Mr Charanjit Singh Atwal

Edmore House Residential Home

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?	Requires improvement

Overall summary

Our inspection was unannounced and took place on 17 November 2015.

Edmore House is registered to provide accommodation for 18 older people who require personal care. At the time of our inspection there were 17 people living at the home.

The home had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and their relatives told us they were confident that the service provided to them was safe. Staff working

Summary of findings

at the home had a good understanding of how to raise concerns and whistle blow. The registered manager could demonstrate learning from accidents and incidents and used this to make changes where required.

We saw that there were a suitable amount of staff on duty, and that staff had the skills and training to meet people's needs.

We saw that people's capacity to make decisions had been made in line with the Mental Capacity Act 2005.

People were given a choice of food and drink that met their dietary requirements. People were supported to have input on what food was included on the menu.

People were supported to access a range of healthcare professionals to ensure their health needs were met.

Staff interacted with people in a caring way and showed an understanding of how to maintain privacy and dignity.

People and their relatives were involved in the assessment and reviewing of their care. People were supported to express their preferences and wishes and had these reflected in their care plan.

People were supported to have their religious or spiritual needs met.

People were made aware of how to make complaints and were encouraged to provide feedback on the service in meetings and from questionnaires.

People spoke positively about the leadership at the home. Staff received regular supervision to support them in their role.

Systems for auditing were not always effective. Medication audits did not identify issues with the recording of medication quantities.

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 safe.

There was a suitable amount of staff on duty with the training and skills to meet people's needs.

Staff acted in a way that ensured people were kept safe.

Medicines were stored, and administered correctly.

Good

Is the service effective?
The service was effective.

Staff received regular training and had the skills to meet people's needs but their knowledge of people's health needs varied.

People received care that upheld their rights.

People were given a choice of food and drink throughout the day.

People were supported to access healthcare professionals to maintain their health and wellbeing.

Good

Is the service caring?
The service was caring.

We saw that staff interacted with people in a kind and caring way.

We saw that people's privacy and dignity was respected by staff.

Good

Is the service responsive?
The service was responsive.

People and their relatives were actively involved in their care.

Activities offered at the service were planned around people's interests and abilities.

People knew how to complain and were confident that the manager would deal with any issues raised.

Good

Is the service well-led?
The service was not always well led.

People and their relatives spoke positively about the leadership at the home.

The registered manager promoted an open culture within the service and actively encouraged staff to raise concerns and whistle blow.

Quality assurance systems were in place but were not always effective in identifying issues.

Requires improvement

Edmore House Residential 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 17 November 2015 and was unannounced. The inspection was carried out by one inspector.

Prior to the inspection, we reviewed the information we held about the home including notifications sent to us by the provider. Notifications are reports that the provider is required to send to us to inform us of incidents that occur at the home. We reviewed the information provided to us by the home in their Provider Information Return (PIR). The PIR is a document that the home sends to us to inform us how they are currently meeting standards and future improvements they intend to make. We also spoke to the local authority for this home to obtain their views on the care the home provides.

We spoke with three people who used the service, two relatives, four members of staff, the registered manager and the owner of the home. Some people living at the home were unable to tell us their views about the care they receive and so we spent some time observing them to determine their experience of the service. To do this, we used a Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand people's experience of the service.

We reviewed a range of documents including care records for three people living at the home, medication records for eight people, one staff file and quality assurance audits.

Good

Is the service safe?

Our findings

People living at the home told us they felt safe. One person said, "I feel very safe, the staff are marvellous". Relatives spoken to also told us they felt their relative was safe. One relative told us, "I feel [relative] is safe, I have been in a lot of homes that I wouldn't have put them in".

People we spoke with told us they were comfortable in approaching the manager with concerns and were confident that any issues raised would be acted upon by the management. One person told us, "I would tell the manager or [the owner] if I wasn't happy." Staff spoken with told us they had received training in how to protect people from abuse or harm and could describe what action they would take if they saw or suspected abuse. One staff member said, "I would tell the manager if I had a safeguarding concern, I would also explain to the resident what I was doing". The registered manager told us in their completed PIR that staff are reminded of the importance of safeguarding in staff meetings. Staff confirmed that discussing concerns was part of these meetings. Staff were aware of how to whistle blow and the contact details of who people could contact outside of the home, should they have concerns, was displayed in the main entrance.

Staff we spoke with had a good understanding of how to manage risks to keep people safe. When asked to give examples of how they ensure people are safe, staff gave examples including; asking for identification if people arrived that they don't know and supporting people to wear appropriate footwear to prevent accidents. We saw that where equipment such as stand aids were used to support people staff used these appropriately. Staff told us they had received training in how to use moving and handling equipment before being able to use the equipment provided. Records showed that risk assessments had been completed for people in areas including risk of falls, pressure areas and management of Diabetes. Risk assessments were reviewed monthly to ensure they remain up to date. Staff told us they kept up to date with changes to people's risk assessments. One member of staff told us, "Any changes get put into staff handover and people's daily notes. We have to read these at the start of each shift".

