Akari Care Limited

Edgeley House Care Home

Inspection report

Edgeley Road
Whitchurch
Shropshire
SY13 4NH

Date of inspection visit:
18 July 2016
20 July 2016

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25 August 2016

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?	Requires Improvement
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 18 and 20 July 2016 and was unannounced.

Edgeley House provides personal and nursing care for up to 60 people. At this inspection 30 people were living there some of whom were living with dementia.

A manager was in post and present during our inspection. The manager was newly appointed and commenced work at Edgeley House approximately eight weeks prior to this inspection. We confirmed that they had submitted appropriate applications to become the 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 last inspection on 16 and 17 December 2015, we identified four areas where the provider was not meeting the requirements of the law. The registered provider did not have an effective quality assurance monitoring system in place to ensure people received a safe and effective service. People were not involved the planning of their own care and were not treated with dignity and respect. There were not enough staff to make sure people's needs were met and they were supported with their hobbies and interests.

The provider sent us an action plan in April 2016 telling us what they would do to make improvements and meet legal requirements in relation to the law. We found at this inspection the provider had taken the necessary measures to ensure the quality of care people experienced had improved.

People were involved in decisions about their day to day care and people had care plans which were mostly individual to them. Care plans contained personal likes, dislikes and personal histories and were either recently reviewed or in the process of being reviewed. Staff had a good knowledge of the people they supported. People and staff had positive relationships. People took part in activities they liked and found stimulating.

When people could not make decisions for themselves staff understood the steps they needed to follow to ensure their rights were upheld. People were involved in the day to day running of their home and attended regular resident meetings.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. Risks associated with people's care had been assessed and actions put in place to minimise the risk of harm.

There were enough staff to support people and to meet their needs. The provider had systems in place to adapt to the changing needs of people and to make provision for additional staffing when required. Before

staff could start work the provider undertook checks to ensure they were safe to work with people.

People received their medicine from staff who were trained to safely administer these and who made sure they had their medicine when they needed it. The provider undertook checks to ensure staff followed safe practices when helping people with their medicines.

Staff had the skills and knowledge to meet people's needs. Staff attended training that was relevant to the people they supported. Staff were supported by the provider and the manager who promoted an open and transparent culture.

Staff made sure people were involved in their own day to day care and information was given to them in a way people could understand. People's independence was encouraged and staff respected their privacy and dignity.

People had a choice of food to eat and were prompted to maintain a healthy balanced diet. People's routine health needs were looked after and people had access to healthcare when they needed it.

People and staff felt able to express their views and felt their opinions mattered. The provider and manager undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

We judged that the provider had made significant improvements to improve the quality of treatment and care to people who use the service. This evidence supported our judgement to improve the rating to 'Good' overall during this inspection.

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.
People were protected as staff understood how to recognise and report any concerns they had about people's safety or wellbeing. Checks were made before staff could start work to ensure they were safe to work with people. People received their medicine safely by suitably qualified staff.

Is the service effective?

Good

The service was effective.

People received care from staff who were trained and motivated to provide care. Staff were supported by the management team in order to perform their role. People were assisted by staff who knew what to do to protect their rights. People had access to healthcare when they needed.

Is the service caring?

Good

The service was caring.

People had positive and caring relationships with staff who supported them. Staff supported people with warmth, respect and kindness. People who showed any anxiety or upset were responded to quickly and reassured by staff. People had their privacy and dignity respected by staff.

Is the service responsive?

Requires Improvement

The service was not fully responsive.
Reviews of people's care plans were underway but some were still not fully individualised to the person. People wished for more choice over individual baths and showers but were happy with the personal care overall. People took part in activities they found interesting. People and their relatives knew how to raise a concern if they needed.

Is the service well-led?

Good

The service was well led.
The management team had made improvements to address concerns previously raised. People felt involved in the running of

their home and that their opinions mattered. Staff found the management team supportive and approachable. The provider had quality monitoring systems in place to continue to drive improvements.

Edgeley House Care 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 18 and 20 July 2016 and was unannounced.

The inspection team consisted of two inspectors, a specialist advisor in nursing and dementia care and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the home. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

We spoke with seven people receiving support, the manager, deputy manager, dementia lead, six care staff, two nurses, two relatives, regional manager, two visiting healthcare professionals and the activities co-ordinator. We viewed the care plans for eight people, including assessments of risk, consent and medicines. We saw records of quality checks completed by the provider, incident and accident records, resident and family engagement and compliments and complaints records.

