

Brookland Homes Limited

Edwina House Nursing Home

Inspection report

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Requires improvement



Is the service effective?

Requires improvement



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

We inspected the service on 10 November 2015. The inspection was unannounced.

Edwina House Nursing Home provides accommodation for up to 22 people who require nursing and personal care. The service supports people living with mental health conditions, physical disabilities and dementia. The home has two levels. There are two lounges inclusive of dining areas, the main kitchen and bedrooms on the ground floor and further bedrooms situated on the first floor. There is a lift for access to the first floor. On the day of our inspection 16 people were using the service.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People we spoke with were positive about the care that they received and the staff that supported them. We saw people being treated with kindness and respect. Staff

Summary of findings

were aware of people's individual needs and how they were to meet those needs. Staff were also aware of people's likes and dislikes and knew what they needed to ensure that people were happy.

There were a number of systems in place in order to monitor and maintain people's safety. However, these were not always being followed. We looked at eight staff files out of which we could only evidence that criminal record checks had been carried out for five staff members. Some of the criminal record checks also dated back to 2003 and there was no evidence that these had been reviewed or updated. Therefore, the service would not be aware of any convictions the staff member may have received since the date of the check to the present day. This could place people at risk whereby the service may be employing a staff member who possibly may not be permitted to working with vulnerable adults.

Most staff had the appropriate knowledge and skills necessary to support people who used the service. There was inconsistency in the training that was provided and some staff had not received training in areas such as safeguarding, infection control and in specialist areas such as managing a catheter and pressure care. However, staff we spoke with confirmed their understanding of abuse and the actions they would need to take if they witnessed any type of abuse. People told us that they felt safe living at the service and that staff treated them with dignity and respect. People felt listened to and said that staff respected their choices and decisions.

We looked at care plans and found them to be detailed and person centred. Risks had been identified and appropriate risk assessments had been put in place and were reviewed regularly. As part of the review process it was positive to note that medicine reviews had taken place for all residents in conjunction with the GP and the Care Home Assessment Team (CHAT). However, for some people who were supported in bed, staff were unaware that a re-positioning chart needed to be completed to record when a person was turned in order to prevent pressure sores. The service had not put a form in place and had not advised staff about the completion of this.

There were some aspects of medicine management that were not safe. We found that the service did not follow safe processes when administering medicines. Medicines were administered from the medicine room, on the first floor, into medicine pots and then taken round to people

without any method of identifying whose medicine was in which pot. The nurse administering medicines was also not using the Medication Administration Record (MAR) to correspond which medication she was administering for each person. We also noted where people were administered medicines covertly, appropriate procedures had not been followed in relation to completing a Mental Capacity Assessment (MCA) and best interest decision had not been recorded.

The registered manager and some staff members had a good understanding of the Mental Capacity Act 2005 and were able to demonstrate a good knowledge base on how to obtain consent. However, most staff had not received any formal training in this area and were unaware of what a Deprivation of Liberty Safeguard (DoLS) was and how this should be applied. The service had not implemented the principles of the Mental capacity Act 2005 (MCA) especially where Deprivation of Liberty Safeguards (DoLS) were applicable. DoLS authorisations are required to be in place to ensure that where an individual is being deprived of their liberty that this is done in their best interest and in the least restrictive way.

We found the home to be clean, however, there was an unpleasant odour around the home throughout the whole day. Concerns were also noted about the management of heavily soiled items of clothing and how the service ensured that these were washed at the recommended temperature to prevent cross-contamination. The registered manager told us that on occasions staff would wash heavily soiled items in a sink by hand before taking them to the laundry.

There was a maintenance log, equipment maintenance records and fire alarm checks that the service was undertaking on a regular basis. However, the service did not complete any quality assurance audits in order to identify issues or concerns with the running of the service in order to ensure any potential risks are eliminated and to resolve any issues or concerns highlighted by the audit.

People told us that they enjoyed the food that was prepared and enjoyed their meals. The chef was aware of people's likes and dislikes and also of anyone with a special diet. One relative commented about the food and told us "my relative is eating quite well and has put on weight since he has been at the home."

Summary of findings

People confirmed they knew who the manager was and also knew who the directors of the service were. People felt confident that they could raise issues or concerns with the management and relatives also felt that the management was approachable. We also spoke to health care professionals who were working with the home who told us that they had no concerns with the quality of care provided.

