Countrywide Care Homes (2) Limited

Earsdon Grange

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Earsdon Grange is a care home providing residential care for up to 48 people.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided, and both were looked at during this inspection. At the time of the inspection there were 44 people accommodated across two floors. People living with a dementia are supported on the first floor.

At our last inspection in November 2017 we rated the service good. At this unannounced inspection completed on 6 November 2018 we found the evidence continued to support the rating of good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since out last inspection.

At this inspection we found the service remained good.

People told us they felt safe, staff had attended training in safeguarding people and knew how to report any concerns which they were confident would be addressed. Risk assessments were in place which contained control measures to minimise risks and accidents and incidents were investigated and analysed for lessons learnt.

Electronic systems were used for medicines management and care planning. The system generated alerts to support the safe management of medicines, and to alert staff to any changes in people's needs.

Care records included information on people's preferences, medicines, mobility and nutritional needs. Documentation was completed in a timely manner and was reviewed to ensure people were receiving care and support appropriate to their needs.

A dependency tool was used to assess the number of staff needed to support people and staff said there were enough of them to meet people's needs. Safe recruitment practices continued to be used.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Some engagements with people were warm and respectful but others were task focused and reactive. We have made a recommendation about proactive and meaning engagement with people.

Dementia friendly signage was on display and the environment was clean, tidy and free from hazards. There were specific areas where people chose to spend their time and we observed these areas had insufficient seating for the number of people. The registered manger said additional seating had been ordered.

Training was comprehensive and covered a wide range of subjects. Staff said they were well trained, well supported and their career development was encouraged.

Complaints were documented appropriately and evidence was available that families had been updated following concerns.

A governance framework was in place and regular audits produced action plans which lead to continuous development and improvements.

Further information is in the detailed findings below.

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 remained good.	**Good**
Is the service effective? The service remained good.	**Good**
Is the service caring? The service remained good.	**Good**
Is the service responsive? The service remained good.	**Good**
Is the service well-led? The service remained good.	**Good**

Earsdon Grange

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 unannounced comprehensive inspection took place on 6 November 2018 and was completed by two adult social care inspectors.

Before the inspection, we had received a completed Provider Information Return (PIR). We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We also contacted the local safeguarding adult's teams and commissioners from the Local Authorities.

During the inspection we spoke with five people living at the service. We looked around the building and spent time in the communal areas. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We spoke with the registered manager, the deputy manager, five members of the care team, including care assistants and senior care staff and one member of housekeeping staff. We also spoke with the regional head of quality for the north.

We reviewed four people's care records and observed medicines being administered and reviewed medicine records. We also reviewed three staff files including recruitment and training information and records relating to the management of the service.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said, "Oh yes I'm safe." Systems and processes were in place to safeguard people from abuse. Staff had attended training and were able to explain the signs they would look for which might indicate abuse. They knew how to raise concerns and were confident appropriate action would be taken to investigate and safeguard people.

Risks relating to people and the environment were assessed and monitored, including falls, medicines, skin integrity and nutrition and hydration. Any accidents or incidents were reported and analysed to identify lessons learned and minimise the risk of reoccurrence. For example, if someone experienced three falls in a four week period they were assessed as being at high risk and were referred to the falls team and/or assessed, in their best interest, as needing a sensor mat. One of the senior care staff was the trained moving and handling assessor so observations were completed regularly and additional support offered as needed.

Regular safety checks and servicing of equipment and installations such as gas and electric were completed in a timely manner. Fire training was happening at the time of the inspection and staff spent time finding fire alarm points and using evacuation equipment. Personal emergency evacuation plans were in place.

A dependency tool was used to calculate the numbers of staff needed to ensure people were supported safely. Staff said there were enough staff to meet people's needs. Safe recruitment practices continued to be followed which included pre-employment checks. Prospective staff were observed engaging with people as part of the selection process so their interpersonal skills were assessed.

Medicines were ordered, stored and administered in a safe way. An electronic system was used which senior care staff had received training on. The system alerted staff if they attempted to administer medicines incorrectly or at the wrong time and alerts were raised if any medicines were not administered which meant medicine errors were minimised. Continuous monitoring was in place, including audits, stock checks, reflective practices, competencies and observations.

We observed one medicine round during which people's medicines were administered as prescribed. Some people asked questions about their medicines which the senior carer could answer.

People were protected by the prevention and control of infection. Ancillary domestic staff said they had all the equipment and products they needed. Care staff used appropriate personal protective equipment when supporting people with personal care.

Good

Is the service effective?