Good

Is the service safe?

Our findings

At our previous inspection on 16 and 17 December 2015 the provider was in breach of the regulation relating to staffing. There were not enough staff on duty to ensure people's care and support needs were met. The provider sent us an action plan to tell us what they would do meet this requirement. This action has been completed. At this inspection we found that the provider had taken the appropriate measures to ensure there were suitable staffing numbers to meet people's needs.

People told us differing opinions on whether or not there were enough staff. One person said, "Staff here are overworked and they need another two or three (staff members)". Another person told us, "I don't have to wait for anything". During this inspection we saw that there was enough staff to meet people's needs. The manager had contingency plans in place for times of staff shortages and unforeseen circumstances for example, if a staff member needing to assist someone to hospital. At one point during this inspection a staff member needed to leave their shift early. Additional support was provided by appropriately trained and experienced housekeeping and activities staff whilst waiting for additional staff to start work. The manager told us, "Staffing was an issue but we have a good relationship with an agency who provides us with consistent staff members". We saw one agency staff member who had a very good knowledge of the people they assisted and worked effectively with regular staff members. The manager told us should someone's need increase they have the authority to allocate additional staffing to provide appropriate care and support.

We looked at how people were kept safe from abuse. One person told us, "I do feel safe". Another person said, "If I had any concerns I would tell [registered manager's name] or [staff member's name]". Staff had received training and understood how to recognise signs of ill-treatment or abuse. One staff member said, "If I ever suspected anything I would go to the person affected and ensure they were alright. I would then report it straight away". Staff members knew the procedure to follow and where these were kept if they suspected anything was wrong. Staff knew how to report outside of the organisation if needed. We saw contact details on display for people, staff or visitors to use should they feel the need including phone numbers for the local authority and the Care Quality Commission. We saw the provider had made appropriate referrals to the local authority in order to keep people safe.

People told us they felt safe receiving services from the provider. We saw assessments of risk which were individual to the person. These assessments of risk included skin viability, falls assessments and risks associated with eating and drinking. Staff we spoke with knew the individual risks associated with people and what to do in order to keep people safe. We saw one person leave their room wearing only one shoe resulting in a potential trip hazard. A staff member immediately identified this as a risk and assisted the person to sit safely. They spoke with the person and explained to them why it was important to sit and then asked if they could go and get the other shoe which they did. The staff member told us encouraging people to wear appropriate footwear was important in order to help prevent falls from occurring. We saw risks had been assessed and steps were taken to minimise the risk of harm to people.

The provider had systems in place to manage the risk from any equipment used. One staff member said,

"Although a lift is currently out of order there is a second which we can use whilst it is being fixed". We saw people had access to equipment they needed including hoists and walking aids. There was a maintenance programme in place to maintain safe working order of the equipment used. When any equipment failed the manager had systems in place to repair or replace equipment as needed. Incidents and accidents were recorded and monitored by the manager. This was in order to identify any trends or action needed to be completed to minimise the risk of harm to people. One staff member told us, "Following a couple of non-injury falls we requested a medical assessment by the GP to see if there was any underlying condition. An infection was identified and they received treatment".

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. Staff told us references and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied with the responses they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included disciplinary action if required.

People received their medicine when they needed it. One person said, "I dissolve [medicine type] in water and take them when I need". We saw staff members assisting people with their medicines and informing people what they were. We saw staff members asking people if they required any additional pain relief and responding appropriately. We saw that staff supported people to take their medicine safely. Only qualified staff members who had received training on safe handling of medicine administered medicine. Medicines were secured safely and accurate records were maintained. Staff were provided with guidance on the administration of "as and when needed" medicines which were individual to each person.

Good

Is the service effective?

Our findings

People told us they thought the staff supporting them had the right skills and training to assist them. One person said, "They (staff members) are all very good at what they do". Staff told us they felt well trained and supported in order to provide care for people. One staff member said. "For the first week I worked with another staff member. I got used to how things work here and met the people I would be working with". Staff members told us they had the opportunity to get to know people and how to do things the way they wanted whilst working alongside more established staff members. Staff members felt this was a supportive introduction into the role they would be completing.