Staff were positive about working at the home and told us that they felt supported in carrying out their role. We saw that supervisions were undertaken for staff members but these were not consistent and were not in line with the services supervision policy. The service had also not completed an annual appraisal for most staff members employed by the service.

We saw some positive interactions between staff members and people living at the service. An activity plan was on display stating that activities would take place between 3pm and 4pm. We did not observe any activities taking place throughout the day and people told us that there were not enough activities offered at the home.

We have made a number of recommendations in relation to the service's policies and procedures, analysis of accidents and incidents, improved signage around the home, infection control, safe recruitment checks and activities.

We also found six 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 back of the full version of the report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe because the service was not managing medicine administration safely which was putting people at risk.

People told us that they felt safe at the home and with the staff who supported them. Staff understood what abuse was and knew how to report any concerns they had to the management.

The service had systems in place to manage staff recruitment. This included background checks, reference verification as well as checking that staff were qualified and registered to practice when employed as a nurse. However, on some files criminal record checks were not available.

People's personal safety and risks associated with their care and treatment were identified and reviewed.

Requires improvement



Is the service effective?

The service was not always effective. The registered manager and some staff members had a clear understanding of the Mental Capacity Act 2005 and how this should be applied. However, where people were at risk of coming to harm, for example if they left the service unaccompanied, guidelines relating to the Deprivation of Liberty Safeguards were not being appropriately followed and applied.

Staff received basic training and we saw documentation to confirm this. However, certain staff members had not received training in areas such as safeguarding, infection control and other specialist areas such as catheter care and pressure care.

Staff received supervision but these were not regular and consistent and were not in line with the company policy. Annual staff appraisals had also not taken place for most staff employed by the service.

Requires improvement



Is the service caring?

The service was caring. People told us that they liked the staff and were well cared for and content living at the service. The registered manager and staff members were aware of individual's needs and how they were to meet those needs.

Throughout the inspection, staff were observed talking with people in calm and friendly tones, although, some staff were noted to be more task focussed opposed to being person centred and care focussed.

Good



Summary of findings

Staff demonstrated a good knowledge of people's characters and personalities. Care plans were detailed and person centred and also included discussions around 'end of life care' and 'advanced decisions.'

Is the service responsive?

The service was responsive. People and relatives told us that the management team were approachable if they had any issues or concerns. The service had not received any written complaints in the last one year however, there was a process in place to record and manage this if a complaint was received.

People and relatives told us that they were involved and consulted with the planning and delivery of their and their relatives care and this was reflected within their care plan.

An activity plan was on display which outlined activities took place between 3pm and 4pm every day. We did not observe any activity taking place on the day of inspection and some people and relatives told us that there were not enough activities taking place at the home.

Requires improvement



Is the service well-led?

The service was not always well-led. There was a lack of effective systems in place to monitor and improve the quality of service especially in relation to medicines management. The only audit that the service carried out was for monitoring of care plans.

Staff meetings were taking place but were not consistent. There was also lack of staff handover records which did not ensure effective and robust support and communication methods between senior management and staff members.

People and relatives knew the manager and the senior management team and spoke positively about them. There was a clear management structure in place with a team of care staff, housekeeping staff, kitchen staff, directors of the service and the registered manager. Staff told us they felt supported by the management team. However, during the inspection the registered manager lacked insight into the effective running of the service and throughout the inspection had to keep referring to the co-director every time we requested a particular piece of information.

Requires improvement



Edwina House Nursing Home

Detailed findings

Background to this inspection

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

This inspection took place on 10 November 2015 and was unannounced.

The inspection team comprised of one inspector and a specialist advisor who is a practising nurse in dementia care.

Before the inspection we reviewed information we had about the provider including notifications and incidents affecting the safety and well-being of people using the service. We also contacted the local authority safeguarding team for their views about the home.

During the visit we spoke with eight people who used the service, two relatives, 11 staff members including the registered manager and co-director. We also spoke to the community matron from Care Home Assessment Team (CHAT). Some people could not tell us about what they thought about the home as they were unable to communicate with us verbally therefore we spent time observing interactions between people and the staff who were supporting them.

We looked at the care records of six people who used the services and checked files and records of nine care staff members. Other documents checked relating to people's care included risk assessments, medicine records, staff and residents meetings minutes as well as health and safety documents, policies and procedures.