Our findings

People's needs and choices were assessed before they received support from Earsdon Grange. This meant any specialised equipment or support could be sourced before the person moved to ensure effective outcomes for people could be achieved.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguarding (DoLS). The deputy manager said, "We do capacity assessments and best interest decisions for bed rails, stand aids, wheelchair lap straps so we can make decisions in people's best interest." Care records included that staff should acknowledge people's right to make unwise decisions unless the decision puts the person or others at an unacceptable risk.

Recognised assessment tools were used to identify whether people were at risk of malnutrition and dehydration. Care plans were implemented if people were at risk, which included monitoring food and fluid intake and weight. People were complimentary of the food saying, "That was lovely" and "I really enjoyed that." We observed people enjoyed their meals which were varied and nutritional, for example one person's breakfast was porridge, prunes, cereal and toast.

Some senior care workers had been trained as care practitioners so they could take people's blood pressure and complete urine dip tests to check for infections. One staff member said, "It could be difficult with GPs but now we can provide detail it's much better and there are better outcomes for people. They are treated earlier for infections."

Some staff were oral health champions, and had a lead role in encouraging mouth care. This had led to increased wellbeing for people as it resulted in less infections and increased nutrition and hydration as people's mouths were healthy. There were regular visits from other healthcare professionals, including dentists, chiropodists, GP's and district nurses. A senior care worker said, "We all work as a team, everyone chips in and we support each other. We work with other professionals to achieve the best for people."

All the staff we spoke with were complimentary of the training that was provided. Training included dementia and delirium, falls, nutrition and wellbeing, the role of the regulator, care planning and dignity. Staff said they were well supported and encouraged with their personal development.

One staff member worked as a 'people's champion' and supported newer staff members during their induction but were also available to offer to support to any of the staff on an as and when approached basis. The deputy manager said, "It works well and can prevent new staff leaving as they have that additional support and guidance."

Dementia friendly signage was used throughout the home to support people's orientation and some people had boxes with significant photographs or items displayed near their room so they could recognise which room was theirs. We noted most people liked to sit in either the ground floor coffee shop area or the upstairs

lounge however there was not enough seating. One person sat on a small coffee table and another person was asked to sit outside of the lounge even though they wanted to sit in the lounge with a friend. The registered manager explained that new seating had been ordered.

Good

Is the service caring?

Our findings

People described the atmosphere as "homely" and "caring." One person said, "I've been here two and a half years and its lovely, everything is really good." Another person said, "It's not bad here really, better than a lot of other places." They added, "It's quite pleasant, the people are generally nice. I like it here." Staff spoke to people in a familiar and kind manner, using affectionate terms such as "Darling" and encouraging people with the activity they were engaged in, such as having their meal or walking to their room.

We observed staff engagements and interactions with people were warm and respectful but conversations were generally task orientated, for example offering choice and involving people in decision making about their meals or care rather than engaging people in general conversation.

We were told by a staff member, "It's like one big family, we enjoy looking after people. If people are happy we are happy." They added, "Families are important too, we have good rapport with families, get to know them and class them as friends but know boundaries." Another staff member said, "I love coming to work, I love hearing their life stories, it's their home and we work in it, it's their choice. It's for people to have a good quality of life and live in their home." The registered manager said, "There are two couples who live here. Some people's partners often visit so when their doors are closed we know that means they want to spend some time together (privately)."

Some care staff were dignity champions. Their role was to ensure people's dignity was respected, for example, by ensuring people's preferences were recorded and met. Dignity care plans detailed people's preferences for how they wanted their dignity to be maintained, for example, personal care being provided by female staff only and ensuring staff knocked on their door before entering. This information was also included in people's care plans. Staff members received a dignity supervision once a year which focused on maintaining people's dignity.

A dignity tree was on display which showed people's life achievements and what dignity meant to them. There were also dignity coffee mornings for people and their families where they shared information on likes and dislikes and a dignity questionnaire which sought feedback on the politeness of staff, did they spend time talking to people and did people have any concerns. Dignity logs were completed with the aim of increasing people's dignity, for example, if a person was seen to be wandering they should be offered the opportunity to engage in an activity. A pledge wall was also used and each staff member had made a pledge, for example, "I pledge that I will promote people's independence in choice on a daily basis."

Several compliments card had been received which included comments like, "Many thanks for all of your kind care and attention during my stay" and "You all looked after [person] so well and with such care and good humour. We couldn't have asked for a better place for [person] to spend their last months."