Staff had access to training appropriate to the people they supported. One staff member said, "Last week we completed a fire evacuation practice. I assumed the role of someone living here and how it felt to be evacuated. It gave me a good insight to how it would feel to be involved in an emergency evacuation. I can use this insight whenever assisting anyone in such a situation to reassure them". Another staff member said, "I completed dementia awareness training and this helps me relate to people living with the illness". Staff members told us they had received training in a range of topics including infection control, health and safety and managing behaviour that may challenge. The manager told us that they are looking at providing additional recognised qualifications for staff to supplement existing in house training. This training would be identified on an individual basis and identified through individual's one-to-one sessions.

People received care from a staff team who felt well supported. Staff told us they have all started to receive regular one-on-one sessions with a senior member of staff. Staff members told us they could use these sessions to discuss their work and any training they required. One staff member said, "Since starting here I have been fully supported and can always seek advice at any time I need it". Staff members had access support and guidance at any time from any member of the management team or their colleagues. One staff member said, "I feel very confident that [manager's name] will support all of us in any situation".

We saw staff sharing information appropriately between people they supported and other staff members. We saw staff members exchanging information as part of a hand over between shifts where details relating to people's needs were discussed. We saw the instructions for meeting one person's needs were carried out by staff later in the day when supporting that person. This assisted people to receive consistent care and support from a staff team that communicated important and relevant details about their care appropriately.

We saw people were supported to make their own decisions and were given choices. People were given the information in a way they could understand and were allowed the time to make a decision. One person said, "I am asked by staff how I want my care". We saw people being provided with options on what to eat, where they would like to go and what activities they would like to take part in.
We saw people's capacity to make decisions was assessed and reviewed when needed. Staff we spoke with had a clear understanding about the process to follow if someone could not make a decision. Staff had a clear understanding of the principles of the Mental Capacity Act and the process of best interest decision making. We saw details of a best interest decision which had been made to ensure someone received

appropriate care and medicines. This care was provided in the least restrictive way possible and the decision making correctly followed current guidance.

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. We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The provider had made appropriate applications and followed the guidance provided. We looked at the recommendations made as part of the authorised applications. The provider had taken action and was meeting the recommendations made. They had systems in place to monitor the time scales for reviews or a repeat application if necessary to ensure people's rights were maintained.

Staff followed current guidance regarding do not attempt cardiopulmonary resuscitation (DNACPR). People's views and the opinions of those that mattered to them were recorded. Decisions were clearly displayed in people's personal files and staff knew people's individual decisions.

People were supported to have enough to eat and drink and to maintain a healthy diet. One person told us, "We have a choice in the morning and at lunch time. They ask us what we want and check again when we are seated at the table". Lunch time was a social occasion for people and those requiring assistance received it at a pace to suit them. We saw people being assisted by staff who were discreet and who encouraged the person they were assisting to eat as much as they wanted. We saw one person who was standing and moving away from their food. One staff member assisted this person and engaged them to eat their meal so they received sufficient nutrition. We saw another person push their food away and started to become upset and distracted. They were supported by one staff member who assisted them and enquired if they wanted something different. After a while the person decided on an alternative which was provided. We saw this person eating a full lunch which included food they appeared to like. People were supported by staff members were aware of individual allergies and food related health conditions for example, diabetes and wheat germ allergies.

People had access to healthcare services, including GP, and were supported to maintain good health. We saw a local GP being assisted on their visit by a member of staff. People were involved in discussions about their medical intervention and options for treatment. Information following medical visits was recorded and relayed to all staff members concerned. One visiting professional told us, "Things have greatly improved over recent months. They (management team) follow everything we suggest to improve the well-being of people". People had access to additional health care including opticians and chiropodists.

Good

Is the service caring?

Our findings

At our previous inspection on 16 and 17 December 2015 the provider was in breach of the regulation relating to dignity and respect. People were not treated with dignity and respect. The provider sent us an action plan to tell us what they would do meet this requirement. At this inspection we found that the provider had taken the action to ensure people were treated with dignity and respect.