Is the service safe?

Our findings

People told us that they felt safe at the home and with the staff that supported them. One person told us, “Yes, I suppose I am safe.” Other people told us that they “feel safe” and “I am safe.” One relative commented, “They are looking after my relative and there is security in the home.”

Medicine administration was found to be unsafe within the home. We observed the nurse on duty administering medicines inappropriately and without following the medicine administration guidelines. We observed medicines being dispensed unsafely from individual blister packs into medicines pots without using the Medication Administration Record (MAR) chart. Dispensing and administering medicines in this manner was unsafe and putting people at risk as there were no names on the medicines pots to identify which pot belonged to which person. When we told the nurse and registered manager about the inappropriateness of this practice they told us that they knew the people well and did not believe there was a risk in the administration method.

There was lack of understanding around legal processes for covert administration. Where people were administered medicines covertly the GP had authorised this practice. However, there was no mental capacity assessment and best interest decision recorded regarding this to confirm that decisions had been made where someone lacked capacity and in the person’s best interest.

We looked at people’s Medication Administration Records (MAR) and found that some records did not have a photo on the MAR to identify the person. People had been prescribed pain relief medicines on a ‘as and when required’ medicines to manage pain. However, the service did not have individual protocols which identified whether a person could ask for pain relief, if not how to recognise when a person is in pain and guidance for staff on how to manage and support people with this.

This is breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Controlled drugs were stored in the controlled drugs cabinet. A stock check of controlled medicines that was in the cabinet was found to be as per the recording in the controlled drugs log book. There was evidence that controlled drug was signed and witnessed by two people

when administering the medicine. There was evidence of recording of all incoming medicines and there was a disposal log of all medicines that had been returned back to the pharmacy.

We saw evidence that people’s medicines had been reviewed regularly in conjunction with the GP and Care Home Assessment Team. No gaps on Medication Administration Records were noted and stock checks of ‘as and when required’ medicines corresponded with stock records.

Staff were aware of what constitutes abuse and the action they must take. Staff told us “vulnerable people are at risk, we should be safeguarding them.” Staff also told us that they would immediately inform the manager if they suspected any abuse. Staff understood the term ‘whistleblowing’ and whom they could contact to raise any concerns. Staff were aware that they would need to highlight any concerns even if it involved a colleague with whom they worked.

A safeguarding and whistleblowing policy was available. However, both policies were not current. They still referred to the old Care Quality Commission (CQC) regulations and outcomes and did not contain contact details for the local authority or the CQC if a person or staff member wanted to contact an external agency.

We recommend that the provider updates the policies so as to reflect the above information.

The service had systems in place to manage staff recruitment. This included background checks, reference verification as well as checking that staff were qualified and registered to practise when employed as a nurse. Criminal record checks had been requested for some of the files that we checked; however, we could not evidence the same for all files. The registered manager did tell us that criminal record checks are completed for all staff members but was unable to locate the ones that were not on file. Out of the eight files we checked we saw criminal record checks for 5 staff members. Some checks had been carried out as far back as 2003 and there was no evidence of a review of this. Therefore, the service would not be aware of any convictions the staff member may have received since the date of the check to the present day. This could place people at risk whereby the service may be employing a staff member who possibly may not be permitted to working with vulnerable adults.

Is the service safe?

This is breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing levels had been determined by assessing people's needs and this was reviewed regularly. Level of needs assessments had been completed as part of the care planning process. The service did not use any agency staff and it was positive to note that the directors of the service formed part of the care team. Staff rotas were prepared in advance and the registered manager and directors of the service were incorporated as part of the shift. People told us that there could be more staff available on duty. One person told us "Staff - could do with one more" and "staff are always in a hurry to do their next duty." Some staff also told us that on occasions they were short staffed and could do with having one more care staff on duty. On the day of the inspection we observed there to be sufficient staff available to meet the needs of the people. Staff were not rushed or lacking of time in completing their duties.