There was information on display for people, including safeguarding, dignity, complaints and advocacy. Advocacy services support and enable people to express their views and concerns, to make their own decisions and promote their rights and responsibilities.

Good

Is the service responsive?

Our findings

Care plans were detailed and clear in terms of people's support needs, preferences, areas of independence and capacity to make specific decisions. An electronic care planning system was used and staff could generate messages and alerts to share updates or vital information about people's needs immediately. One staff member said, "Seniors complete care plans which give enough detail, if there's an update it's alerted to us on the day, handover is detailed. I'm happy with the electronic system, it's easy to follow and I know what to complete. We are allocated to complete daily progress notes for specific people each day, things like food and fluid charts."

Any letters or supporting documents from other professionals involved in people's care were scanned onto the system and the original documentation was stored securely. Daily notes, health notes and visitor records were completed in a timely manner so there was an up to date and accurate record of people's needs.

Communication care plans included information on how to communicate with people to support their decision making. The registered manager understood the accessible information standard and said, "We would contact the quality team if someone needed information in a specific format and they would provide it."

The regional head of quality explained how staff were working with the palliative care team to ensure they provided high quality end of life care for people. He said, "Meetings held every four to six weeks with the palliative care team, we are working on Emergency Health Care Plans with GPs and palliative care teams so if people want to be treated here at home this is documented and their preferences are followed." We were also told, "The Palliative care team delivered some training for staff and some relatives got involved."

Complaints continued to be documented and investigated. There was a monthly summary of complaints which included an update on any ongoing concerns and complaints. Families who had raised complaints were kept up to date of progress and outcomes. A copy of the complaints policy was on display in the reception area and was available in the service user guide that each person has a copy of. A pictorial, easy read of the complaints policy was also available.

Activities were advertised and included games, films, arts and crafts, gentle exercises and church services. We were told there was a group of gentlemen who enjoyed sitting on an evening playing dominoes with a coffee and biscuits. People had the opportunity to attend events in the community such as singing sessions for people living with a dementia and the over 50s club. Hospitality was reciprocated with the over 50s club who were invited to attend a coffee morning at Earsdon Grange.

The activities coordinator was not available on the day of the inspection and we saw limited activities and meaningful interactions with people. We observed care and support was personalised and interactions were sensitive to people's needs, however at times engagement with people was reactive rather than proactive. For example, staff reacted if people needed personal care or in offering drinks and meals but did not always proactively engage people in conversation or activity.

We recommend the provider review processes for ensuring proactive and meaningful engagement and activities with people to reduce social isolation.

Good

Is the service well-led?

Our findings

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

The culture was described as "relaxed and personal," and "there's no set routine, we know everyone's preferences and what's important to them." Observations supported this, however some opportunities for proactive engagement with people were missed. We have made a recommendation about this in the responsive domain.

Staff said they were well supported from senior care staff and management. One staff member said, "Things are going smoothly, we can raise any issues if there are any and we are listened to." A senior care worker said, "The best manager I have ever had! They offered me support to lead the team and I went on a leadership and management course. They are always willing to help us."

Quality assurance continued to be effective and the governance framework had been revised since the last inspection. A monthly unannounced provider audit, based on the five domains of safe, effective, caring, responsive and well-led was completed. Regular audits were also completed by the registered manager and a dedicated human resources manager completed audits relating to recruitment, training and staff support and supervision. Action plans were produced were required and work was completed in a timely manner by the staff member identified as being responsible. There had been no major areas for improvement identified rather action plans related to continuous improvement and learning lessons.

There were opportunities for people, relatives and staff to be engaged and involved in the service. Resident and relatives' meetings were held regularly as were staff meetings. Staff told us these were effective and supportive. There was opportunity for career progression and many of the senior care staff, including the deputy, had started their career at Earsdon Grange as carers. This made staff feel valued as the provider had invested in their training and development.

The service and the provider were introducing new systems and process to ensure learning and improvement. For example, quality assurance processes had been developed to replicate the CQC inspection process and updates on policies, procedures and business activity were now shared with the registered managers via a monthly newsletter. The registered manager said this worked well as all the information was in place and it supported effective time management as they knew when they received the newsletter so could plan time for reviewing it and implementing any changes. The newsletter shared current guidance and best practice, such as Skills for Care daily report writing guidance and lessons learnt from another local authority in relation to the accuracy of recording.

The registered manager explained that since the last inspection they had introduced further benefits for staff

such as cycle to work schemes and employee of the month. Two senior care 'stations' had been introduced so all information was stored confidentially but any visiting professionals or family members new where the seniors would be and it provided additional private space for meetings.