

Mrs S L Pitman and D J Wheeler

# King Edward Care Home

## Inspection report

7-9 Warbreck Drive  
Blackpool  
Lancashire  
FY2 9SX

Tel: 01253354785

Date of inspection visit:  
20 July 2016

Date of publication:  
15 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

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

At the last inspection on 15 January 2014 the service was meeting the requirements of the regulations that were inspected at that time.

King Edward care home is located in the North Shore area of Blackpool. The service can accommodate a maximum of eleven people of whose primary care needs are those of persons who live with dementia. Accommodation is provided over two floors. There are nine single bedrooms and one shared bedroom, three of which provide en-suite facilities. The building has been adapted with a range of aids and adaptations in place to help people remain as independent possible. At the time of our inspection visit there were 11 people who lived at the home.

There was a registered manager in place. 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.

We found recruitment procedures were safe with appropriate checks undertaken before new staff members commenced their employment. Staff spoken with and records seen confirmed a structured induction training and development programme was in place.

Staff received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and social needs.

Staff spoken with and records seen confirmed training had been provided to enable them to support people who lived with dementia. We found staff were knowledgeable about the support needs of people in their care.

We found the registered manager had systems in place to record safeguarding concerns, accidents and incidents and take necessary action as required. Staff had received safeguarding training and understood their responsibilities to report unsafe care or abusive practices.

The registered manager understood the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). This meant they were working within the law to support people who may lack capacity to make their own decisions.

The environment was maintained, clean and hygienic when we visited. No offensive odours were observed by the inspector. People visiting the home commented on the good standards of hygiene in place. One person said, "Lovely clean home, never smells."

We found sufficient staffing levels were in place to provide support people required. We saw staff members could undertake tasks supporting people without feeling rushed. One person visiting the home said, "The staff are always available, friendly and helpful when I visit [relative]."

We found equipment used by staff to support people had been maintained and serviced to ensure they were safe for use.

We found medication procedures at the home were safe. Staff responsible for the administration of medicines had received training to ensure they had the competency and skills required. Medicines were safely kept with appropriate arrangements for storing in place.

People who were able told us they were happy with the variety and choice of meals available to them. We saw regular snacks and drinks were provided between meals to ensure people received adequate nutrition and hydration. One person we spoke with said, "The meals are lovely. I look forward to meal times."

People told us they enjoyed the activities organised by the service. These were arranged both individually and in groups.

The service had a complaints procedure which was made available to people on their admission to the home. People we spoke with told us they were happy and had no complaints.

Care plans were organised and had identified the care and support people required. We found they were informative about care people had received. They had been kept under review and updated when necessary to reflect people's changing needs.

We found people had access to healthcare professionals and their healthcare needs were met. One person visiting the home said, "They always keep me informed if [relative] has needed to see the doctor and the outcome of the visit."

People visiting the home told us they were happy with their relatives care. One person said, "[Relative] is so well looked after. I cannot fault the staff they have a lovely caring attitude."

The registered manager used a variety of methods to assess and monitor the quality of the service. These included satisfaction surveys and care reviews. We found people were satisfied with the service they received.

## 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.

The service had procedures in place to protect people from abuse and unsafe care.

Staffing levels were sufficient with an appropriate skill mix to meet the needs of people who lived at the home. The deployment of staff was well managed providing people with support to meet their needs.

Recruitment procedures the service had in place were safe.

Assessments were undertaken of risks to people who lived at the home and staff. Written plans were in place to manage these risks. There were processes for recording accidents and incidents.

People were protected against the risks associated with unsafe use and management of medicines. This was because medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

People were supported by staff who were sufficiently skilled and experienced to support them to have a good quality of life.

People received a choice of suitable and nutritious meals and drinks in sufficient quantities to meet their needs.

The registered manager was aware of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguard (DoLS). They had knowledge of the process to follow.

### Is the service caring?

Good ●

The service was caring.

People were able to make decisions for themselves and be involved in planning their own care.

We observed people were supported by caring and attentive staff who showed patience and compassion to the people in their care.

Staff undertaking their daily duties were observed respecting people's privacy and dignity.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People participated in a range of activities which kept them entertained.

People's care plans had been developed with them to identify what support they required and how they would like this to be provided.

People told us they knew their comments and complaints would be listened to and acted on effectively.

### **Is the service well-led?**

**Good** ●

The service was well led.

Systems and procedures were in place to monitor and assess the quality of service people received.

The registered manager had clear lines of responsibility and accountability. Staff understood their role and were committed to providing a good standard of support for people in their care.