Risk assessments and care plans were current, clearly written and had individualised information about people's needs and abilities. Risk assessments within the care plans covered areas such as moving and handling, falls, pressure sores, scratching, provision of personal care, aspiration and peg feeds. Risk assessments detailed the problem and need, the aims and goals, plan and actions to be taken and the review date. Standardised tools were used such as Waterlow, to assess pressure risk, malnutrition universal screening tool (MUST) and food and fluid charts. However, some staff members were unaware of certain people's risks and actions that should be taken. For example one person was noted to be on bed care and required re-positioning every two hours to prevent a pressure area from developing. Staff did not know that a turning chart needed to be completed to record the 2 hourly turns. Another example was recording food and fluid intake on a chart. Care staff were not knowledgeable in this area and did not know how to complete this form. We informed the registered manager of this who immediately put a turning chart in place.

We saw accident and incident records for the last one year. In 2015 the service had only recorded four accidents/incidents. There was a log in place which recorded details of the accident/incident, the action taken, action taken to

prevent re-occurrence and a completed body map. The service did not compile an analysis of accidents or incidents so as to monitor, record and learn from any emerging patterns.

We recommend that the provider completes a regular analysis of all accidents and incidents to monitor, record and learn from any emerging patterns to ensure the safety of all people living at the service.

There were clear evacuation plans for each person living at the service. This was attached to the business continuity plan. The list included the name of the person, their date of birth, date of admission, and level of mobility. In addition to this a red sticker had been attached to the bedroom door to identify those people who would need support in case of an emergency.

During the inspection we checked the communal areas of the home and we found them to be clean. We did note that there was a lingering odour that remained for the whole day. We looked at maintenance records for the home which included annual, monthly and weekly fire checks and call bell checks. Hoists, wheelchairs, bath chairs and the lift used to support people were checked regularly. All other maintenance work that needed to be actioned was recorded on the maintenance log.

We also looked at the kitchen area which was found to be clean and well maintained. The kitchen staff were aware of separating food preparation areas appropriately according to different types of food items. The fridge was clean and all items were labelled with the dates that they had been opened. The freezer was also found to be cleaned and not over stocked. It was positive to note that the cook always keeps a sample of the meal that is prepared on the day so that in case there was an outbreak of diarrhoea or vomiting a sample could be tested to identify the cause of the outbreak. The samples were dated and then disposed of after 72 hours.

The home had an infection control policy. No records were kept in relation to daily cleaning schedules and tasks undertaken. The housekeeper was unavailable on the day of the inspection. In their absence the care staff assumed the role of housekeeping in addition to their daily care provision. As part of the inspection we checked on the laundry facilities of the home. We asked the registered manager about the process of managing items of clothing contaminated by bodily fluids. The registered manager told

Is the service safe?

us that on occasions the staff wash the item of clothing by hand in a sink and then bring it down to the laundry to be washed at a high temperature. The service had a laundry policy which stated that all soiled items contaminated by bodily fluids are to be washed at 90 degrees. Therefore the service was not following its own policy and was placing people and the staff at risk of infection.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

Our findings

The service provided us with a training matrix which showed us the training that staff members had received and when a refresher session was due. We noted that people had received training in health and safety, food hygiene, manual handling, safeguarding, infection control, mental capacity and fire safety. Certificates were available to confirm this. Staff also told us that they received regular training either on a face to face basis or through an online portal. We looked at training records for nine staff but could only evidence on two files that staff had received an induction prior to starting work at the service. There were also inconsistencies in relation to the training staff received. Not all staff received training on Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), mental health awareness and challenging behaviour. The staff that we spoke with had an understanding of what the Mental Capacity Act was. One staff member told us, “It’s where a person is unable to make decisions. I would inform the manager and relatives, social workers and manager would hold a meeting.” Another staff member told us, “We assess how much a person can and can’t do for themselves.” However, when we asked staff members about Deprivation of Liberty Safeguards (DoLS) they did not have an understanding of what this was and confirmed that they had not received any training in this area.

This is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service had policies and procedures in place in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). The Mental Capacity Act 2005 (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 to 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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The service had assessed each individual’s mental capacity and where required a best interest decision had been recorded. We found that the service had not applied the principles of the MCA especially in relation to people who lacked capacity and were being deprived of their liberty. The service had not submitted any DoLS applications for any people living at the home who lacked capacity especially as people were unable to leave the building of their own free will.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff told us that they received regular supervision, however, when we checked staff files we were unable to evidence that these had taken place. We saw some documented evidence of supervisions taking place but these were not consistent, only focussed on training and were not available for all staff files that we checked. The service could not demonstrate that annual appraisals had taken place. The co-director told us that appraisal forms had been given to staff members but they had not been completed and therefore a meeting had not taken place to discuss the content of the appraisal which would look at staff support and development.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Consent to care forms were available on the care documents that we looked at but these were not always signed by the person living at the service or where required their relative. People also had forms on their files to alert staff and other healthcare professionals that if their heart stopped they would not want to be resuscitated or any resuscitation would not be in their best interest. Do not attempt cardio-pulmonary resuscitation (DNACPR) orders were completed appropriately, however, there was lack of evidence that a multi-disciplinary approach had been taken in order to reach the decision especially where a person lacked capacity.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Is the service effective?

