

Nellben Limited

The Eadmund

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

About the service

The Eadmund is a residential care home that provides accommodation and personal care support for up to 15 adults who have a range of needs including physical and learning disabilities. The service also offers a short break respite service for informal carers. The home is two houses joined together allowing people to move freely around both houses. There are facilities and equipment in place for people who require physical support and a sensory room offering a quiet relaxing space for people. At the time of our inspection 11 people were using the service; this included one person who was on a short respite break.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It is registered for the support of up to 15 people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. There was a strong visible person-centred culture within the staffing team, with staff ensuring people were treated equally and fairly. People and their relatives spoke positively about the care and support received. During our inspection we observed that staff interacted well with people and had built good respectful relationships and rapport with them.

Relatives told us their loved ones were safe and well supported. Safeguarding and whistleblowing policies and procedures were in place and staff were aware of how to keep people safe. People were protected from identified risks and plans were in place to manage risks safely in the least restrictive way. There were arrangements in place to manage medicines safely and staff followed appropriate infection control practices to prevent the spread of infections. Appropriate recruitment checks took place before staff started work. There were sufficient staff available to meet people's needs. Staff had the skills, knowledge and experience to support people appropriately. Staff were supported through induction, training and supervision.

People were supported to meet their nutritional needs and to maintain a balanced diet ensuring continued

well-being. 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 support this practice. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. The home environment was clean, homely and suitably adapted to meet the needs of the people living there, people had individualised rooms.

People and their relatives were involved and consulted about their care and support needs. People had access to health and social care professionals as required. People were supported to access community services and to participate in activities of their choosing that met their needs. Staff worked with people to promote their rights and understood the Equality Act 2010; supporting people appropriately addressing any protected characteristics. There were systems in place to assess, monitor and improve the quality of the service. Complaints were managed and responded to appropriately in line with the providers policy. The service worked in partnership with health and social care professionals to ensure appropriate support was provided to individuals.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (Published 3 August 2017).

Why we inspected: This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our well-led findings below.

Good ●

The Eadmund

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by a single inspector.

Service and service type

The Eadmund is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection site visit took place on 27 February 2020 and was unannounced.

What we did before the inspection

We reviewed information we had received about the service since our last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

During our inspection we spoke with two people using the service and following our inspection we spoke with two relatives by telephone to seek their feedback. People using the service had varying levels of

communication and some people were unable to share their views and experiences, so we therefore used our Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experiences of people who could not talk with us. We spent time observing the support provided to people in communal areas, at meal times and the interactions between people and staff.

We met and spoke with the registered manager, deputy manager, senior support workers, support workers and the cook. We reviewed a range of records including three people's care plans and records and three staff recruitment, training and supervision records. We also reviewed records used in managing the service for example, policies and procedures, monitoring records and minutes of meetings.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm and abuse. People appeared relaxed and at ease with staff responding well when staff approached and supported them.
- Relatives spoke positively about staff and told us they felt their loved ones were safe and well supported. One relative said, "[Relative] is really happy living there. Staff are very good with [relative], they are completely safe." Another relative commented, "[Relative] is very safe, they [staff] are a great bunch and really care."
- Policies and procedures were in place for safeguarding adults and records showed that where concerns had been raised staff worked in partnership with health and social care professionals to ensure people's safety.
- Staff had the skills and knowledge to identify safeguarding concerns and to act on them appropriately ensuring people were protected and safe.

Assessing risk, safety monitoring and management

- People were protected from identified risks. Risks to people's well-being were assessed, reviewed and managed safely by staff who were knowledgeable about the risks to individuals to avoid possible harm.
- Risk assessments enabled staff to safely manage identified risks people may be exposed to within the home environment, when out in the community and or when taking part in activities. Positive risk taking was supported and encouraged in line with the principles of Registering the Right Support (RRS) to help people learn new skills and enjoy accessing community services.
- Risk assessments covered identified areas of risk such as mobility, nutrition and hydration and personal care. Individuals health related risks were managed safely by staff and referrals to health and social care professionals were made promptly. For example, epilepsy risk plans were in place and provided staff with clear guidance on the actions to take in the event of a seizure including the administration of rescue medicines.
- Staff were very knowledgeable about the people they supported and understood the risks they faced and actions they should take to minimise risks.
- Arrangements were in place to deal with foreseeable emergencies and to maintain the safety of the premises. Environmental and equipment safety checks were conducted and where repairs were identified, these were completed. A handrail in the bathroom on the ground floor required replacing and this was discussed with the registered manager who confirmed this would be actioned following our inspection.

Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents; and reflected on

them as a means of improving safety.

- Records showed that staff identified concerns and accidents and took appropriate action to address them. Where required accidents and incidents were referred to local authorities and the CQC and advice was sought from health and social care professionals.
- Incidents and accidents were monitored on a regular basis to reduce the risk of them reoccurring.

Using medicines safely

- Medicines were managed, administered and stored safely and people received appropriate support to take their medicines safely.
- There were policies and procedures in place to ensure people received their medicines as prescribed by health care professionals. Protocols were in place for individual's medicines including 'as required' and 'emergency' medicines. Risk assessments were completed and reviewed to consider any risks in relation to medicines management and the level of support people required.
- Medicines administration records were completed appropriately by staff and regular audits were conducted to ensure continued safe administration of medicines.

Staffing and recruitment

- There were enough staff with the right skills and experience to meet people's needs safely and recruitment systems worked to reduce identified risk.
- Staff told us there were enough staff available to support people appropriately and staff rotas confirmed planned staffing levels were consistently maintained.
- Staff were recruited safely and full employment checks were completed before staff started working with people. Disclosure and barring service (DBS) checks had been completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Preventing and controlling infection

- People were protected from the risks of infection and the home environment was clean and well maintained.
- Staff received infection control and food hygiene training and were provided with personal protective equipment such as aprons and gloves.
- Staff supported people to understand how to reduce the risk of infection and helped them to maintain good personal and environmental hygiene.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed and staff supported people in line with best practice guidance.
- Pre-admission assessments were completed before people used the service to ensure the service was suitable to meet their needs. Assessments and care plans were person centred ensuring staff had clear information to support people in their preferred way.
- Assessments included information about people's care and support need such as, physical, mental and emotional health needs, communication, behaviours and preferences.
- Technology and equipment were made available and used to ensure people's needs were met and risks were reduced. For example, people at risk of seizures had pressure epilepsy sensor mats in place to alert staff during the night so appropriate help and care could be given.

Ensuring consent to care and treatment in line with law and 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.

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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- We observed people's consent was routinely sought before staff provided care and support. Staff used a variety of ways to communicate with people and knew how best to communicate with them. Staff understood the principles of the MCA and the codes of practice.
- Mental capacity assessments were completed where appropriate with best interest decisions recorded. DoLS applications were submitted appropriately to the supervisory body (local authority) and renewal dates were tracked to ensure applications were submitted in a timely manner.

Staff working with other agencies to provide consistent, effective, timely care. Supporting people to live healthier lives, access healthcare services and support

- People's physical, mental and emotional needs were assessed and documented in their plan of care. Staff monitored people's daily needs and well-being to ensure they were supported appropriately.
- People had health action plans in place which detailed their health needs and the health and social care professionals involved in their care.
- People received timely support in response to their changing needs. Staff supported people to access health care services when required.
- The service had built and maintained links with local health and social care professionals including a GP's, community nurses and speech and language therapists.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to meet their nutritional needs and to maintain a balanced diet ensuring continued well-being.
- People were involved and supported to plan their choice of meals with staff. People's diverse and or cultural needs and diets were respected.
- Care plans contained risk assessments documenting people's nutritional needs, any support they required at meal times, known allergies and any nutritional risks such as choking, weight loss or gain.
- We observed the lunch time meal in the dining room and saw that staff followed guidelines in place to ensure people were supported in line with specialist recommendations from dieticians and speech and language therapists.

Staff support: induction, training, skills and experience

- Staff had the knowledge, skills and experience to meet people's needs and were supported and enabled to do this through the providers induction programme and on-going training.
- People and their relatives commented positively on the skills and experience of staff. One person told us, "They [staff] are very good. They know what to do." A relative commented, "Staff are very good with [relative] and know [relatives] needs so well."
- There were processes in place to ensure staff new to the home were inducted into the service appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- Staff received support through supervision, training and an appraisal of their practice and development. Training was provided in a range of topics and specialised areas such as, moving and handling, safeguarding and emergency medicines administration amongst many others.