A range of audits were in place to monitor the health, safety and welfare of people who lived at the home. Quality assurance was checked upon and action was taken to make improvements, where applicable.

# King Edward 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 checked 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 20 July 2016 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection on 20 July 2016 we reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people who lived at the home and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who lived at the home had been received.

We spoke with a range of people about the service. They included the registered manager, two staff members, four people who lived at the home and two people visiting the home. Prior to our inspection we spoke to the commissioning department at the local authority and Healthwatch Blackpool. Healthwatch Blackpool is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

During our inspection we used a method called Short Observational Framework for Inspection (SOFI). This involved observing staff interactions with the people in their care. SOFI is a specific way of observing care to help us understand the experience of people who could not talk with us.

We looked at the care records of two people, the services training matrix, supervision records of four staff, arrangements for meal provision, records relating to the management of the home and the medication records of four people. We reviewed the services recruitment procedures and checked staffing levels. We also checked the building to ensure it was clean, hygienic and a safe place for people to live.

# Is the service safe?

## Our findings

People we spoke with us told they felt safe when supported with their care. Observations made during our inspection visit showed they were comfortable in the company of staff supporting them. One person who lived at the home said, "I haven't been here very long but have settled really quickly. I feel completely safe in the care of the staff who I think are a top bunch from top to bottom." One person visiting the home told us they had no concerns about their relatives care. The person said, "I know [relative] is well looked after and safe in the care of these wonderful staff. I have no concerns about [relatives] safety and never worry about them."

There had been no safeguarding concerns raised with the local authority regarding poor care or abusive practices at the home since our last inspection. Discussion with the registered manager confirmed they had an understanding of safeguarding procedures. This included when to make a referral to the local authority for a safeguarding investigation. The registered manager was also aware of their responsibility to inform the Care Quality Commission (CQC) about any incidents in a timely manner. This meant that we would receive information about the service when we should do.

Staff spoken with had received mandatory moving and handling training and they felt competent when using moving and handling equipment. We observed staff assisting people with mobility problems. We saw people were assisted safely and appropriate moving and handling techniques were used. The techniques we saw helped staff to prevent or minimise the risk of injury to themselves and the person they supported.

We looked around the home and found it was clean, tidy and maintained. No offensive odours were observed by the inspector. People visiting the home commented on the good standards of hygiene in place. One person said, "Lovely clean home, never smells."

We found equipment had been serviced and maintained as required. Records were available confirming gas appliances and electrical equipment complied with statutory requirements and were safe for use. Equipment including moving and handling equipment (hoist and slings) were safe for use. We observed they were clean and stored appropriately, not blocking corridors or being a trip/fall hazard. The fire alarm and fire doors had been regularly checked to confirm they were working. During a tour of the building we found windows were restricted to ensure the safety of people who lived at the home. We checked a sample of water temperatures and found these were delivering water at a safe temperature in line with health and safety guidelines. Call bells were positioned in rooms close to hand so people were able to summon help when they needed to.

Records were kept of incidents and accidents. Details of accidents looked at demonstrated action had been taken by staff following events that had happened. The registered manager had fulfilled their regulatory responsibilities and submitted a notification to the Care Quality Commission (CQC) about a serious injury suffered by a person who lived at the home.

We looked at the services recruitment procedures. We found relevant checks had been made before one new staff member commenced their employment. These included Disclosure and Barring Service checks (DBS), and references. These checks were required to identify if people were safe to work with vulnerable people. References had been requested from previous employers to provide satisfactory evidence about their conduct in previous employment. These checks were required to ensure new staff were suitable for the role for which they had been employed.

We looked at the services duty rota, observed care practices and spoke with people supported with their care. We found staffing levels were suitable with an appropriate skill mix to meet the needs of people who used the service. We saw the deployment of staff throughout the day was organised. People who required support with their personal care needs received this in a timely and unhurried way. The atmosphere in the home was calm and relaxed and we saw staff engaged with people they supported in conversation. One person visiting the home said, "The staff are always available, friendly and helpful when I visit [relative]."

Care plans seen had risk assessments completed to identify the potential risk of accidents and harm to staff and the people in their care. The risk assessments we saw provided instructions for staff members when delivering their support. Where potential risks had been identified the action taken by the service had been recorded.

We looked at how medicines were prepared and administered. Medicines had been ordered appropriately, checked on receipt into the home, given as prescribed and stored and disposed of correctly. The registered manager had audits in place to monitor medicines procedures. This meant systems were in place to check people had received their medicines as prescribed. The audits confirmed medicines had been ordered when required and records reflected the support people had received with the administration of their medication.

