There were enough staff available to keep people safe.

Medicines were administered, stored and disposed of appropriately

### Is the service effective?

**Requires Improvement** ●

The service was not always effective.

Not all staff had completed annual mandatory training to ensure they maintained the skills and knowledge to carry out their roles effectively. Not all staff had received an annual appraisal.

People were supported to maintain a balanced and healthy diet and access to external health and social care professionals was available.

There was a good understanding of the Mental Capacity Act and Deprivations of Liberty safeguards. Staff sought consent from people before providing personal care.

### Is the service caring?

**Good** ●

The service was caring.

There were caring and compassionate interactions between staff and people.

People's privacy and dignity was respected and staff encouraged people to maintain their independence.

People were supported to express their views and encouraged to actively contribute to their care and support.

### Is the service responsive?

**Good** ●

The service was responsive.

People's care plans were personalised and contained detailed information for staff to support people according to their needs and wishes.

There was a complaints procedure in place and complaints were dealt with effectively by the management team.

People felt able to raise any concerns and that they would be listened to.

### Is the service well-led?

**Requires Improvement** ●

The service was not always well-led.

Some ad-hoc audits to evaluate the safety and quality of the service had been completed, but there was no outcome as a result.

Staff did not feel that the communication between them and the manager was effective. Staff morale was low.

There had been no staff meetings in the year prior to our inspection.

Feedback was sought from people and staff but once the information was received no analysis or action was taken.

# Edinburgh 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 was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, looked at the overall quality of the service, and provided a rating for the service under the Care Act 2014.

The inspection took place on 10 and 11 November 2016 and was unannounced. The inspection team consisted of one inspector.

Before the inspection we reviewed information we had about the service, including previous inspection reports and notifications the provider sent to us. A notification is information about important events which the provider is required to tell us about by law.

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.

Not all people living at Edinburgh House were able to verbally express their views about the service. Therefore we spent time observing interactions between staff and people within the communal areas of the home. We spoke with four people who lived at the home and one visitor.

During our inspection the registered manager was unavailable. We spoke with three assistant managers, four care workers, three domestic and kitchen staff and an administrator. We also spoke with a registered manager from another of the providers' locations who was overseeing the service in the registered managers' absence.

We looked at the care plans and associated records of eight people. We reviewed other records, including the provider's policies and procedures, internal checks and audits, quality assurance surveys and feedback from people, medicine administration records, mental capacity assessments and the recruitment, appraisal, supervision and training records for ten staff members.

# Is the service safe?

## Our findings

People told us they felt safe living at the home. One person said, "I feel safe living here, yes. I feel safe everywhere here. I like going outside".

At the time of our inspection, staff gave good examples of how to recognise signs of potential abuse and how to protect people from abuse and avoidable harm. Staff felt that they could report any safeguarding issues to the assistant managers, or registered manager and their concerns would be investigated robustly in a timely manner. The provider supported staff with annual safeguarding training. However, not all staff were up-to-date with this training. We have addressed this in the effective section of the report. There was evidence that safeguarding concerns were addressed and investigated by the registered manager and the appropriate agencies were informed without delay. The registered manager had sent notifications to the Care Quality Commission which had alerted us to any safeguarding concerns within the home. Staff were aware of the whistleblowing policy and where to locate it to refer to if required. They understood that if they did not feel a concern about a person was dealt with appropriately by the management team, they could report it to the local authority safeguarding team directly.

The provider identified and assessed risks to people's safety and wellbeing. These included risks associated with mobility, nutrition and behaviour that challenges. Clear guidelines were available for staff to enable them to manage risks on a day to day basis to keep people and themselves safe. Risk assessments were reviewed to reflect people's changing needs.

The home was generally clean and tidy. However, the decoration was tired and dated with marked paintwork and some areas of stained carpeting. In the kitchen area, one of the cookers had been broken for some weeks and although reported, the repairs had yet to be completed. This had made things more difficult for kitchen staff when preparing meals for people.

Medicines were administered by the assistant managers who were trained to do so and had received annual updates. At night, a senior lead care worker would administer medicines. All medicines were stored, recorded and disposed of appropriately and people received the medication they required at the right times.

There were sufficient numbers of suitable staff to support people and keep them safe. People were satisfied there were enough staff. Staff and management told us that their workloads were manageable at the time of our inspection, assistant managers told us that during the summer months they had been short staffed relying on the use of agency and bank staff to fill vacant shifts. The management team felt it was due to sickness and annual leave. We saw staff were able to carry out their duties in a calm, professional manner. An assistant manager confirmed they were carrying a vacancy for a night shift care worker and had recently recruited two permanent members of day care staff. .

