

Mr Peter Brocklehurst and Mrs Carol Brocklehurst







Essendene EPH

Inspection report

199 Runcorn Road
Barnton
Northwich
Cheshire
CW8 4HR
Tel: 01606 781182
Website: www.essendene.co.uk

Date of inspection visit: 6 October 2015
Date of publication: 25/11/2015

Ratings

Overall rating for this service		Good	
Is the service safe?	Requires improvement		
Is the service effective?	Good		
Is the service caring?	Good		
Is the service responsive?	Good		
Is the service well-led?	Good		

Overall summary

This inspection was carried out on 6 October 2015 and was unannounced.

Essendene care home is a small service providing personal care and accommodation to older people and people who are living with dementia. The service supports 13 people. There are nine single rooms and two double rooms within the service. At the time of our inspection there were seven people living at Essendene.

There was a registered manager that has oversight of the whole service. A registered manager is a person who has

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

At the last inspection on 11 May 2015 we found that there were a number of improvements needed. These were people being at risk of receiving care and treatment that did not meet their needs or reflect their preferences. Care

Summary of findings

and treatment was provided to people without appropriate consent being sought and did not take regard of the Mental Capacity Act 2005 (MCA). Also the provider failed to have proper and safe systems for management of medicines and there was no system or process in place to identify, manage and assess risks to health, safety and welfare. We asked the registered provider to take action to make a number of improvements. After the inspection, the registered provider informed us they would meet all the relevant legal requirements by the end of July 2015. We found on this inspection that the provider had made improvements in these areas.

Staff were caring and they always treated people with kindness and respect. People were happy with the care that they had received. Relatives and visitors told us that they had no concerns about the care that they observed. They said they had always been made to feel welcome when visiting.

Staff were respectful of people's personal choice and provided care and support in a dignified way.

Care plans and risk assessments accurately recorded people's individual care and support needs. Records were personalised and contained information about how a person wanted to be supported.

The automatic lift doors were broken and the appropriate safety check (LOLER) had not been completed. Staff and people living at the service had to manually open the doors of the lift. The registered provider contacted engineers during our visit to arrange for the appropriate checks to be undertaken.

The registered provider had undertaken some checks in relation to the safe management of Legionella. However there was insufficient records to determine whether these met Health and Safety requirements. We contacted the Health and Safety Executive following the inspection who confirmed they would provide advice to the registered provider.

Staff had completed safeguarding adults training and were able to describe the different types of abuse and knew how to report concerns they had about people's safety. Records showed that safeguarding concerns had been addressed in partnership with the local authority.

There were safe systems in place for the management of medicines. This included the completion of a robust monthly audit which identified any areas of concern. Medicines were administered safely and administration records were up to date.

People received their care from people who were of suitable character and the registered provider had a good understanding of safe systems for recruitment of staff. Staff attended regular training sessions in areas such as moving and handling, first aid and safeguarding adults to update their knowledge and skills. Staff had regular team meetings and supervisions to discuss areas of improvement in their work.

Policies and procedures were in place to guide staff in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS). The registered manager had a good knowledge and understanding of the Mental Capacity Act 2005 and their role and responsibility regarding this. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and were able to show an understanding of the key principles. Staff practice showed that people's consent was considered before any daily care or support was provided.

Where a person's liberty was being restricted or they were under continuous supervision, we found that the registered manager had made the appropriate application to the supervisory body under Deprivation of Liberty Safeguards.

People were supported to have a healthy balanced diet. A good choice of food was available and we observed people being offered alternative choices to the main meal provided. Care plans detailed people's likes and dislikes and specialist dietary requirements.

The registered provider had introduced quality assurance systems in place to audit the service. Records showed that checks were regularly carried out in a number of different areas including medication, equipment and the environment. The audit system in place was effective and well managed and ensured people were protected from unsafe or inappropriate care and support.

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 not always safe.

People felt safe at the service. Risks to people's health safety and welfare were identified, assessed and regularly reviewed.

The automatic lift doors were broken and the appropriate safety check (LOLER) had not been completed. This meant people using the lift were at risk from unsafe equipment.

Medication management was good. A robust audit system was in place to identify any areas of concern to be addressed.

Requires improvement



Is the service effective?

The service was effective.

