

Easy Living Care Limited

Margaret Allen

Inspection report

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Tiverton
Devon
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Ratings

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

Summary of findings

Overall summary

About the service

Margaret Allen House is a residential care home, registered to provide personal care for up to 15 people, some of whom are living with dementia. The home is located within walking distance of Tiverton town centre. The home has two floors with a lounge and dining room on the ground floor with bedrooms on both floors. All areas are accessible by a passenger lift.

There has been a change in owner and management of the service since the last inspection. The current provider was registered with the Care Quality Commission (CQC) in August 2019.

People's experience of using this service and what we found

People lived in a safe and clean environment. However, there was little signage or use of colour to support people living with dementia to be able to orientate themselves independently. We have recommended the provider seek advice and guidance on environmental adaptations for people living with dementia.

We received mixed feedback about the quality and variety of activities available to people. We have made a recommendation for the provider to seek advice and guidance on developing meaningful activities and occupation for people.

People and their relatives said they felt the service was safe. They were happy with the care and support provided. Comments included, "I like the kindness, the warmth and the attention. They are there for you when you need them" and "We couldn't ask for anything better. Everything is done to make it her home..."

People were protected from the risk of harm and abuse. There were safeguarding policies and procedures in place and staff were aware of their responsibility. Medicines were safely managed and risks to people health and well-being had been identified and action taken to reduce risks.

Sufficient staff were on duty to meet people's needs and recruitment processes ensured people were protected from unsuitable staff.

People received care from staff who received appropriate training and support for their roles. People had access to health professionals to promote their health and well-being. They were supported to ensure they had enough to eat and drink. People enjoyed the meals provided at the service.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with dignity and respect by staff who demonstrated a caring, kind and compassionate approach. Staff understood the needs of people and involved them and their relatives in the planning of

care and support.

The service had an open and inclusive culture and people, their relatives and staff were positive about the way it was managed. The provider and manager had established quality assurance systems and regular audits were being completed. Issues identified were addressed in a timely manner.

Rating at last inspection (and update)

The last rating for this service was requires improvement (published 14 November 2017). Since this rating was awarded the registered provider of the service has changed. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

The new provider was registered with us in August 2018 and this is their first inspection at this location.

Follow up:

Going forward we will continue to monitor this service and plan to inspect in line with our reinspection schedule for those services rated Good.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Margaret Allen

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection team consisted of one inspector and an Expert by Experience on the first day. On the second day one inspector completed the inspection. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The current registered manager was de-registering with the CQC and a new manager had submitted their application to us for assessment. The new manager is already registered with the CQC at another location and proposes to manage both services.

This inspection was unannounced on the first day.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We looked at notifications received from the service. A notification is the means by which providers tell us important information that affects the running of the service and the care people receive. We used all of this information to plan our inspection.

During the inspection

We spoke with nine people who used the service; four relatives and one visiting friend about their experience of the care provided. We spoke with nine members of staff including the provider, the new manager, senior care workers, care workers, the administrator, the maintenance person and the cook. We also spoke with one visiting health professional. We spent time observing the interactions between people who used the service and staff.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to staff recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection –

Following the inspection, we received feedback from one health professional who had provided advice and support at the service. We also spoke with the Devon County Council safeguarding team.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. The new provider was registered with us in August 2018 and this is their first inspection and rating at this location.

Good: This meant people were safe and protected from avoidable harm.

Using medicines safely

- Systems were in place to ensure the safe management of people's medicines. Medicines were stored appropriately. Only trained staff administered medicines.
- People were happy with how they were assisted to manage their medicines.
- The manager had identified, through audits, some minor improvements were needed and was taking action to address them. For example, ensuring protocols were in place for people prescribed medicines to be used when required, and ensuring any hand-written entries on medicines administration records were signed by two members of staff.