We saw that accidents and incidents were audited by the registered manager to identify trends and prevent incidents reoccurring. We could see from records that the registered manager had identified from the accident book that one person living at the service had experienced an increased number of falls and had taken appropriate action to support the person and prevent further accidents.

We found that effective recruitment systems were in place. Staff spoken with confirmed they were required to provide two references and complete a check with the Disclosure and Barring Service (DBS) prior to commencing employment. The DBS check would show whether the staff member had a criminal record or had been barred from working with adults. We checked records held about staff and found that the appropriate pre-employment checks had been undertaken.

We saw that there were sufficient numbers of staff on duty to support people. People told us they felt there was enough staff at the home to care for them. One person spoken with said, "If I call my bell, [the staff] fly here". Relatives spoken to also felt there were enough staff provided for their family member. One relative told us, "There are plenty of staff around, whenever I have seen them, they respond to people quickly." Another relative said, "There is always someone there, nothing is too much trouble". The registered manager informed us they assessed staffing levels in accordance with the health of people living at the service and that when people are unwell, the staffing level is increased to provide people with extra support.

We observed a medication round and saw that people had received their medicines as prescribed by their doctor. People living at the home told us they were happy with how their medicines were managed. One person told us, "I get my medication on time, everything is in order". Another person said, "I always get my medication on time". We saw that medication was stored appropriately. protocols were in place for 'as and when required' medicines to ensure that staff knew when these should be given. We identified that one person did not have a protocol in place for one of their medicines. We raised this with the registered manager who was already aware of this. The registered manager explained this was a medicine recently prescribed and was in the process of updating the record to include the new medicine.

Good

Is the service effective?

Our findings

People living at the home told us they felt staff had the skills and knowledge required to provide them with care. One person told us, "The staff know how to care for me, they are all very good". A relative spoken with said, "As far as I am aware, yes, the staff are skilled". We spoke with staff about the support they were given to develop their skills. Staff told us they felt the training was sufficient to support them to do their role. One staff member told us, "We are given enough training, I have just finished my NVQ level two [in Health and social care] and am now going onto level three". Another staff member told us they had received training in areas including Moving and Handling, First Aid, Care of the dying and Dementia care. The registered manager told us that additional training needs were identified during staff appraisals, which occurred monthly and that training was refreshed every 12 months. Staff confirmed to us that they received regular supervisions. We saw from the staff training matrix that training for all staff was up to date and that plans to refresh the training throughout the next year were already implemented. Staff told us and we saw that new employees were provided with an induction that included reading people's care plans, learning about completing records and safeguarding's, and shadowing another member of staff.

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 and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. People told us that staff seek their consent before supporting them. One person told us, "Staff ask permission, I make my own decisions". We observed staff seeking consent before supporting people with tasks. Staff told us they had received training in MCA and could demonstrate a good understanding of how this affects their work. Records showed that a mental capacity assessment was carried out for people living at the home and reviewed monthly . However, we saw that for two of the people who lived at the home and had been assessed as having capacity to make their own decisions, consent forms had been signed by relatives on behalf of them. As people who lived at the home, had the capacity to consent to their care, the registered manager should have gained consent from the individuals and not their relatives. We raised this with the registered manager who told us that consent forms had been signed by relatives at the request of the person living at the home. However we saw no record of this permission being given. We saw that no applications had been made to deprive people of their liberty.

People living at the home told us they were happy with the meals they were provided with. One person said, "The meals are all good, I get to choose. They ask what I want for dinner". Another person told us, "The food is good. It's a decent size but if you want more, you can have more" and, "If I don't want the options, I can ask for something else". We saw staff offer a person an alternative meal when they refused their lunch. When the person continued to refused, staff offered to prepare another meal when the person was ready. Relatives we spoke with were satisfied with the meals offered. One relative said, "The meals are fine, I go by what [relative] tells me and they have no qualms, they give [relative] what they want". We spoke with kitchen staff who told us they planned the menus according to what people living at the service tell them. People living at the service confirmed they were asked at meetings for their opinions on the food offered. We observed staff go round to each person during the morning and give them a choice of meals for lunch. We saw displayed in the kitchen signs that gave staff information on the preferred portion size of meals for each person living at the home as well as a sign detailing how many sugars each person likes in their drinks. We saw that the kitchen had a folder that gave staff preparing meals information on people's dietary needs. This was updated as and when people's dietary requirements changed. We saw that one person had a specific dietary requirement. For this person, the kitchen staff had a care plan with details on what foods they can have and ideas for recipes that meet the person's dietary needs. We observed staff encouraging people and offering extra portions of food during lunch. People sat in groups and chatted whilst eating their meals and appeared to be enjoying their experience.