People living at the home had positive feedback to give about the food that was provided. People that we spoke with told us “It’s nice, home cooked food” and “the menu is put up on the board and if you don’t like what’s on the menu you have another choice.” The same person also told us “The cook always comes and asks me what I like.” Another person told us “the food is ok, no problems” and “good chef – more or less knows what I want and what I eat.” During lunchtime we observed people to be eating well and enjoying the food that had been prepared. Some people asked for a second portion which was provided. The food looked appetising and throughout lunchtime the atmosphere was noted to be calm and relaxed. There was music playing in the background which one person was singing along too. One person complimented the cook by saying “God bless the chef.” Staff were aware of the needs of the people and knew the level of support people required and how this should be provided. Staff also were observed to offering choice to people. For example, for desert, one person was offered what was on the menu, however, they did not want this option so the staff member offered them a piece of fruit which the person accepted.

On the day of the inspection we spoke with the cook and catering assistant. They told us that the menus are set by the manager who discusses choices with the residents. These conversations were not recorded so it was not possible to confirm if this was actually the process for setting of menus.

Drinks hot and cold were visible throughout the day and people had access to snacks and biscuits at any time when

requested. People’s weights were checked regularly and recorded. Senior managers were responsible for completing food and fluid intake charts where appropriate. We noted that appropriate referrals had been made to healthcare professionals where required.

Care records showed that people’s health and well-being was being monitored and calls to the GP were made swiftly in response to changes. Visits from GP’s, chiropodists and hairdressers were recorded. We saw records that the Care Home Assessment Team (CHAT) had visited the home alongside the GP to carry out medicine reviews for all the people living at the service.

People’s bedroom doors were not personalised. Only a number identified the room. People’s rooms that we saw were also not personalised and had very little in terms of personal items, and photographs. There was no available signage around the home indicating the location of the lounge, toilet or people’s bedrooms especially for those people living with dementia. The home had a garden that was accessible to all people living at the service. There were some people who smoked and they told us that they had access to the garden when they wanted. One person told us, “I just tell the staff when I want to go out for a smoke.”

We have recommended that the service considers enabling people to personalise their bedrooms and obtaining appropriate signage around the home especially in relation to the specialist needs of people living with dementia.

Is the service caring?

Our findings

People told us that they liked the staff that supported them and that they were treated with respect and kindness. One person told us, “They give me respect, that’s what it’s all about.” Another person told us, “Carers look after me properly.” Some people were not so positive about the care they received. One person told us that “Some staff are rude sometimes and are not always respectful.” A relative told us, “Staff are doing what they are expected to do” and “my relative was quite withdrawn at the previous home that they were at but is more engaging now at Edwina House.” Some relatives had completed a ‘Next of Kin’ feedback form. One comment noted was “My relative was in a safe and caring home where they were looked after well.”

Throughout the course of the inspection we observed staff treating people in a respectful and dignified manner. Staff knew the people and understood their needs and preferences. Staff engagement with people was variable. There were some staff who had a jovial and friendly approach while others were more practical and task focussed. Some staff were noted to take their time when supporting people whilst others had very little interaction with people and continued to focus on the task in hand. Care staff provided assistance but also encouraged people to build and retain their independent living skills. One person was noted to be on the move constantly and had full access to all areas of the home including the laundry. They were noted to take their own dirty laundry to the laundry room and collect clean laundry to take back. They also went round people’s rooms collecting dirty cups and plates and returned them to the kitchen.

Care plans were detailed; person centred and provided information about how people should be supported in order to promote their independence. Each care plan was individualised and reflected people’s needs and preferences. One care plan that we looked at had detailed information about how the person would like to receive support with personal care and also had a life profile. Care plans also took account of people’s diverse needs in terms of their culture, religion and gender preference to ensure that these needs were respected.