People told us their privacy and dignity was respected by staff providing support. One person said, "Personal care is always done in private". Generally we saw staff assisting people in a way which maintained dignity. For example, when one person spilt some drink they were quickly and discreetly assisted by a staff member. The manager told us they have worked hard with staff members to ensure they respond promptly to people to ensure their dignity is not compromised. However, there were still infrequent occasions when people have not been responded to as quickly as they should have been. This was being addressed through one-on-one sessions with individual staff members. We saw personal care and support was completed in private with people and at a pace that suited their needs. We saw communal facilities had appropriate locks on the doors for people to ensure their privacy was maintained when in use.

We saw people being supported by staff in a way that was kind, respectful and caring. One person said, "They (staff) are kind and considerate and they all have a pretty good attitude". Another person said, "The staff are wonderful". We saw one person sharing jokes with a staff member with both of them appearing to enjoy the interaction. We saw staff assisting people with patience and consideration. People were not rushed and allowed the time they needed to do what they wanted. We saw people talking and openly laughing with each other in a calm and relaxed atmosphere.

We saw one person starting to become anxious. A staff member recognised this quickly and responded to this person by talking to them and identifying the cause of their anxiety. The staff member stayed with them until the person was feeling better. A little later this person started to become anxious again and was this time responded to by one of the housekeeping staff members. They recognised the person's distress and took time to help and reassure them. All staff members and not just the care and support staff recognised and responded to people's needs.

People were involved in making decisions about their own care and support. We saw people taking part in discussions and decisions about their care and treatment. These decisions were recorded and staff were aware of how people wanted to be supported. One person said, "They (staff) come in here and I tell them how I like things done". We saw one person being supported to the dining table for breakfast. This person changed their mind and returned to their chair. A staff member responded by recognising their change in decision and offered them options to eat where they wanted. This person was then supported to eat at a time and place they chose. We saw people received reassurance from staff when they struggled to make decisions and supported to make their wishes known.

People were encouraged to be as independent as they could. One person said, "I only need help with washing and some help with dressing". One relative told us, "They [relative's name] has the ability to shave

themselves and is able to do what they can". One staff member told us, "We try where possible to allow people to do what they can for themselves. This helps them to be involved in their care and to feel a sense of self-worth".

Staff members had a clear understanding of confidentiality and records personal to individuals were kept securely and accessed only by those with authority to do so.

Requires Improvement

Is the service responsive?

Our findings

At our previous inspection on 16 and 17 December 2015 the provider was in breach of the regulation relating to person-centred care. People were not included in the planning of their care and were not supported to pursue their hobbies and interests. The provider sent us an action plan to tell us what they would do meet this requirement. At this inspection we found that the provider had taken action to include people and families in the planning of their care and to engage them in activities. However, some improvement was still required to make care planning fully individual to the person concerned.

People had care plans which were mostly individual to them. We saw in one instance a generic care plan section was in use for one person but not all. The regional manager confirmed with us they had also recently identified the use of such plans as part of their recent quality checks. The manager explained that they were addressing this as part of their improvement plan. They had identified the need to review and remove such sections from people's care plans and were in the process of doing so. One staff member told us, "All the care and support plans were being reviewed. These generic sections were being removed and replaced as they shouldn't have been used in the first place". The use of generic assessments could result in people not receiving care and support in a way they wanted. People that we spoke with could not recall if they had been involved in their care planning or not. However, we did check out with some people their recorded likes and dislikes and personal histories and these corresponded with what was written about them. Where it was possible people had signed sections of their care plans stating that they agreed with what was written.

People told us they were happy with the care they received and that staff talked to them about how they wanted their care performed. Some people we spoke with told us they would like more choice whether or not to have a shower, bath or just a wash. Although people told us they were happy with their personal care they would prefer more choice in this respect. Staff we talked with were knowledgeable about those they supported. Staff members told us about people's individual histories including work and family life, what they liked and what hobbies they enjoyed. For example, One person would always refer to their relative by a nick name. All staff we spoke with was aware of this nick name and who it related to. Another staff member told us all about where someone used to live and what they used to do prior to moving into Edgeley House. People were supported by staff who knew them well.
Relatives told us they were involved in the planning of their family members care and support. One relative told us that they didn't become involved in care decisions themselves but other family members were involved in all decisions concerning their relative. Another relative said, "I am contacted any time there is any changes and asked for my opinion".