Good

Is the service effective?

People were supported to access the healthcare they needed to promote good health and well being. People told us they had their health needs met. One person living at the home said, “If you want the doctor, you only have to say”. Another person told us, “I have seen it with other people [at the home], they don’t hang about in getting the doctor”. A relative spoken with told us about a health problem their family member had and told us that the staff at the home supported them to get the issue looked at and resolved. Staff told us the actions they would take if they felt people needed healthcare support and knew how to make referrals for these. Records showed that people living at the home had been supported to access a range of visits from healthcare professionals. This included opticians, chiropodists and district nurses.

Good

Is the service caring?

Our findings

People we spoke with told us that staff were kind and caring. One person told us, “The ladies who look after us are very nice”. Another person said, “Staff are kind, I have no grumbles here at all”. Relatives spoken with were also positive about the staff. One relative told us, “[Relative] looks younger than they ever have and that’s due to the care, I couldn’t wish for more”. Another relative told us, “Staff are definitely kind and caring”. Staff we spoke with spoke about people in a caring way. One staff member told us, “I treat them the way they want to be treated, I respect their wishes”. We saw that staff interactions with people were friendly. Staff knew people well and demonstrated this by their actions. We saw staff refer to people by their preferred name, support people to sit amongst friends in the communal areas and put the television on for them to watch their favourite shows.

People told us they were involved in their care. One person said, “They keep me involved, I have no complaints at all”. Another person said, “They always come and ask if I am happy and contented”. Relatives also told us they were kept involved in their family members care. One relative told us, “If [relative] falls, they always ring and let you know. I am always fully aware of how they are” . Staff told us and records showed that people were supported to sit with their key worker once a month and discuss their care and any changes they would like to see. One staff member said, “I am key worker for two people. I sit monthly and ask them if their care is how they want it”. We saw that resident meetings took place monthly to get people’s feedback on changes they would like to see at the home. One person told us, “We have a meeting once a month after dinner and go through any complaints or things you want on the menu”. Relatives were also invited to express their views on the service in a relatives meeting once a month. The provider told us that if people were unable to attend these meetings the registered manager ensured they spoke to relatives when they visit the home. We saw that a suggestions box was available for people to give feedback about the home. The registered manager told us that they had not received any suggestions to date.

People told us their privacy and dignity was promoted. One person told us, “I like to go upstairs [to my room] and there’s no problem, they take me. If I want my tea upstairs, they will bring it”. People told us that their relatives can visit at any time. One person said, “They give me privacy and knock the door. When I have visitors, I can choose to see them in the lounge or in my room”. Staff could give us examples of how they promote people’s privacy and dignity. One member of staff spoken with explained, “I tell them what I am doing before I do it. I will close the door [when supporting with washing and dressing”. We saw people being treated with dignity. When staff were asking people if they wanted support to access the toilet, they did this quietly and discreetly. Staff told us and records showed us that staff had attended training in equality and diversity and dignity and respect. We also saw that staff had signed up to be ‘Dignity Champions’. This initiative provided them with a toolkit of resources and educational materials. The initiative encourages people to challenge and influence others, promote the issue of dignity as a basic human right and to stand up and challenge disrespectful behaviour.

The manager told us that they support people to access advocacy services for those who need it and could give us an example of an occasion they supported someone to access this. We saw that the resident’s charter displayed in the dining area informed people of their right to an advocate.

Good

Is the service responsive?

Our findings

People told us that they were involved in the assessment, planning and reviews of their care. One person told us, "Staff know all about me. I was asked about how I want my care". Relatives also told us they had input into their relatives care. One relative told us, "We had a long chat [with registered manager] before [relative] moved in". Another relative told us about the input they had when their relative first moved into the home. They said, "They asked all about [relative].

People told us they had their care needs reviewed monthly and that care plans were updated as and when required. One member of staff told us, "We involve people in their care by holding reviews each month to see if they have any problems. We then put any changes into the care plan". Records showed that reviews had been taking place each month.

Staff we spoke with were knowledgeable about people's preferences and had a good understanding of people's life history. However, some staff spoken with were not always clear on people's needs. When asked to tell us about the care needs of one of the people living at the home, staff gave information that was different to that detailed in the persons care plan. One staff member identified a service user as having dementia. However the person's care records and from our discussions with the manager, we found that the person did not have this diagnosis. We spoke to the registered manager who felt that some staff were unable to identify differences between confusion and a dementia diagnosis and told us they would look into this.