People told us most staff respected their privacy and dignity. One person when asked if staff knock on the door before they enter their room told us, “oh yeah they knock on my door” and “knock on the door – I suppose they do.” However, during the inspection we did note that some staff walked in and out of rooms without knocking including the manager. We told the manager that he must knock on people’s doors before entering in order to maintain their privacy and dignity. People were able to access all areas of the home especially the garden area in order to spend their time wherever they wanted.

We spoke with the registered manager and a staff member about equality and diversity and how they would treat people who belonged to a different religion or culture of whose sexual orientation was different from their own. The staff member told us, “We treat everyone as equal, it is their choice and it is a personal thing.” The registered manager told us, “People’s beliefs and cultures – we always take that into consideration. We cater for different people and we try and meet their needs and choices. We would treat anyone who is lesbian, gay, bisexual and transgender just like any other person living at the service.”

We observed that relatives were able to visit at any time. On the day of the inspection one relative came to visit and arrangements were made for the person to be taken to their room so that they could have privacy to spend some time together.

The registered manager told us that at the time of the inspection there was no one who was deemed on ‘end of life’ care. However, we did note that on care plans that we looked at people and their relatives had been asked to complete ‘advanced care planning’ and ‘enabling care priorities’ documents. The service is working towards achieving the Gold Standards Framework in care. The Gold Standards Framework enables frontline staff to provide gold standards of care for elderly people especially those who are nearing end of life. This is achieved through a training programme set by the Gold Standards Framework Centre.

Is the service responsive?

Our findings

People using the service and the relatives who we spoke with were happy with the care and support they received. People told us that if they had any concerns or complaints they knew who to talk with. One person told us, “I know the co-director and I know how to complain” and another person told us, “I know who to tell if I was unhappy.” One relative told us, “I can’t fault them (the home); my relative is looking more healthy and engaging with other people.”

The service had a complaints policy and also had a complaints folder where all complaints and concerns would be logged. A complaints procedure was also on display in the main reception area of the home. The complaints book did not have any complaints recorded for over one year. There was a compliments folder which held copies of thank you cards and letters for services that had been provided.

Care plans reflected how people were supported to receive care and treatment in accordance with their needs and preferences. Care plans we looked at had guide sheets for carers on how to manage a peg feed (this is where someone is fed by a tube inserted into their stomach), a feeding plan was in place and records on how regularly it should be and was cleaned. Care plans also showed that people’s family had been involved in the process. One person told us that the co-director discussed their care plan with them and that they have regular visits from social services. Care plans were reviewed every two months. On some care plans we noted guidance sheets on diabetes care and epilepsy care for staff members which gave them direction on what actions to take if someone was having an epileptic seizure or was suffering with very high or drop in blood sugars. Care plans also contained life profile documents. Pre-admission assessment documents were available on file for people whose care plans we looked at. Prior to admission each person was individually assessed.

Staff were able to tell us what person centred care was. One staff member told us, “We never go into their room without

asking, we tell them what we are doing and we never force them. We always speak to them with courtesy.” Another staff member told us “if they don’t want our help or refuse, we leave them for a little while and then go back to them and ask them again” and “I help them and feed them and give them choice.” However on the day of the inspection we did see some staff who were task focussed and not care focussed when supporting people.

The home did not employ a specific activity worker and care staff delivered activities as part of their role. We saw an activity plan on display which stated that daily activities would take place between 3pm and 4pm. The registered manager also confirmed that this was the specific time for activities as during the day care staff were occupied with providing support to people and all other related tasks. On the day of the inspection we did not observe any activity taking place especially between 3pm and 4pm. We highlighted this to the registered manager who immediately went and told the care staff to organise some activity. An activity record was available which had noted some of the activities that had taken place in the past which included nail cutting, listening to music and foot spa. We asked people if they felt there were enough activities offered at the home. One person told us, “Sometimes I am bored stiff as there is not enough activity” but another person told us, “I play darts, dominoes and cards – there is plenty of things to do.” Another person told us, “I usually got to the lounge and talk to the others but they are not very talkative.” The home did offer a regular church service which took place every week.

We recommend that the provider considers ensuring that more activities are available to people in the home. The provider may wish to refer to resources such as National Activities Providers Association (NAPA) which is a registered charity with an active interest in promoting high quality activity provision for older people or other similar resources available.

