Edgehill Care Home Limited

Edgehill Care Home

Inspection report

Buttermere
Liden
Swindon
SN3 6LF
Tel: 01793 641189
Website: www.agincare-homes.com

Date of inspection visit: 20 and 21 October 2015
Date of publication: 10/11/2015

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**

Overall summary

Edgehill Care Home provides accommodation which includes personal care for up to 59 older people. At the time of our visit 58 people were using the service. The home is situated on one level with bedrooms being located in three corridors. There are communal lounges in each corridor with a central communal area, kitchen and laundry. The home is part of Agincare, which is a family run business.

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

People told us they felt safe living at the home. Staff understood their responsibilities and the actions they needed to keep people safe from harm and abuse. Risks to people's health and safety were identified and plans were in place to minimise these risks.

Summary of findings

Staff knew people well and supported them to with maintaining their independence. People and their relatives told us staff treated them or their relative with kindness and respected their privacy and dignity.

People were supported to have sufficient to eat and drink to maintain good health. People told us they enjoyed the food and that there was always plenty available.

People's medicines were managed safely and they had access to health care services when required.

The registered manager investigated complaints and concerns. People, their relatives and staff were supported and encouraged to share their views on the running of the home. Their views were taken into account in the planning of the service.

Health and social care professionals spoke positively about the care and support people received and praised the management team. They said they found the staff and management team approachable and told us they sought advice and guidance where appropriate regarding people's changes in care and support.

The provider's had quality monitoring systems in place. Accidents and incidents were investigated and discussed with staff and at team meetings to minimise the risks of reoccurrence.

Arrangements were in place for keeping the home clean and hygienic and to ensure people were protected from the risk of infections. During our visit we observed that bedrooms, bathrooms and communal areas were clean and tidy and free from odours.

Staff acted in accordance with the requirements of the Mental Capacity Act 2005. Where people did not have the capacity to make the decisions themselves, mental capacity assessments were in place and records showed that decisions had been made in line with best interests. Where required Deprivation of Liberty Safeguarding applications had been submitted by the registered manager.

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?
This service was safe.

Staff understood their responsibilities to keep people safe from harm. Staff knew the processes for reporting concerns and said they felt management would take appropriate actions where required.

The registered manager and provider carried out checks to assure themselves that staff were suitable to work with people who used the service.

There were systems in place to reduce the risk and spread of infection. People said their rooms were cleaned daily.

Good

Is the service effective?
This service was effective.

Staff told us they received training and support to provide people's care effectively.

People had sufficient to eat and drink to maintain good health and were supported to have their health care needs met.

Management and staff acted in accordance with the requirements of the Mental Capacity Act 2005.

Good

Is the service caring?
This service was caring.

People told us they liked living in the home and received care and support that met their individual needs.

People were treated with kindness and compassion in their day to day care and support.

Staff knew the people they were caring for including their preferences for how they would like to receive care.

Good

Is the service responsive?
This service was responsive.

People and/or their relatives said they were able to speak with staff or the managers if they had any concerns or a complaint. People were confident their concerns would be listened to and appropriate action taken.

People had care plans that detailed how they would like to receive care and support.

People were encouraged and supported to follow their interests. Activities were available within the home should people wish to take part.

Good

Is the service well-led?
This service was well-led.

There was a registered manager in post who was supported by a deputy manager.

Good

Summary of findings

Staff understood of the values of the provider. This included keeping people safe, promoting their independence and ensuring people received care which met their needs.

The provider had systems in place to monitor the quality of service and identify improvements needed.

Edgehill 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 was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 and 21 October 2015 and was unannounced. Two inspectors carried out this inspection. During our last inspection in October 2013 we found the provider satisfied the legal requirements in the areas that we looked at.

Before we visited we looked at previous inspection reports and notifications we had received. Services tell us about important events relating to the care they provide using a notification. We reviewed the Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We used a number of different methods to help us understand the experiences of people who use the service. This included talking with nine people who use the service, two relatives and two visiting friends about their views on the quality of the care and support being provided. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at documents that related to people's care and support and the management of the service. We reviewed a range of records which included eight care and support plans, staff training records, staff duty rosters, staff personnel files, policies and procedures and quality monitoring documents. We looked around the premises and observed care practices for part of the day.