We observed one staff member administering medicines during the lunch time round. We saw the medicines cabinet was locked securely whilst attending to each person. People were sensitively assisted as required and medicines were signed for after they had been administered. The staff member informed people they were being given their medicines and where required prompts were given.



## Is the service effective?

### Our findings

People received effective care because they were supported by an established and trained staff team who had a good understanding of their needs. Our observations confirmed the atmosphere was relaxed and people had freedom of movement. We saw people had unrestrictive movement around the home and could go to their rooms if that was their choice. We saw people visiting the home were made welcome by staff and updated about their relative's welfare. One person visiting the home said, "The management and staff are really good at communicating with families. We are so well informed about [relatives] care I have no concerns or worries."

We spoke with two staff members and looked at the services training matrix. This confirmed staff training covered safeguarding, moving and handling, fire safety, first aid and health and safety. Staff had received dementia care training and were knowledgeable about how to support people who lived with dementia. Staff responsible for administering people's medicines had received medication training and had been assessed as competent. Some staff had achieved or were working towards national care qualifications. This ensured people were supported by staff who had the right competencies, knowledge, qualifications and skills.

Discussion with staff and observation of records confirmed they received regular supervision. These are one to one meetings held on a formal basis with their line manager. Staff told us they could discuss their development, training needs and their thoughts on improving the service. They told us they were also given feedback about their performance. They said they felt supported by the registered manager who encouraged them to discuss their training needs and be open about anything that may be causing them concern.

The people we spoke with told us they enjoyed the food provided by the service. They said they received varied, nutritious meals and had plenty to eat. On the day of our inspection visit choices provided was gammon, potatoes and vegetables or an alternative of people's choice. One person who lived at the home said, "I really enjoy the food here. I have a very good appetite so they give me good sized portions. I never leave anything."

At lunch time we carried out our observations in the dining room. We saw lunch was a relaxed and social experience with people talking amongst each other whilst eating their meal. We observed different portion sizes and choice of meals were provided as requested. We saw most people were able to eat independently and required no assistance with their meal. The staff did not rush people allowing them sufficient time to eat and enjoy their meal. People who did require assistance with their meal were offered encouragement and prompted sensitively. Drinks were provided and offers of additional drinks and meals were made where appropriate. The support we saw provided was organised and well managed.

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).

The registered manager understood the requirements of the Mental Capacity Act (2005). This meant they were working within the law to support people who may lack capacity to make their own decisions. When we undertook this inspection the registered manager had completed a number of applications to request the local authority to undertake (DoLS) assessments for people who lived at the home. This was because they had been assessed as being at risk if they left the home without an escort. We did not see any restrictive practices during our inspection visit and observed people moving around the home freely.

People's healthcare needs were carefully monitored and discussed with the person as part of the care planning process. Care records seen confirmed visits to and from General Practitioners (GP's) and other healthcare professionals had been recorded. The records were informative and had documented the reason for the visit and what the outcome had been. This confirmed good communication protocols were in place for people to receive continuity with their healthcare needs.

## Is the service caring?

### Our findings

Although a number of people had limited verbal communication because they lived with dementia, we were able to speak with four people who lived at the home. We also spoke with two visitors. One person said, "The staff here are absolutely brilliant, a big bunch of fun. I love it here and can't fault my care." A visiting relative said, "I am so pleased with [relatives] care I would happily recommend the home to anyone."

During our inspection visit we carried out our Short Observational Framework for Inspection (SOFI) observations. We saw staff were caring and treated people with dignity. Throughout lunch we saw positive interactions between staff and the people they supported. We noted people appeared relaxed and comfortable in the company of staff. People we spoke with during our observations told us they received the best possible care.

Throughout the inspection visit we saw people were encouraged to make decisions for themselves. We observed routines within the home were relaxed and arranged around people's individual and collective needs. We saw they were provided with the choice of spending time on their own or in the lounge area. The home had a relaxed atmosphere.

The people we spoke with told us they were supported to express their views and wishes about all aspects of life in the home. We observed staff enquiring about people's comfort and welfare throughout the inspection visit. We saw they responded promptly if people required any assistance. For example we saw staff asking people in the lounge if they were comfortable and if they required drinks or snacks between meals.

Staff we spoke with were knowledgeable about people's individual needs and how they should be met. They said care plans were easy to follow so they always knew what people's needs were. This meant staff knew people they were caring for and had the knowledge and understanding of support people required.