Staff received training and support to enable them to provide effective care and support.

The registered manager and staff had knowledge of the Mental Capacity Act (2005) and the Deprivation of Liberty Safeguards (DoLS). Appropriate assessments had been undertaken in relation to consent for people supported.

People received good support to access healthcare professionals when required.

Good



Is the service caring?

The service was caring

People who lived at the service received good care and support because staff had a good understanding of their individual needs.

Staff were kind and caring and respectful of people's individual choices

Visitors were made welcome at the service at anytime

Good



Is the service responsive?

The service was responsive

Care plans were personalised and reflected the needs of the people they supported. Regular reviews were completed to identify any change in need.

People were supported with their interests and access the local community on a regular basis.

Arrangements were in place to deal with people's concerns and complaints. People and their relatives knew how to make a complaint if they needed to.

Good



Summary of findings

Is the service well-led?

The service was well led

The management team had listened to suggestions from others for the continued development of the service.

The service had an effective and robust audit system in place to assess and monitor the quality of the service.

Good



Essendene EPH

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.

We visited the service on 6 October 2015. Our inspection was unannounced and the inspection team consisted of two adult social care inspectors.

Before the inspection, we reviewed the information that the provider had given us following our last inspection. They had provided us with an action plan that gave details of how they were going to make improvements. They had indicated that all of the improvements were to be completed by July 2015. We looked at information

provided by the local authority commissioning team, the safeguarding unit and Infection and Prevention control team. We were informed that the service is working positively with these teams to make improvements.

We also looked at information we hold about the service including previous reports, notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law.

As part of the inspection we spoke with three of the people living in the home, one relative, three staff, and the registered provider. The registered manager was unavailable during our visit. We observed staff supporting people and reviewed documents; we looked at four care plans, medication records, training information and some policies and procedures in relation to the running of the home.

Is the service safe?

Our findings

People told us that they were happy and felt safe at the service. One person commented 'I am happy here, there are always enough staff to help me if I need something'. Relatives commented 'I know my [relative] is safe here, it gives us reassurance when we leave that [my relative] is very well cared for'.

Previously we had concerns about the way medicines were managed. We identified that the registered provider did not have safe systems in place for the management of medication. This placed the health and wellbeing of people at risk of harm. This was a breach of Regulation 12 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Safe care and treatment and we issued a requirement notice.

On this inspection, we found that improvements had been made and we identified no concerns about the management of medicines.

People's medication was safely ordered, dispensed and stored by suitably trained staff. The management of medication was now overseen by a nominated person within the service. They showed us that they have introduced an audit system that allowed the service to safely manage all aspects of medication. The system enabled staff to identify any areas of concern and act upon these quickly with the appropriate people. We saw records that confirmed regular competency checks to ensure staff managed medication correctly had been introduced. We were informed by the registered provider that night staff now had access to the medication trolley to enable them to access medication as required for people. Medication Administration Record sheets (MARs) were properly completed and staff had used signatures and appropriate codes. A recent photograph of the person was in place which helped staff identify the person prior to administering medication. Staff had access to policies and procedures and codes of practice in relation to the management of medicines and the use of controlled drugs if required. Staff who administered medication had an excellent knowledge of people's medication needs and their individual medical history and we observed people being given their medication appropriately. There was a good system in place for ordering, receiving, storing and the disposal of medication.

When we inspected the home in May 2015, we identified concerns that there was no effective system to review and analyse incidents or accidents that had occurred at the service. This was identified as a risk to the health, safety and welfare of people who used the service. The registered provider was unable to learn from these experiences or take the appropriate steps to minimise the risk of further harm. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good governance and we issued a requirement notice.

On this inspection the registered provider had made improvements and risks to people's health and safety were well managed. There were risk assessments and management plans to help keep people safe, for example for their mobility, pressure care and falls. Staff had a good knowledge of people's identified risks and described how they would manage them. The registered provider had introduced a robust system to monitor incidents that occur at the service. All incidents were reviewed on a monthly basis or as required by the senior care staff. This enabled the service to identify common themes, trends or triggers in relation to incidents or accidents. We saw records that showed appropriate referrals had been made to occupational therapists and GP's where there was a risk to a person's health and safety. We viewed accident and incident reports and these raised no concerns with us. This meant the registered provider was monitoring incidents appropriately to help ensure the care provided was safe and effective.