We saw people involved in a number of activities at this inspection. These included ball games, puzzles and gardening. One person told us, "I enjoy the singer, bingo and painting". People were given the choice as to whether or not to participate in activities. One person told us, "I don't choose to take part although they (activities) are very good". At this inspection there was an activities coordinator in place who helped set up and engaged people in activities. The activities coordinator told us, "We now have a garden for people to access when they want and we do things like planting and generally doing what people tell us they want to do". We saw people using the garden area and being helped by staff members to engage in things they

found interesting. Some people chose to stay in their rooms rather than go into the communal areas. They told us they regularly saw the activities coordinator and had regular contact from other staff members throughout the day. One person told us, "[Staff member's name] has just popped in. We had a lovely chat and they did my nails". People were involved in activities they found interesting and stimulating.

People were encouraged to maintain relationships with those that mattered to them. Relatives and friends were free to visit whenever they wanted and private areas for visiting were available. One relative told us they visit very regularly and come at different times of the day. Relatives told us they felt welcomed by staff members who always offered them refreshments whenever they visited.

People and relatives felt comfortable to raise any concerns or complaints with staff or the manager. One relative told us they raised a concern with the management team and as a result they noticed positive changes had been made. At this inspection we saw information was provided to people, relatives and visitors on how to raise a concern or who to talk too if they had a complaint. The management team had systems in place to investigate and respond to complaints. We saw details of investigations and the outcome and explanations provided to the complainant.

Good

Is the service well-led?

Our findings

At our previous inspection on 16 and 17 December 2015 the provider was in breach of the regulation relating to good governance. The provider did not have robust or effective quality assurance monitoring systems in place to ensure people received a safe and effective service. The provider sent us an action plan to tell us what they would do meet this requirement. At this inspection we found that the provider had taken the appropriate measures to ensure there were appropriate quality assurance systems in place. These were overseen by a newly appointed manager and newly appointed regional manager.

The provider and manager had systems in place to monitor the quality of service provision. The manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. For example, during their last quality check they had identified the use of generic care plans sections and were in the process of making the changes needed at this inspection. We saw actions plans had been developed following the provider's quality checks and actions underway to meet the improvements identified.

The newly appointed manager had submitted an application with the Care Quality Commission to become the registered manager. We confirmed at this inspection that this application was in progress. The management team understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

People told us they felt involved and informed about the service that was provided. People knew who the management team were. At this inspection the manager had been in post for approximately eight weeks. People told us they felt able to approach the manager at any time. One person said, "I know who the manager is and see them around". At this inspection we saw the manager working alongside staff to meet the needs of people. We saw them helping out if someone started to show anxiety and with refreshments. The manager was a visible presence at Edgeley House.

The manager was supported by a deputy manager and a dementia lead. Both of whom worked directly with people and supported staff. People and staff members told us they believed the management team created an open and transparent culture. One person said, "It has got much better here now [manager's name] is here". One staff member told us, "We have had four managers and four regional managers here in the last 12 months. What we need now is some stability". One visiting professional said, "[Manager's name] is a strong leader and has responded to anything we suggest. We requested a specialist piece of equipment and this was purchased and made available within two hours. Things are so much better now".

People told us they were involved in regular resident meetings where they could voice their opinions on how their home was run. One person told us, "I am on the residents committee. We meet regularly and at the first meeting we discussed staffing issues which has now improved". Feedback from people and relatives was valued by the management team who fed back on people's suggestions. We saw a notice board titled "You

said – we did". On this board it highlighted that people had requested more bingo and more fresh fruit. People we spoke with told us they enjoyed the bingo and on both days of this inspection we saw people eating fresh fruit which was provided and available throughout the day.

Staff members we spoke with felt valued and listened to by the management team. Staff members told us they have regular team meetings where they can discuss matters concerning their work and the people they support. One staff member told us they suggested the purchase of rummage boxes which people could use to occupy themselves more. They told us this suggestion was valued by the management team who had purchased a number of these items. Another staff member suggested changes to the way medicines were ordered. They believed the new system would ensure medicines did not run low and this was taken forward and implemented. Staff members told us they felt informed about wider developments within the provider's organisation. One staff member said, "Changes to Akari care (provider) are put on the notice board for us to see and cascaded down through staff meetings. If we ever need to suggest anything our manager will take it forward for us".

Staff understood what was expected of them and were supported to complete their role. Staff told us they felt the management team was supportive and approachable for advice and guidance when they needed. Staff understood the whistleblowing process and felt they would be supported by the provider should they ever need to raise a concern.