The provider carried out the necessary checks before staff started work. Staff files contained evidence of photographic proof of identity, employment history and good conduct in previous employment. Records

showed that checks had been made with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable staff from working with people.



## Is the service effective?

### Our findings

People living at the home were confident staff had the appropriate skills and knowledge to support them according to their needs. People were happy with the food provided at the home and the choices available. One person said, "The food is quite nice here, I like the cakes."

Training was provided annually for staff to ensure they kept up-to-date with the skills and knowledge required to carry out their roles effectively and according to best practice. Mandatory elements included, moving and handling, health and safety, safeguarding adults, basic food hygiene and basic life support. The assistant managers told us that there were other ad-hoc training courses that were relevant for staff working at the home, such as dementia care. Some of the subjects were taught in a classroom environment while other training was made available online.

During the inspection we reviewed ten staff files and 8 of those staff had not completed their annual mandatory training. This meant that staff may not have been acquiring or maintaining the skills and knowledge expected to enable them to care for people effectively. Staff told us that they were receiving supervision with their line managers and records confirmed this. However, not all staff had received an annual appraisal, with some staff not having had an appraisal since our last inspection in December 2014.

The failure by the registered person to ensure that persons employed by the service provider, received such appropriate training, professional development and appraisal as is necessary to enable them to carry out the duties they are employed to perform, was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection in December 2014, there were not suitable arrangements in place to ensure people's ability to consent to care and treatment was established. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds now to Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and there was no longer a breach of this regulation.

The Mental Capacity Act (MCA) 2005 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 the least restrictive possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the Act. The service had suitable procedures in place for assessing people's capacity to make decisions. Records of assessments were in line with the principles of the Mental Capacity Act 2005 and its associated code of practice. At the time of our inspection there were people living at the home who were subject to DoLS and applications were completed fully with evidence of review. Staff were aware of and informed about their responsibilities if people lacked capacity. Staff knew

about the need to obtain consent from people, and gave examples of how they did this in every day practice and how they responded if a person declined care for any reason.

Staff supported people to maintain a healthy diet. People told us they liked their meals, that the food tasted good and that there was plenty of choice available. One person said, "Some days I just want a sandwich and can't eat a cooked meal, the cook will make me up whatever I want." Staff made sure people had drinks available. There was fresh fruit and homemade cakes available for people on a daily basis.

Information was available to kitchen staff about people's individual requirements and preferences, such as allergies and if people needed their food pureed. Where people were supported to eat and drink, this was done sensitively and discretely. The dining rooms were bright and homely with views out over the gardens and mealtimes appeared calm and unhurried. The tables were nicely presented with table cloths and mats and there were menus available in both written and pictorial format.

People were supported to access external healthcare professionals to meet their health needs. People were supported to attend appointments with their GP, dentist, optician and out-patient appointments for individual medical conditions at the local hospital. Where external healthcare providers gave advice or guidance, or where people's health needs changed, these were included in people's care plans.

## Is the service caring?

### Our findings

People told us that their care workers were very kind. One person said, "I never want to leave here, I love my carers, they are all very caring."

We observed supportive and compassionate interactions between staff and people. It was clear that staff knew people well, addressing them by their preferred names and talking to people about their families and pastimes in every day conversation.

People were treated with dignity and respect. We observed a person who had become disorientated and upset while trying to locate their room. A care worker approached them with a friendly and calm manner and gently talked to the person and helped them to find their room which eased their anxiety. Care workers were respectful when talking to people. If assisting a person with a task they would explain calmly step by step what was happening and what the end task would be.

Staff gave good examples of when they had respected people's privacy and dignity whilst providing personal care. People told us that staff were respectful of their dignity when assisting them with care tasks by closing doors, drawing curtains and covering them while assisting them to bathe. One person said, "they [care workers] help me with everything, I don't mind because they are all very kind." Staff told us that wherever possible people were encouraged to maintain their independence by carrying out tasks which they were able to do whilst being supported by their care worker.

People were encouraged to express their views and were involved in decisions about their care and support. A visitor said, "I've been here quite a few times and I've heard carers asking people what they want, whether they would like a bath. People are very well looked after I think."

## Is the service responsive?

### Our findings

People told us they were happy with their care and support and felt that it met their changing needs. A visitor said, "When my [relative] went into hospital everything changed, but it didn't seem to bother them [care workers] they just changed everything when he got home and carried on looking after [relative] like they always did. They are very good."