During our visit we noted that the automatic lift doors were broken. This meant people using the service and staff had to close the doors manually. The registered provider had continued to use the lift. During the inspection contact was made with the engineer about this and a risk assessment to ensure the lift was safe to be used was put in place. We found that the lift had not had a LOLER check completed to ensure that it met all requirements and was safe for use. The registered provider contacted the contractor during our visit and arranged for the check to be completed. Since our visit we have received confirmation from the registered provider that this had been completed and the lift is safe for use.

We were informed that Legionella checks were completed at the service. However the documentation did not provide robust evidence on which checks were carried out and the outcome of those checks. During discussions with the

Is the service safe?

registered provider it was not clear as to whether checks were completed in accordance with the Health and Safety executive (HSE) requirements. We contacted the HSE to inform them of our findings during our visit and they confirmed that they would visit the service.

Staff told us they had completed safeguarding adults training and records confirmed this. Staff knew what abuse meant; they described the different types of abuse and knew how to report concerns they had about people's safety. They had a good awareness of the registered provider's and local authority safeguarding procedures. Records showed that safeguarding concerns had been addressed in partnership with the local authority.

Staffing rotas showed that each day and night people were supported by care assistants and senior care assistants. The service has introduced a sleep in support at night alongside the awake night duty member of staff. In addition to this the registered provider told us that they sleep on the premises and are available to assist with support at night if needed. The registered provider had not required the use of agency staff cover for over twelve months. This ensured the familiarity and consistency of staff for people they supported. The registered provider had not undertaken any

recruitment of new staff since our last inspection. Discussions showed that he was familiar with the process of safe recruitment and the appropriate checks that are required to be undertaken.

There was a good stock of personal protective equipment (PPE) such as disposable gloves and aprons and staff were seen to use them. The service has been visited by the Infection Prevention Control (IPC) team from Cheshire and Wirral Partnership. IPC had stated that the service has been very engaging and contacts them for advice and support where required. IPC training for staff is still being completed but positive improvements in the management of IPC were being made.

People had a personal evacuation plan in place and fire drills had been carried out regularly. Staff have received training in fire safety. A fire risk assessment had been completed since our last visit. This assessment identified actions that the registered provider was required to undertake to minimise risks in the event of an outbreak of fire. We saw that the registered provider had installed additional fire detectors within the building in response to the assessment.

Is the service effective?

Our findings

People confirmed that they had been consulted before any care was carried out. “The staff always ask me how I would like to be supported”. Another person told us “They never assume I can’t make my own decisions, I am always asked what I would like to do”.

Previously we had concerns that care and treatment was not provided with the consent of the relevant person. We identified that the registered provider did not consider the principles of the Mental Capacity Act 2005 when making decisions for/with people. This was a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Need for consent and we issued a requirement notice. On this inspection we found that improvements had been made.

The Care Quality Commission (CQC) is required by law to monitor the operation of Deprivation of Liberty Safeguards. We discussed the requirements of the Mental Capacity Act (MCA) 2005 and the associated Deprivation of Liberty Safeguards (DoLS), with the management team. The Mental

Capacity Act 2005 (MCA) is legislation designed to protect people who are unable to make decisions for themselves and to ensure that any decisions are made in people’s best

interests. Deprivation of Liberty Safeguards (DoLS) are part of this legislation and ensures where someone may be deprived of their liberty, the least restrictive option is taken.

The registered provider had an understanding of the Mental Capacity Act 2005 (MCA) and deprivation of liberty safeguards (DoLS). They knew what their responsibilities were for ensuring that the rights of people who were not able to make or to communicate their own decisions were protected. The registered provider has a policy in relation to the MCA which offered instruction and guidance to staff as to how the Act should be implemented. Records showed that staff had attended training in MCA and DoLS in August 2015. During our inspection we heard staff asking people for their consent before carrying out any activities. It was clear through observations and discussions that staff had an understanding and awareness of the Act.

Information relating to a Lasting Power of Attorney was recorded in care plans and records showed that capacity assessments had started to be completed for people being

supported. Continued development of these records was required to ensure that the service demonstrates how people or relevant others are involved in making decisions about their life.