We looked at care records of two people. We saw evidence they or a family member had been involved with and were at the centre of developing their care plans. The plans contained information about people's current needs as well as their wishes and preferences. Daily records completed were up to date and well maintained. These described the daily support people received and the activities they had undertaken. The records were informative and enabled us to identify staff supported people with their daily routines. We saw evidence to demonstrate people's care plans were reviewed and updated on a regular basis. This ensured staff had up to date information about people's needs.

We saw staff had an appreciation of people's individual needs around privacy and dignity. We observed they spoke with people in a respectful way, giving people time to understand and reply. We observed they demonstrated compassion towards people in their care and treated them with respect. One person we spoke with said, "The staff are very kind and polite towards me. I find them very respectful when they are bathing me. It could be a difficult and embarrassing moment but they are great."

We spoke with the registered manager about access to advocacy services should people require their

guidance and support. The registered manager had information details that could be provided to people and their families if this was required. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf if needed.

Before our inspection visit we received information from external agencies about the service. They included the commissioning department at the local authority. The information provided helped us gain a balanced overview of what people experienced accessing the service.

## Is the service responsive?

### Our findings

People who lived at the home told us they received a personalised care service which was responsive to their care needs. They told us the care they received was focussed on them and they were encouraged to make their views known about the care and support they received. We saw there was a calm and relaxed atmosphere when we visited. We observed the registered manager and staff member undertaking their duties. We saw they could spend time with people making sure their care needs were met. One person who lived at the home said, "The staff are very attentive and available when you need them. I am very happy I chose to move here."

We looked at care records of two people to see if their needs had been assessed and consistently met. The care plans had been developed where possible with each person identifying what support they required and how they would like this to be provided. People who had been unable to participate in the care planning process had been represented by a family member or advocate.

The care records we looked at were informative and enabled us to identify how staff supported people with their daily routines and personal care needs. People's likes, dislikes, choices and preferences for their daily routine had been recorded. We found care plans were flexible, regularly reviewed for their effectiveness and changed in recognition of the changing needs of the person. Personal care tasks had been recorded along with fluid and nutritional intake where required. People were having their weight monitored regularly. We saw where concerns had been identified with weight loss medical intervention had been sought.

People told us they were happy with the activities arranged to keep them entertained. We spoke with one person playing cards in the dining room. The person said, "I like to keep myself entertained but they do provide lots of activities which I will join in." One person visiting the home said, "There is usually something going on whenever I visit. They put a lot of thought into what they organise and [relative] tells me how much fun she has." The service had a slide show on display in the dining showing activities people had participated in. These included themed parties, ball games, baking classes and visiting entertainers.

The service had a complaints procedure which was made available to people on their admission to the home. The procedure was clear in explaining how a complaint should be made and reassured people these would be responded to appropriately. Contact details for external organisations including social services and CQC had been provided should people wish to refer their concerns to those organisations.

Two people visiting the home told us they knew how to make a complaint if they were unhappy. One person said, "I have no concerns or worries about [relatives] care. I feel very lucky to have found this place. The staff do an excellent job."

## Is the service well-led?

### Our findings

Comments received from staff and people who lived at the home were positive about the registered manager's leadership. Staff members spoken with said they were happy with the leadership arrangements in place and had no problems with the management of the service. They told us they were well supported, had regular team meetings and had their work appraised. One member of staff said, "This is the best home I have worked in. It's a pleasure to come in to work the atmosphere is brilliant."

Staff spoken with demonstrated they had a good understanding of their roles and responsibilities. Lines of accountability were clear and staff we spoke with stated they felt the registered manager worked with them and showed leadership. Staff told us they felt the service was well led and they got along well as a staff team and supported each other. People visiting the home told us the atmosphere was relaxed and calm. They said they were made welcome by friendly and polite staff when they visited. One person visiting said, "I always look forward to visiting [relative]. It's a lovely clean environment and it feels like home."

The registered manager had procedures in place to monitor the quality of the service provided. Regular audits had been completed by the registered manager. These included reviewing care plan records and medication procedures. Any issues found on audits were acted upon and any lessons learnt to improve the service going forward.

Staff meetings had been held to discuss the service provided. We looked at minutes of the most recent team meeting and saw topics relevant to the running of the service had been discussed. These included training available to the staff team. Staff spoken with confirmed they attended staff meetings and were encouraged to share their views about the service provided.

We saw a sample of messages left by relatives of people who had lived at the home commenting on the service provided. Comments included, '[Relative] is well cared for and kept involved in decision making about their care. The home organises a good range of activities to keep people entertained and stimulated.' And, 'This is an excellent, comfortable and friendly home. The management and staff are outstanding.'

Discussion with staff members confirmed there was a culture of openness in the home to enable them to question practice and suggest new ideas.

Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met.