At our last inspection in December 2014, there was a failure to ensure that each person had a fully assessed plan of care to ensure people's individual needs could be met. This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds now to Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection, improvements had been made and there was no longer a breach of this regulation.

Care plans were individualised and detailed. They contained all the relevant information for care workers to support people according to their needs and preferences. Each person had a named key worker who was responsible for noting any change in need during review and implementing any changes required. Where possible, key workers discussed people's care plans with them during review for them to be able to contribute to the planning of care and support they received. Evidence was seen of people's comments during review and where appropriate that of their relative or named representative.

There was an extensive personal history section within the care plan, that covered categories such as childhood, adolescence, adulthood, retirement and likes and dislikes and under each section there was a selection of topics that people had been asked about upon their admission to the home. It was a thorough account of the person's life history which enabled care workers to get to know the person well. Other areas assessed upon admission included, physical health, mental health and religious and cultural background. One plan noted how a person was of a particular faith and how often they liked to visit church and how it could be achieved whilst the person lived at the home. There was also a section for assessing a person's capacity and the outcome of this. The care plans contained photographs of the person and those close to them.

Residents coffee morning were held every three to four months and this gave people the opportunity to discuss any concerns or worries they had about the service provided in an informal setting. One person said, "I can say what I like, they help me out if I need it."

In the communal dining areas there were boards on the walls with the date, month, season and weather written on it to orientate those with memory difficulties to the time of year.

There was an activities co-ordinator at the home and during the inspection we observed a singing group engage with them in the communal lounge. The activity was well received by people who were laughing and enjoying themselves. There was an activity board in the main reception area which listed activities that were being held and what day they were available. They included, board games, manicures, bingo, newspapers and current events and a religious service held on a Sunday afternoon.

The service operated a complaints procedure and evidence was seen that any complaints or concerns raised were dealt with to the complainant's satisfaction. There was a compliments folder in the main reception area which relatives and visiting health and social care professionals were able to write in. Some of these comments were, 'very good visit, everyone friendly and helpful' (relative), 'always friendly and extremely helpful nothing is too much trouble' (healthcare professional).

## Is the service well-led?

### Our findings

There were mixed views regarding the management of the service. One person said, "Yes [registered manager] is very nice."

Most staff felt that the communication between the management of the service and staff was poor. Morale had been low due to potential changes to the future running of the home and staff felt that their concerns regarding this had not been addressed. During the inspection, the new service manager had arranged to come and speak to staff to provide senior leadership while the registered manager was unavailable.

Staff spoke highly of the assistant managers. They told us that if they needed anything they would go to the assistant managers in the first instance. Some staff noted how busy they felt the assistant managers were and that they were busier during the registered manager's absence. The assistant managers felt well supported by the registered manager.

Some audits had been completed to monitor the quality and safety of service provision. Topics included falls and infection control. It had been identified in an infection control audit that there was no shower curtain or bath mat available in one of the bathrooms but there was no action plan in place or outcome available to suggest that this had been dealt with. When this was pointed out to an assistant manager, they went to check that the work had been carried out and reported back that it had been completed.

Feedback had been sought from people and staff in surveys but although these had been returned there was no further analysis of the information gathered to identify any areas where improvements could be made or areas of concern addressed. For example, in the staff survey for 2015 there were a number of staff who noted their concerns in response to being asked about the atmosphere at the home, there was no evidence this had been addressed. In 2016, there were fewer numbers expressing their concerns about the atmosphere but there was a smaller response rate than the previous year. Staff said during this inspection they didn't feel there was any point in responding as it didn't appear to make any difference.

The failure by the registered person to act on feedback from people about the service, and the failure to establish robust systems or processes to assess, monitor and improve the quality and safety of the service, was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Residents meetings were held regularly approximately every two to three months; the attendance at these meetings was variable. Senior staff meetings which included the registered manager and the four assistant managers had been held once in 2016 and three times in 2015, minutes of these were observed during inspection. There had been two meetings held in 2015 for the domestic/laundry staff. However, general staff meetings had not been held since our last inspection. Staff told us that they couldn't remember when the service had held a staff meeting, but that due to the current low morale among the staff team, it would have been welcomed. Relatives meetings had been held and were fairly well attended. Minutes of these minutes were available for relatives to read if they wished.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The failure by the registered person to act on feedback from people about the service, and the failure to establish robust systems or processes to assess, monitor and improve the quality and safety of the service, was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The failure by the registered person to ensure that persons employed by the service provider, received such appropriate training, professional development and appraisal as is necessary to enable them to carry out the duties they are employed to perform, was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>