The registered provider had made appropriate applications to the local authority for DoLS assessments and was aware of the requirement to notify us of any applications that are approved.

People told us ‘The food is good here; I always get a choice of what I would like to eat’. Another person said ‘Sometimes I don’t want a big meal and I can have a snack instead, the food is lovely’.

We saw detailed care plans were in place when supporting people with specific dietary needs. Care plans were discussed with people and where necessary people’s food and drink intake had been recorded and their weight monitored. Care staff had up to date information about people’s dietary needs and the support they needed to eat and drink. For example, staff knew which people required a diabetic diet. People were supported to maintain a balanced diet. Meals looked balanced and healthy and we observed that if people did not wish to have the main meal, alternatives were made available. An accurate record of meals served were kept.

Staff were knowledgeable about the care and support people needed. Appropriate referrals for people were made to other health and social care services. Staff identified people who required specialist input from external health care services, such as GP’s and district nurses and where appropriate staff obtained advice and support. Weekly visits by the GP to the service had been arranged to ensure that all aspects of health needs were monitored. Records confirmed that people had been supported to attend routine healthcare appointments to help keep them healthy.

All staff told us they completed induction training when they first started work at the service. They said they were provided with ongoing training relevant to their roles and the needs of the people who used the service. Record we reviewed confirmed this. Training completed by staff included moving and handling, first aid and safeguarding vulnerable adults. A record of completed training was kept for each member of staff along with a record of individual supervisions and appraisals.

Is the service caring?

Our findings

People told us that the staff provided them with good care and support. One person commented; “The staff are very caring and support me when I need help” and another person said, “They never rush me, I need to take my time to do things and they are very supportive”. Family members told us their relatives received all the care and support they needed and in a way they preferred. Their comments included; “My [relative] would tell us if they were not happy, they like to do things their own way and staff respect that”. We observed staff practise that was gentle in manner, supportive and reassuring in a way that helped reduce any anxiety. Staff had positive relationships with people.

The staff had a good understanding of people’s needs including their preferences, likes and dislikes, hobbies and interests. For example, staff knew what interested people to help engage in conversation. Two people supported enjoy sitting out in the sunshine and talking about gardening together and they were assisted to do so on the morning of our visit. Care plans reflected the likes and dislikes of people supported.

We saw through observation that staff promoted personal choice at all times when they were engaging with people. People were offered choices with regard to food and drink, what they would like to do and where they wanted to spend their time. Staff were able to talk to us about one person’s preferences at meal times. They knew that the person did not like chicken which was the main meal for

the day. They talked about the person’s preferences and offered a number of alternative choices. This showed that staff had a good understanding of the people they supported.

Observations showed that staff always considered people’s preferred communication styles. One person’s care plan identified that short; simple sentences were required to support good communication. We saw this practise during our visit. Staff provided people with care and support in a dignified way. Staff spoke with people in a respectful manner and they offered reassurance and encouragement to people who needed it. People received personal care in private and people’s choice to spend time alone in the privacy of their own rooms was respected by staff. Staff knocked on doors and waited before entering people’s bedrooms.

People were supported to maintain positive relationships with the people who were important to them. The service promoted regular contact with their relatives and friends and recognised the importance of these relationships. We saw staff greet relatives in a way that indicated they knew them well and had developed positive relationships. Staff had encouraged people to maintain relationships that were important to them. One person told us they were able to visit with their relatives regularly and were always made to feel welcome at the service. People’s bedrooms were personalised with things that were important to them such as photographs of their family and friends.

Is the service responsive?

Our findings

People told us they were happy with the care they received. They told us they were happy with the activities on offer and felt supported to take part when they chose to. One person told us, “We go out on day trips together, we went for lunch at the candle factory last week, and I really enjoyed that.” However, one person told us that they did not always want to do activities and this was respected. Care plans recorded people’s social needs, their hobbies and interests.

Previously we had concerns that care and treatment did not reflect or meet the needs of people supported. We identified that the registered provider had not completed a full assessment of need for each person. This was a breach of Regulation 9 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Person Centred Care and we issued a requirement notice.