Is the service well-led?

Our findings

People who used the service and their relatives told us that they knew who the manager was and felt comfortable in approaching them and any other staff member if they had any issues or concerns. One person told us, “I know who the manager is and I know I can complain to them.”

Staff felt that they could approach the manager at any time. Staff told us, “The co-director and the director are very, very good, they are patient. The manager is also very nice but the co-director is approachable, they are like one of us.” Another staff member told us, “I have no problems with the management” and “They support me and the manager is helping me.” Staff told us that they had regular staff meetings, however, one staff member told us that there was lack of staff meetings taking place. They felt that too many decisions were taken by the senior management and there was not enough staff input. Staff meetings or group supervision meetings had been recorded and there had been two in 2015. Topics covered included respecting our values, be welcoming, respectful, communication, maintaining privacy and person centred care.

Staff told us that there was effective communication between all staff members including the registered manager. All staff received a daily handover at the start of each shift which was verbal but we were unable to evidence any of this information as there was no written record of daily handover. The service did not hold any relatives meetings and there was a lack of regular recorded residents meeting. Only one residents meeting had taken place for 2015. We were shown a brief handwritten recording of what was discussed which only had recorded a discussion regarding the summer BBQ that was due to take place. The registered manager told us that they normally would speak to relatives directly if there was anything in particular that they needed to discuss.

The service did not have adequate quality assurance systems in place which monitored the quality and safety of service provision. There was a lack of documented evidence to confirm that the registered manager carried

out monthly checks which covered various aspects of the home and care being provided such as the premises, health and safety, medication, finances and documentation relating to the management of the home. Due to the lack of quality monitoring systems and safety audits the service had not identified any problems within the service. For example, the service had not carried out any internal medicines audits and failed to pick up the issues in respect of the management and administration of medicines. Also, the lack of audits to check staff files had meant that the service had not identified the lack of documentation in respect of supervisions, appraisals, criminal record checks and training.

This above is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a clear management structure in place and staff were aware of their roles and responsibilities. The directors of the provider organisation running the service were also visible around the home and supported care staff in delivering care. However, the registered manager lacked leadership and oversight of the quality, safety or care at the home. He relied heavily on the co-director to provide the information that we required as part of the inspection process.

The service had a number of quality monitoring systems including annual questionnaires and feedback forms which were given to relatives once a person had left the service. The annual questionnaire had been completed in January 2015. Good feedback had been received and no concerns had been noted. Most recently the service had given relatives a questionnaire based on one of the Care Quality Commissions (CQC) ‘key lines of enquiry’. The questionnaires were based on ‘safe’. The service had received ten responses which were positive. One feedback form noted a statement as follows, “I would like to highly recommend Edwina House for their kind and caring ways they extended to my relative and my family. I would definitely tell people I know to use them if the occasion arises for their loved ones.”

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. 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 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>People who use services and others were not protected against the risks associated with unsafe and improper management of medicines.</p> <p>People who use services and others were not protected against the risks associated with preventing, detecting and controlling the spread of infections.</p> <p>Staff providing care and treatment to people using the service did not have the appropriate qualifications, skills and experience to do so safely. Regulation 12 (1) and (2)(c)(g)(h)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed</p> <p>People who used the service were not protected against the risks associated with improper recruitment practices. Regulation 19 (3)(a)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 18 HSCA (RA) Regulations 2014 Staffing</p> <p>Staff did not receive appropriate support, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform, Regulation 18 (1)(2)(a)</p> |
| Regulated activity | Regulation |
| Accommodation for persons who require nursing or personal care | <p>Regulation 13 HSCA (RA) Regulations 2014 Safeguarding service users from abuse and improper treatment</p> |

This section is primarily information for the provider

Action we have told the provider to take

The service had not applied for relevant authorisation's where a person was being deprived of their liberty for the purpose of receiving care or treatment. Regulation 13(5)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 11 HSCA (RA) Regulations 2014 Need for consent

The service had not obtained consent from people using the service and/or their relatives where the person lacked capacity. Regulation 11(1)(3)

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 17 HSCA (RA) Regulations 2014 Good governance

People using the service were at risk because the service did not have effective systems in place to monitor the quality and safety of service provision. Regulation 17 (1), and (2)(a)