During our inspection we observed how staff supported and interacted with people who use the service. We spoke with the registered manager, deputy manager and ten staff including housekeeping staff and the chef. We also spoke with a visiting health professional. Prior to our inspection we contacted health and social care professionals who work alongside Edgehill Care Home. Feedback we received spoke positively about the care and support offered by the home.

Good

Is the service safe?

Our findings

People and their relatives told us they or their relative felt safe living in Edgehill Care home. Comments included "This is the best place, I couldn't do better" and "Yes I feel safe, I'm well looked after". People told us they knew who to speak to if they felt worried or had a problem.

Staff told us they had received training in safeguarding people and understood their responsibilities in keeping people safe and free from harm and abuse. Staff recognised the different types of abuse and knew how to report abuse should they suspect it was taking place. Staff said they felt supported to raise their concerns and were confident the registered manager and deputy would take any action required. They also told us they would take their concerns to senior managers or external organisations if they felt appropriate action had not been taken. One staff member gave an example of some concerns they had raised with their manager about possible financial abuse they thought was taking place. They explained their concerns had been raised with the appropriate safeguarding authority.

Care records showed that people's individual needs were assessed before admission into the home and where risks were identified appropriate guidance was in place to minimise potential risks. For example the provider had carried out assessments in relation to falls prevention, malnutrition and the safe moving of people. Personal fire evacuation plans had been completed for people using the service. Staff explained that where risks had been identified assessments still promoted people's independence whilst maintaining their safety. For example people who were at risk of falling had equipment in their rooms which supported them to be able to spend time alone in their room but would alert staff to them moving around.

People told us there was always enough staff to support them. We spent time observing care in the communal areas and saw staff responded promptly to people's request for assistance. There were three care staff on each corridor providing support to the people who use the service. There was also an additional staff member who provided support where it was needed.

People were protected from the risk of being cared for by unsuitable staff. There were safe recruitment and selection processes in place to protect people receiving a service. We looked at six staff files to ensure the appropriate checks had been carried out before staff worked with people. This included seeking references from previous employers relating to the person's past work performance. Staff were subject to a Disclosure and Barring Service (DBS) check before they started working. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with vulnerable adults.

We saw that medicines were stored and administered safely. Medicine administration records showed people received their medicines as prescribed. Staff who administered medicines were trained to do so. Staff understood people's individual needs and followed the guidance provided. We observed part of a medication round. People were asked if they were ready to take their medicines and when they weren't, for example, because they were eating their lunch, the staff member returned later. People were not rushed and spent time ensuring they had taken their medicine before signing the records. Medicines were disposed of safely through the pharmacy. Medicine trolleys were locked when not in use and kept in a locked room. This ensured medicines were stored safely.

Where people required medicines as and when necessary (PRN) this was always done with advice from the GP as to when to administer it. Staff explained the use of PRN medicines were always reviewed with the GP to ensure medicines were not being unnecessarily administered. Guidance was written in line with the GP's recommendations.

Management and staff all had a good understanding of infection control and prevention. There were clear systems in place to monitor infection control, with the infection control lead completing monthly audits. They also ensured that all care staff had completed training in this area. Records of the most recent audit identified two areas of improvement, which included cleaning schedules not being fully completed and care staff not returning their infection control workbook updates in a timely manner. The registered manager had plans in place to address both these improvements.

There were clear processes in place to deal with outbreaks. There was an 'Outbreak pathway' that was followed as soon as three or more people developed symptoms. This included contacting the health protection agency, putting up warning notices, contacting relatives for updates and

Good

Is the service safe?

ensuring people who use the service receive care and meals within their corridor. The infection control lead regularly attended quarterly meetings with the local Infection prevention link network and also received annual updates.

Clinical waste and soiled laundry was disposed of in the correct manner. Soiled laundry was placed in red bags and was washed on a separate sluice cycle. Colour codes were used for cleaning materials and equipment to prevent cross contamination. There were cleaning schedules in place and housekeeping completed a deep clean of carpets and surfaces in the home once a month.