On this inspection, we found that improvements had been made and we identified no concerns about the care and treatment of people. People received care that was responsive to their needs. Prior to admission an assessment of people’s needs was completed which covered details of the person’s physical and social needs. Care plans were personalised and provided staff with good information about how the person’s needs should be met. Records we viewed were reviewed on a monthly basis by senior care staff. This ensured that any changes to a person’s support needs were updated in a timely manner. For example one person who had an increased risk of falls had their change in care needs discussed with them and the registered provider arranged for them to move to a downstairs bedroom. This showed that the service had a good understanding of what support people needed. Care records thoroughly detailed activities such as pressure area care, moving and handling, assistance with personal care and nutrition. They contained information about the person’s history and how they wished their care to be

delivered. Care plans were signed by people or relevant others who held a Lasting Power of Attorney for individuals who were unable to consent for themselves. Daily records kept for each person also helped to ensure staff had up to date information about people.

Since our last visit the registered provider has purchased scales that enabled people who cannot stand independently to be weighed on a regular basis. Records showed that monitoring of increase and decrease of weights was undertaken. Referrals were made to relevant professionals if specialist advice was required.

People were supported to pursue their individual hobbies and interests. For example, we saw some people were reading newspapers and magazines that were ordered on a daily basis. Staff engaged with people in a game of dominoes in the lounge and two people supported were sat out in the garden together. People told us about various outings that they had been on including a trip out to Anderton boat lift and lunch out at the local garden centre. One person went to their bedroom each afternoon to listen to audio tapes of their favourite books. This was due to their failing eyesight. Staff had a good understanding of what people like to do.

The registered provider had a service user guide and complaints policy that is made available for people who use or may wish to come and live at the service. On our last visit we asked the registered provider to update the contents of the both documents. Information contained in the policy and service user guide was misleading and not accurate. This had not been completed. Since our visit we have received an amended copy of both documents from the registered provider which reflected the correct process for raising a complaint and information relating to staffing requirements. The registered provider had not received any complaints since our last visit. Family members explained they had no concerns or complaints about the service and they were confident that any complaints would be dealt with.

Is the service well-led?

Our findings

The service was managed by a person registered with CQC since 2010. The registered manager was unavailable during our inspection of the service. We met with the registered provider and staff who had a good understanding about their roles and responsibilities and the lines of accountability within the service and they knew the structure of the organisation.

Previously we had concerns that the registered provider had no system or process in place to monitor and improve risks to health and safety. We identified that the registered provider had no audits in place to identify where the quality of safety to people supported was compromised. This was a breach of Regulation 17 of the Health and Social Care Act (Regulated Activities) Regulations 2014 Good Governance and we issued a requirement notice.

On this inspection, we found that improvements had been made by the registered provider. We saw that systems had been put in place to assess and monitor the quality of the service. These systems ensured that people were protected against the risks of inappropriate or unsafe care and support. Records showed that checks were regularly carried out in a number of different areas such as people's medication, the environment, equipment used at the service and infection prevention control (IPC). We were shown how the introduction of monthly audits had enabled the registered provider to identify areas of improvement in practice. This showed that the audit system in place was effective and well managed.

Staff told us that there had been improvements made in the service after our last visit and that the registered manager and registered provider were more open to new ideas to improve the service. The staff worked well together

and put the needs of people at the centre of any suggestions for improved practice. Staff meetings were completed on an annual basis. Records showed that discussions that had taken place and included good care practices, reviews of equipment and care planning for people. We saw that action plans had been developed and updated accordingly. Staff told us that they were starting to feel more involved in how the service was run.

People who used the service told us they knew who the registered manager was. Comments made about the registered manager included; "She is lovely and is very quick to respond to my needs". Family members told us they had no concerns about how the service was run and were confident about talking to the registered manager and registered provider if they needed to.

People and relatives were invited to complete a satisfaction survey which gave them the opportunity to rate and comment about aspects of the service including the care, staff, food and the environment. We saw a number of responses from the last survey completed in 2015 which showed people were satisfied with the overall service.

There was a whistleblowing policy in place and staff knew this protected their rights if they raised concerns within the service to the registered provider or registered manager. Staff said they were happy to raise any concerns they may have with the registered manager, but were also aware that they could contact other agencies such as the local authority for support if needed.

The registered manager had notified CQC of significant events which had occurred at the service. This enabled us to decide that the service had acted appropriately to ensure people were protected against the risk of inappropriate and unsafe care.