Adapting service, design, decoration to meet people's needs

- The home environment was suitably adapted to meet people's needs. There was a garden and outside space which was made accessible.
- People were encouraged and supported to decorate their own rooms with items specific to their individual taste and interests.
- People had access to specialist equipment that enabled greater independence whilst ensuring their physical and emotional needs were met. For example, assistive technology, wheelchairs and hoists.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- There was a visible person-centred culture within the staffing team and staff had developed good relationships with people and their relatives. One relative commented, "The staff are great and the manager is very approachable. They have personally given me lots of support." A member of staff told us, "It's a very homely place and people get great care, we are all part of a big family."
- Staff valued people's wishes, rights and independence and had good awareness of individuals personas and how best to support them. For example, staff's awareness of individuals dietary requirements but supporting people to make informed choices in relation to the foods they choose and amounts they eat.
- Some people were unable to communicate their views and wishes to us verbally. However, during our inspection, we observed positive caring and respectful interactions between people and staff.
- Staff were inclusive in their approach and support was provided in a non-discriminatory way. For example, supporting and empowering individuals to have the same opportunities such as accessing and visiting local attractions. Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.
- People's diverse and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs and how staff supported them to meet their needs.

Supporting people to express their views and be involved in making decisions about their care

- People were supported to make their own decisions and relatives were involved in planning for their loved one's care and support needs where appropriate. One relative commented, "We are included in all the reviews and they [Staff] always call us if there are changes. Communication and inclusion is very good."
- Staff demonstrated an in-depth knowledge of people's individual personas, behaviours, mannerisms and communication methods, and interpreted these well to ensure effective communication and maximum participation.
- People's communication needs were assessed and documented in their plan of care ensuring staff could support and engage with people effectively. Staff supported people to make use of technology such as computers to aid communication.
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, easy to read or pictorial versions. There were information boards around the home with information files providing people with information on various topics such as activities planned.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected; their independence and rights to confidentiality was upheld. The service applied the principles and values of 'Registering the Right Support' and other best practice guidance. These ensured that people who use the service can lead a full a life as possible and achieve the best possible outcomes that include control, choice and independence. Staff directed these principles through offering and empowering people to make choices about their everyday lives, by observing and recognising when people were happy or unhappy and by implementing change and support when required.
- Care plans were person centred and focused on what people could do for themselves and areas they needed support with. Information about people was kept securely and staff knew the importance of keeping information about people confidential.
- Staff were mindful and responsive of people's right to privacy and autonomy. Staff knew when people wanted to spend time alone or in a quiet part of the home such as the sensory room.
- People were supported to maintain relationships that were important to them and staff recognised the significance of this on their well-being. For example, maintaining contact with family members and supporting people to visit relatives and welcoming them to the home. One relative commented, "I visit often and I'm always made to feel welcome."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences. Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's care was personalised and staff supported them to have choice and control. Relatives confirmed they and their loved ones were involved in planning for their care and were provided with opportunities to contribute their views on the service. One relative commented, "We have all been involved since the start and the transition was brilliant. We attend all meetings and are always kept up to date with changes and events."
- People were supported by a named keyworker. Keyworkers built close relationships with individuals and their relatives helping them to identify their needs, wishes and long and short-term goals putting them into action. For example, attending social events that are important to them.
- Care plans were holistic and focused on people as individuals. They contained information relating to people's physical, emotional mental health needs, their life histories and things that were important to them. People were supported by staff who knew them well and who supported them to have maximum choice and control over their lives.
- Regular reviews of people's care needs and records ensured staff continued to support people appropriately and their needs, goals and wishes were respected and met.
- People were supported by experienced staff who knew them well and who supported them to access services such as, leisure activities and local social events to meet their needs and interests. For example, at the time of our inspection some people attended a local church for a weekly programme of music and singing. The service had its own mode of accessible transport which enabled people to access services and activities in the local community.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were identified, assessed and documented in their care plans. They provided guidance for staff on how to approach and ask individuals questions and how they may respond giving indications on what the response may mean. During our inspection we observed this in practice and staff responding to individuals' cues used to communicate their needs and wishes. For example, body movements and or sounds.
- People were supported to express themselves and care plans documented any adjustments required to meet individuals needs to access information and services. One relative commented, "Staff are very

knowledgeable and know exactly how to communicate with [relative]."