Systems and processes to safeguard people from the risk of abuse

- People said they felt safe living at the service. Comments included, "Staff make me feel safe. They are all very good to me", and "I am happy here and have nothing to worry about..." Relatives were confident their loved ones were safe and well cared for. One told us, "We couldn't ask for anything better. (Person) has been in three different homes and this one is the first one she has been happy in."
- The provider had systems to protect people from the risk of abuse and avoidable harm. Staff had received safeguarding training to help them understand their responsibility to report any concerns. Staff said they would not hesitate to report any poor practice or other concerns to the registered manager. Some staff were unsure of external organisations to contact should they have concerns. There was a poster in the staff office directing staff to call the Devon County safeguarding team, but the contact number was missing. The manager took immediate steps to ensure the correct contact details were freely available to all staff.
- The local authority confirmed there were no current safeguarding concerns about this service. Two professionals said they had not witnessed poor practice during their visits to the service.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people's safety and wellbeing had been assessed and plans were in place to minimise these risks. For example, where people were at risk of developing pressure damage, equipment such as pressure relieving mattress and cushions were in place. A community nurse said the service manage the risk of pressure damage well and there was no-one with serious pressure damage living at the service.
- Advice had been sought from a speech and language therapist where people presented with swallowing difficulties. Staff ensured recommendations about the consistency of food and position of the person when eating were followed.
- Environmental and maintenance checks were carried out and recorded regularly to ensure any concerns were identified and rectified. For example, regular checks on window restrictors, hot water and fire safety systems were carried out. All equipment, such as hoists were subject to periodic inspection and servicing to

ensure they were safe and fit for purpose. The provider was ensuring that recommendations from the fire risk assessment report were being actioned.

- Plans were in place to guide staff about the action to take in an emergency. Each person had a personal emergency evacuation plan (PEEP) with information about their mobility and support needs. One plan was not accurately reflecting the person's mobility needs and the support they might need. The manager took immediate steps to rectify this.
- Accidents and incidents were reviewed and monitored to identify trends and to prevent reoccurrences. Action had been taken to minimise the risk of future accidents.
- Learning from incidents was shared with staff. For example, when medicines errors had occurred, these were discussed with staff and additional training and support was offered where necessary.

Staffing and recruitment

- People said staff were at hand when needed and call bells were answered quickly. One person said they had waited for 20 minutes for staff to answer their bell the week of the inspection. We checked the call bell records with the manager and provider but there were no calls of 20 minutes recorded.
- The provider reviewed call bell response times regularly. A review over the past month showed a response time of over 10 minutes in 13 cases; these were mainly during busy times in the morning and after lunch. The manager and provider shared this information with staff and were working to improve response times. The provider confirmed staffing levels would be adjusted if needed.
- There were enough staff on duty to meet people's needs, and care and support was delivered in an unhurried manner during the inspection. Staff said staffing levels were sufficient unless there was short notice sickness or absence. The manager tried to cover any unplanned absence and worked on the floor alongside staff to cover shifts when necessary.
- The provider followed safe recruitment practices to ensure people were protected against the employment of unsuitable staff.

Preventing and controlling infection

- People were protected from the risk of infections. The service was kept clean and fresh throughout. The laundry was well managed.
- Staff had completed infection control training and had access to protective personal equipment such as gloves and aprons.

Is the service effective?

Our findings

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

The new provider was registered with us in August 2018 and this is their first inspection and rating at this location.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- There was little signage or use of colour to support people living with dementia to be able to orientate themselves independently. Several people using the service were living with dementia. We discussed this with the provider and manager. We recommend the provider seek advice and guidance on environmental adaptations for people living with dementia.

- A service improvement plan had been developed by the provider and manager and included improvements to the environment, including communal areas and assisted bathrooms. There were plans to redecorate all bedrooms with people's consent.

- People were encouraged to make choices about decorating their personal space, and their bedrooms were personalised.

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

- The provider ensured people's needs and preferences were assessed before they moved to the service, to ensure their individual needs and expectations could be met.

- The provider had procedures which reflected relevant regulations and guidance. Nationally recognised best practice guidance was used to identify and monitor people at risk of developing pressure ulcers or those at risk of malnutrition.

Staff support: induction, training, skills and experience

- People, their relatives and professionals expressed confidence in staffs' skill and competency. Comments included, "Staff understand how I feel, (staff name) is exceptional at understanding about how you are, your needs" and "The staff are excellent. I trust them."

- The provider ensured staff received the induction, training and support they needed to deliver care safely and in a way people preferred. Staff were happy with the training and support they received from the manager and provider. One said, "They gave me as much training and shadowing as I wanted and until I was comfortable on my own..."