Personal protective equipment (gloves and aprons) were freely available in the bathrooms and linen trolleys. Care staff were observed using the aprons and gloves appropriately. Hand gel was available around the home and there was sufficient hand cleansing products in the bathrooms.

There was a maintenance person on-site to ensure the safety of the premises. A programme of redecoration had already started. Corridors had been redecorated with most areas having new carpets. There was a plan in place to continue with the refurbishment of the main dining area and communal spaces. A Legionella risk assessment was in place, but hadn't been updated since 2010. The registered manager was aware of this and was taking action to ensure it was updated. Maintenance completed regular checks of the building and equipment and water temperatures were recorded to ensure they fells within legal limits.

Good

Is the service effective?

Our findings

People told us they enjoyed the food. Comments included "The food is really good. Drinks, well they are unlimited" and "There's plenty of choice. The food is really nice here". People told us they were offered choices and we saw people being offered food and drinks throughout both days of our inspection to meet their needs and preferences. There was fresh water and squash available around the home, as well as bowls of fresh fruit. There were also regular hot drinks offered. We observed people during lunchtime. There was a happy atmosphere with music playing in the background. We saw people being given a choice of meals and care staff also showing people the two different meal options to aid a decision. Staff supported people if they needed assistance to ensure they had enough to eat and drink to maintain good health.

Care plans included an assessment of the person's nutritional needs. Where risks had been identified, we saw people had been referred to specialists such as speech and language therapists (SALT) or dieticians. Staff followed the advice provided to minimise the risks. For example, to minimise the risk of choking, staff used thickeners in drinks or ensured that people had access to 'soft' diets.

The chef had information of people's dietary requirements and allergies. This also included people's likes and dislikes. They explained that people had a choice of meals. They said if people did not like what was on the menu then they were able to request alternatives. The kitchen was clean and tidy and had appropriate colour coded resources to ensure that food was prepared in line with food handling guidance.

People told us the staff supported them to see a health professional such as a doctor or optician when they needed to. One person said "They always get the doctor when I'm not well". A GP visited once a week and there was also evidence to show care staff would act appropriately when a person's health condition changed. Contact with health professional was recorded in people's daily records which showed people's day-to-day health needs were met. There was good communication between night and day staff during handovers. There was a diary on each corridor where health appointments and referrals to other professionals were recorded. It was also evident from care files that people were referred to relevant professionals such as Speech and Language Therapy, physiotherapy for mobility and Occupational therapy for manual handling and chair assessments.

Newly appointed care staff went through an induction period which included shadowing an experienced member of staff. Care staff had the skills and knowledge to support people effectively and this was supported by core training they had completed, such as mental capacity, health and safety, safeguarding, moving and handling and more condition specific training such as dementia awareness, Parkinson's and epilepsy. Staff explained that most training was completed in the form of a workbook. Once completed to an acceptable standard they would then be signed off as being competent. Management also completed spot checks and observed care staff to ensure best practice and learning from the workbooks. They also completed spot checks at night to support night staff. Once completed training was recorded on the training matrix and this was monitored to ensure training was completed as required by the provider. All staff we spoke with and observed demonstrated they had the necessary knowledge and skills to meet the needs of the people using the service.

Regular meetings were held between staff and their line manager. These meetings were used to discuss progress in the work of staff members; training and development opportunities and other matters relating to the provision of care for people living in the home. These meeting would also be an opportunity to discuss any difficulties or concerns staff had. Staff said they felt supported by both the registered manager and deputy manager. They said they could approach them at any time to seek guidance and support. They also said they could seek support and advice from other staff members.

We looked at how the provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the associated Deprivation of Liberty Safeguards (DoLS). Where people are unable to make decisions for themselves, the MCA sets out the actions that must be taken to protect people's rights. The Deprivation of Liberty Safeguards (DoLS) provides a process by which a person can be deprived of their liberty when they do not have the capacity to make certain decisions and there is no other

Good

Is the service effective?

way to look after the person safely. They aim to make sure people in care homes are looked after in a way that does not inappropriately restrict or deprive them of their freedom.