End of life care and support

- People received end of life care and support when required. The registered manager told us that no one was receiving end of life care and support at the time of our inspection. However, they said they would liaise with health and social care professionals and specialised services including local hospices to provide people with appropriate care and support if required.
- The registered manager told and showed us that staff had completed an end of life training programme award in March 2019 that was led and provided by a local hospice. They said that as a result of this they were currently reviewing and developing a new end of life care planning tool that would be implemented soon.
- People and their relatives were supported by staff to make decisions about their preferences for end of life care if they so choose and this information was retained in care plans for reference.

Improving care quality in response to complaints or concerns

- Information about the provider's complaints process was made accessible to people and was available in an easy to read format. Complaints were managed and responded to appropriately in line with the providers policy.
- Relatives told us they were aware of how to raise a complaint. One relative commented, "I know how to complain but I've never needed to. The manager is very approachable and I know anything I raise will be dealt with."
- Records showed there had been no complaints made this year. We saw that where complaints had been made these were responded to in line with the provider's policy and had been dealt with appropriately to the complainant's satisfaction.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The register manager and staff demonstrated a strong commitment to providing person centred quality care driven by good engagement with people, their relatives and working closely with health and social care professionals to achieve best outcomes for people.
- The service had a registered manager in post at the time of our inspection. They were aware of their registration requirements with CQC. They were aware of the legal requirement to display their CQC rating which we saw was on display at the service.
- The registered manager understood their responsibility under the duty of candour and were open, honest and took responsibility when things went wrong. Staff were supported and encouraged to report all accidents and incidents and to be open and honest if something went wrong. One member of staff commented, "The manager is very supportive and we can go to her at any time with anything. It's a lovely home and we all do our very best for everyone."

Continuous learning and improving care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and provider recognised the importance of regularly monitoring the quality of the service to help drive improvements. There were effective processes in place to monitor the quality of the service and to make any improvements if required.
- Audits and checks were carried out on a regular basis in areas such as medicines management, health and safety, accidents and incidents and safeguarding amongst others. Where required action plans were developed to address any issues or concerns identified.
- There was an organisational structure in place and staff understood their roles, responsibilities and contributions to the service. The registered manager demonstrated an in-depth knowledge of people's needs and the needs of the staffing team. Throughout our inspection we observed the registered manager interacted well with staff in a positive and supportive manner.
- Staff were positive about how the service was run and the support provided by the registered manager. Daily staff handover meetings and regular staff team meetings were held. These provided staff with the opportunity to discuss people's daily needs and any issues that had arisen and provided them with an opportunity to discuss issues relating to the management and development of the service.

Engaging and involving people using the service, the public and staff, fully considering their equality

characteristics

- People were supported and encouraged to share their thoughts on how the service could support them better and improve. This was achieved for example through, keyworker meetings and a compliments and suggestions box placed in the entrance hall.
- Surveys were completed seeking feedback from people, their relatives, visitors and staff. We looked at the results for the family and friends survey conducted in February 2020. Results were positive showing 100% of respondents said their loved ones liked living at the service, 100% said their loved one's choices were respected and a further 100% said staff were caring and compassionate. Feedback questioners were also sent to people and their relatives who used the short stay respite services.

Working in partnership with others

- The registered manager and staff worked effectively to develop and maintain good working relationships with health and social care professionals to ensure people's needs were appropriately met. For example, records showed staff worked with service commissioners, speech and language therapists, mental health professionals, advocates, community nurses and GPs to achieve best outcomes of individuals.
- The registered manager told us the service also used a computer-based system 'Telemedicine' that enabled them to work closely with health care professionals such as GP's and physiotherapists being more proactive at spotting and reporting health related matters.