- The provider's training matrix provided clear information to enable them to manage refresher training. Records showed some staff were due refresher training; the manager confirmed this was being planned

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

- People said they enjoyed the meals provided at the service. They confirmed they were always given a choice of alternatives to the main meal of the day. Comments included, "Lunch today was delicious...I am

looking forward to pudding too" and "The food is very good. I don't like gravy, so the chef doesn't put it on my plate."

- One person required their food to be pureed. The food had been mixed together and looked unappetising. We discussed this with the manager who spoke with the chef and staff to ensure all meals were pleasantly presented. However, we saw the same practice on the second day of the inspection. The manager planned to review this practice with all staff.
- People were offered a varied and nutritious diet. Various snacks were also provided during the day and evening.
- Where people were at risk of weight loss or dehydration, records were kept of their weight and daily intake to ensure action could be taken to prevent any further risks to their health. People who needed assistance or encouragement to eat were supported by staff.

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

- People had access to health and social care professionals to ensure they received the support they needed. These included GPs, community nurses, podiatrist, speech and language therapists and occupational therapist.
- People and their relatives were confident that appropriate referrals were made. One person said, "Staff will call the GP if I need one". A relative explained, "There has been a massive improvement since (person's) admission, she just keeps improving..." We saw staff supporting one person with their daily walking exercises, as recommended by the occupational therapist.
- Health professionals confirmed the service worked well with them, referrals were appropriate, and their recommendations were followed. Comments included, "Staff listen and understand my recommendations. I have been impressed by their engagement" and "The staff are good and there are no delays in alerting us to any concerns."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of the MCA. Staff sought people's consent prior to delivering any personal care or support. We heard staff explaining to people what they needed to do to support them.
- Assessments of people's mental capacity were available in care records to guide staff and professionals about individuals' ability to make decisions. Best interest decisions had been made in consultation with people's relatives where people lacked capacity.
- When people were deprived of their liberty to keep them safe, the manager had submitted the appropriate applications to the local authority for authorisation to do this. At the time of the inspection, no

authorisations had been received.

Is the service caring?

Our findings

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

The new provider was registered with us in August 2018 and this is their first inspection and rating at this location.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Everyone we spoke with said staff were kind and compassionate and they were always treated with respect. Comments included, "I like the kindness, the warmth and the attention. They are there for you when you need them. They are wonderful, their manners are very good" and "It's very good here, we have a bell and press it if we want anything, they are caring, wonderful, I can't fault them. I love hearing about their families".
- Throughout the inspection, we saw staff took time to spend with people; assisting them with daily tasks in an unhurried manner; chatting, laughing and sharing good-humoured conversations. It was clear that good relationships had been developed between people and staff. One person said, "It is a real home from home..."

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

- People were involved in their care and the development of their care plan where they were able. Relatives were fully involved where the person required additional support. One relative explained, "I've been through a really good care plan here with staff." This helped to ensure their relative received the care they would want.
- Throughout the inspection staff gave people choices about how they wished to be supported and where they wanted to spend their day. The majority of people spent the day in their own rooms. They told us this was their choice.
- The manager planned to establish regular meetings for people using the service, although several people were reluctant to leave their room. The manager spoke with people on an almost daily basis to hear their thoughts or concerns about the service.

Respecting and promoting people's privacy, dignity and independence

- We saw staff knocked on doors before entering and addressed people in a respectful way. They were discreet when assisting people with personal care.
- People's personal care was well attended to and they looked smart, in well kept clothes; with hair brushed and some people wearing their jewellery. This promoted people's dignity and self-esteem. A visitor said, "Every time I visit I have been impressed, everything is lovely, the standards of care, their professionalism and caring".
- People were supported to be as independent as possible. One person was assisted with their daily exercises to improve their mobility. Some people had fridges and kettles in their bedrooms, so they could

have a drink or snack when they wanted without asking staff.

- We observed a member of staff sitting patiently with a person and assisting them with their hearing aid to ensure they could hear and converse with others.

Is the service responsive?

Our findings

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

The new provider was registered with us in August 2018 and this is their first inspection and rating at this location.