Staff demonstrated a good understanding of supporting people to make choices. Staff were aware that some people who used the service lacked mental capacity to consent to their care and treatment. They showed an understanding that people should still be encouraged to make decisions and choices about their daily living. They explained people were always offered the choice of when they wanted to get up or go to bed, what they wanted to eat and drink and how they wanted to spend their day. We observed staff sought permission from people before undertaking any care. Where people did not have the capacity to make decisions for themselves, mental capacity assessments were in place and decisions made in the person's best interest were documented to show who had been involved. During the inspection, the registered manager told us they were needed they had made applications for DoLS authorisations. Applications had been submitted by the provider to the local authority and they were awaiting a response.

The use of restraint was not practised within this service. People could move freely around the building. However there was a coded keypad, which restricts people from leaving the building by the front door. The management reassured us people could have the code if they so wished but would take into account people's support needs when accessing the community and if a staff member was required to accompany them.

Good

Is the service caring?

Our findings

People and their relatives spoke positively about the care and support they or their relative received. Comments included “I can’t fault the place. Staff are kind and helpful”, “Best place I’ve been to. We wouldn’t find anywhere better” and “The staff can’t do enough for you. They are very caring”.

People were supported to make choices and decisions about their daily living. Staff were knowledgeable about the care and support people required. For example if people preferred a bath or shower or what clothes they liked to wear. People and their families confirmed they were involved in the planning and review of care. One family member said that staff would always keep them up to date with any changes to their family member’s care. They said “They (staff) will always check that what they are doing is ok”.

We saw that staff were caring and had positive relationships with the people they were supporting. One member of staff told us they tended to work on the same corridor which afforded them the opportunity to get to know people well. They said “We get time to spend with people to find out their likes and dislikes”. Another member of staff explained they were a person’s ‘keyworker’. They said they would ensure they spent some quality time with the person each week checking to see how things were. They said they would also be a contact person for the person’s family.

Staff were respectful and caring in their approach to supporting people. Where people needed assistance staff sought their permission before assisting them, explained what they were doing and offered reassurance throughout the task. Care staff spoke with people in a friendly manner. We observed one member of staff showing an interest and asking people about their family. We observed people at times to be sleeping. When care staff entered the lounge, the people were spoken to individually, asked how they were and encouraged to have the drink that had been put next to them.

We saw staff promoted people’s privacy and dignity. Staff knocked on people’s doors and waited to be asked in. Any care and support was conducted behind closed doors. Staff told us when supporting people with any personal care they would always ensure this was done with the person’s door closed and the curtains drawn. They would always explain what was happening and encourage the person to do as much for themselves as they could. They said they would always ensure that people were covered when supporting with intimate tasks.

People were supported to be independent and were encouraged to do as much for themselves as possible. Some people used equipment, such as walking frames, to maintain their independence. Staff ensured people had the equipment when they needed it and encouraged people to use it.

People told us their relatives were able to visit whenever they wanted. Relatives told us staff were friendly and welcoming when they visited. One relative said “I am always made to feel welcome when I visit”.

Health and social care professionals were complimentary about the care people received. One professional said “We work very well together. They (staff) work very hard to provide people with good care”. Another professional told us when people were nearing the end of their life they received care which was caring and supportive. They said people and those who were important to them contributed to their plan of care so that staff knew their wishes and made sure the person had dignity, comfort and respect at the end of their life. They said the care people received was “Individualised” and of “Good quality”.

Good

Is the service responsive?

Our findings

People told us staff supported them to follow their interests and take part in activities they enjoyed both inside and outside of the home. This included day trips to places of interest, bingo sessions, arts and crafts and outside musical entertainment. One person told us “There are things to do if you want to join in. I always enjoy the music”. Another person and their visitors told us about a trip they had attended to South sea which they had thoroughly enjoyed. There were various social functions which family and friends were invited to throughout the year. Relatives and friends told us this included a summer fayre and seasonal events such as fireworks and Christmas.