We saw records that had personalised information included about people's care, including their future wishes and a 'This is my life' book in their care file that includes details about people's life history, likes and dislikes.

People told us that activities were on offer throughout the week. One person told us, "I love it when [activity person] comes, we made festive cards and bracelets". Another person told us, "The exercises are nice to do, I do them in my chair". Relatives told us that they felt the activities offered were suitable for their relative. One relative said, "They do exercises on chairs, quizzes, entertainers, there is a list up that tells you what's on, it's lovely for them". We saw that people were supported to maintain their interests. We saw staff had offered to remind a person living at the home that a football match was on that evening and that a 'race night' had been arranged for someone who enjoyed horseracing. During we inspection we also saw an entertainer providing a sing-a-long for people. Staff supported a person who didn't enjoy the loud music to still take part in the activity by placing them in an adjacent room where they could hear the music in a quieter way. The person appeared pleased with this and sang along from where they had sat. People were supported with their cultural and spiritual needs. We saw that a monthly church service was held at the home for people to maintain their religious observances if they so choose.

People and their relatives told us they were aware of how to make a complaint. People spoken with told us they had never had to make a complaint but were informed of the procedure if they did want to complain. One person living at the home told us, "I would tell the manager if I wasn't happy, but I've never had to complain". A relative said, "I've never had to complain, I know how to as it was in the contract, the manager is very approachable and would definitely deal with it". Staff we spoke with could tell us the action they would take if someone complained to them. This included reporting it to the registered manager and recording it in the complaints book. We saw that details of how to make a complaint were displayed in the entrance of the home. The registered manager told us and records showed that no complaints had been received. The registered manager said, "People tell us things as they happen as we know the families well. If something comes up, we like to nip it in the bud straightaway".

Requires improvement

Is the service well-led?

Our findings

The registered manager told us and records showed is that a number of quality assurance audits were completed monthly. We saw that audits had taken place in areas including accidents and incidents, environment checks, complaints and care plans. However, we saw that there were some errors in medication that were not picked up in the quality assurance audits. We checked medication records for eight people living at the home. We saw that in three of the records checked, the quantity of tablets recorded did not match the amount of tablets stored by the home. We saw that the registered manager had completed monthly audits on medication but this had not picked up the errors. We raised this with the registered manager who informed us that they would look at their methods for auditing medicines to prevent further errors. The audits undertaken also did not identify that all protocols to support people with taking as required meds were available. This meant that systems for auditing were not always effective.

People we spoke with were happy with the service provided to them. One person told us, "I'm just happy here, I'm quite happy to spend the rest of my life here". A relative told us, "I wouldn't have [relative] anywhere else. If they hadn't have been here [at the home], they wouldn't be here now and that's down to the staff."

People spoke positively about the leadership at the home. One person said, "She's lovely, she's great". A relative said, "The boss is very hands on and very approachable, they are running it very well". Another relative said, "I definitely think it's well led. They know what they are doing and are good at what they do". Staff we spoke with were also positive about the management. One staff member told us, "[registered manager] is a good manager, very supportive". We saw that the registered manager was visible throughout the day and had a good knowledge of people who lived at the home and spoke about them in a caring way. The registered manager told us, "As long as the residents are secure and well looked after, then I will carry on".

We saw that the registered manager had displayed the homes values in the dining area. The values included, privacy, dignity, rights, independence, choice and fulfilment. The registered manager told us they made staff aware of the values during induction. We also a resident's charter displays that informed people of the rights they can expect while living at the home. This included, right of choice and right to an active social life. Staff we spoke with confirmed that learning the homes values was included in their induction to the home.

The registered manager understood their legal responsibility in notifying us of incidents that affect people who live at the home. We reviewed the notifications received and saw that incidents had been reported appropriately.

We saw evidence of an open culture within the home. Staff we spoke with knew how to raise safeguarding concerns and were confident that the management would support them to do this. Staff were aware of how to whistle blow and could tell us what action they would take if they needed to do this. The registered manager told us they encouraged people to raise concerns with them. They told us, "I have an open door policy, I am on the floor, discussing things with staff daily so they can tell me as we go along".

People and their relatives told us that the registered manager sought their feedback on the service through residents and relatives meetings and questionnaires. One relative told us, "We have filled out a survey a few times in the past". We saw that the registered manager had analysed the feedback from the surveys to identify any potential areas for improvement. We saw that staff were also asked to give feedback through questionnaires provided monthly. The registered manager informed us that this was to give people opportunity to raise concerns discreetly if they so wished.

Staff told us that staff meetings were held twice a year. The meetings were held to give staff opportunity to put forward ideas to improve the service. One member of staff told us that they had made a suggestion in a staff meeting and that the registered manager took the suggestion on board and supported them to make the changes they suggested. This meant that the registered manager actively sought people's views and acted on these.