People’s care and support needs had been assessed before they came to the home. The information was available in people’s care plans. Care records we looked at detailed people’s individual needs and preferences. The information in the care plans was reviewed periodically throughout the year or as changes occurred. This ensured people had plans in place which reflected how they would like to receive their care and support.

Care plans also contained a ‘change of condition’ form which included information of what changes in people’s conditions staff should look out for and what actions they should take should any of these symptoms present. For example for people who were at risk of urinary tract infections, signs to look out for were recorded and actions such as calling the GP were documented.

There was evidence people had signed to say they had been involved in planning their care. Discussions had taken place with those people who were able, to ensure they understood why risks in relation to their safety and welfare had been assessed and they agreed with the measures in place to reduce those risks.

People told us family and friends could visit at any time. We heard staff talking with people about recent visitors, who may be visiting that day or when someone may next be visiting. This showed people were supported to keep in touch with people that mattered to them. Staff told us they acted as ‘key’ workers for people which involved keeping in contact with their families to keep them up to date on the person’s progress or any changes. Visitors also had the opportunity to have a meal with their relative if they wished to do so.

There was a procedure in place which outlined how the provider would respond to complaints. People and their relatives told us they knew what to do if they were unhappy with any aspects of care they or their relative was receiving. They said they felt comfortable speaking with the manager or a member of staff. We looked at the complaints file and saw that all complaints had been dealt with in line with the provider’s procedure. One relative told us “If I have any concerns they always look into it straight away”.

Good

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. People and their relatives and friends knew the management team and told us they felt comfortable speaking with them. Staff told us their managers were approachable and they felt part of a team. They said they could raise concerns with their managers and were confident any issues would be addressed appropriately. Staff told us they felt well supported in their role and that they did not have any concerns. All staff spoken with provided positive feedback about the management team.

Staff were aware of the organisation's visions and values. They told us their role was to ensure people's privacy and dignity was considered and to support, encourage and maintain people's independence. Concerns or issues could be discussed in staff's one to one meetings or raised at team meetings. Staff told us team meetings were an opportunity for them to discuss ideas and make suggestions as to how they could improve the service. For example the way staff were working had recently changed. Staff told us they were able to make suggestions to the management team about the best ways of working which had been listened to and acted upon.

Staff were supported to question the practice of other staff members. Staff had access to the company's Whistleblowing policy and procedure. Whistleblowing is a term used when staff alert the service or outside agencies when they are concerned about other staff's care practice. All the staff confirmed they understood how they could share concerns about the care people received. Staff knew and understood what was expected of their roles and responsibilities.

The registered manager and provider carried out audits to assure themselves of the quality and safety of the service people received. Whenever necessary, action plans were put in place to address the improvements needed. The registered manager understood their responsibilities of registration with us and notified us of important events that affected the service.

Staff members' training was monitored by the registered manager to make sure their knowledge and skills were up to date. There was a training record of when staff had received training and when they should receive refresher training. Staff told us they received the correct training to assist them to carry out their roles.

Accidents and incidents were monitored to identify any patterns or trends. We saw the registered manager had taken action to introduce more staff during the evenings. They had identified that this was a busy time and there was a higher risk of accidents and incidents occurring. Where one person was at risk of falling a discussion had taken place with the person and their relative regarding moving rooms. This was suggested as the room was more visible to staff who could then observe the person easily whilst supporting them to still maintain their independence in their own room. Accidents and incidents were discussed at the team meetings to minimise the risk of reoccurrence.

People and their relatives were encouraged to give their feedback on the service and this was acted upon. Relatives had feedback that staff were not always visible at certain times of the day when people were more likely to be visiting. The registered manager had reorganised the handover time to ensure staff would be available during the suggested times. Relative and resident meetings were held periodically throughout the year.

The manager attended bi-monthly training day's and manager's meetings to continue her professional development, ensuring she had the relevant skills and knowledge to effectively meet the needs of the people who use the service.The manager and deputy had the opportunity to attend best practice conferences and forums to share best practice and discuss challenges they may be facing with service delivery.