Good: This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- We received mixed feedback about the quality and variety of activities available to people. Some people felt there wasn't enough to do to keep them occupied. One person said, "We used to have a lovely lady that used to come in and do keep fit and bingo. We have nothing like that now. One person comes in for 2 hours a week..."
- There was a programme of activities advertised, which were planned three days a week, either in the morning or in the afternoon, but these did not always take place. For example, there were no activities on the first day of the inspection. On the second day a local museum visit was planned.
- A part time activity co-ordinator worked twice a week. People said they had planted flowers and did some arts and crafts with them. Records showed one to one activity was taking place, but not very frequently. The manager explained they were keen to develop activities to ensure they reflected people's interests. We recommend the provider seek advice and guidance on developing meaningful activities.
- People were encouraged and supported to continue with some things they enjoyed. For example, one person loved a specific music. A staff member had put a CD on in their room and the person was clearly enjoying singing along with the music. Two people said if the staff had time they were taken into town for a coffee and to do some shopping, which they enjoyed.
- People were supported to maintain regular contact with people who were important to them. Relatives were encouraged to visit, and people went out with relatives when possible. Relatives told us they always felt welcome and involved in their loved one's care and support.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People benefited from personalised care that valued them as individuals. People said the daily routines were flexible and they were able to make every day decisions about their care. They confirmed they could have a shower or bath when they chose to. They could choose when to go to bed and when to get up.
- Since registering the new provider has introduced new care plans. All care plans were being transferred into the new and detailed format.
- Care plans were personalised and discussed with people and their relatives when appropriate. One relative explained they had been through a "really good care plan" with staff, to ensure their relative received the support they needed. They added, "Staff are very switched on to (person's) needs..."
- Information about people's individual care and support needs was recorded along with guidance for staff to follow to meet these. Staff communicated well. They received a handover before each

shift to ensure they were aware of any changes.

Meeting people's communication needs

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

- People's communication needs had been assessed and details of any specific needs were recorded. For example, information about the use of glasses and hearing aids, which enhanced communication, was recorded. We saw staff supporting people to use these aids.
- A speech and language therapist explained staff helped to create an appropriate communication tool for one person. They said staff knew the individual well and had a good relationship with them so were able to develop a meaningful tool to use. They added, "staff are keen for training, which was well attended, and staff were very engaged and gave really relevant examples...I was very impressed."

Improving care quality in response to complaints or concerns

- There were arrangements in place to listen to and respond to any concerns or complaints. People and their relatives said they would speak with the manager or staff should they have any concerns. One person, "The staff are very good, they listen and want to do their best."
- There were no on-going complaints at the time of the inspection. Complaints received had been dealt with appropriately and resolved.

End of life care and support

- People's wishes regarding their end of their life care had been discussed with them and recorded where people felt able to talk about this sensitive subject.
- Treatment Escalation Plans (TEP) were in place, which recorded important decisions about how individuals wanted to be treated if their health deteriorated. This meant people's preferences were known in advance, so they were not subjected to unwanted interventions or admission to hospital at the end of their life, unless this was their choice.
- A health professional said, "End of life care is good here; people are comfortable, and they manage symptoms well, such as pain. I would be happy to have a relative here."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. The new provider was registered with us in August 2018 and this is their first inspection and rating at this location.

Good: This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People experienced a good standard of care and support, which resulted in good health outcomes for them. For example, a reduction of the risk of pressure ulcers or falls. Health professionals expressed confidence in the staff team and confirmed referrals to them were appropriate and timely.
- People and their relatives were involved in decisions about the care and support delivered. People were happy with the level of support they received and praised the staff team. Comments included, "The girls are lovely, very good to us. I really don't want for anything" and "Everyone is friendly, nothing is too much trouble, they are brilliant at communication."
- People knew the manager as she regularly worked on the floor with staff. The manager had an open-door policy and people said they were happy to speak with her about any concerns or suggestions they may have.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider and manager were aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. Any issues raised were investigated and reported to the relevant agencies with outcomes recorded. We had been notified of events where necessary.
- Relatives described good communication with the service and confirmed that they were informed of any incidents or accidents. One said, "The manager is very receptive and approachable."

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

- There were clear management structures in place. The manager was supported by the provider, and senior care staff were responsible for running each shift. Staff were aware of their responsibilities and the reporting arrangements in place.
- There was always a senior member of staff on duty and a senior member of the management team on call should additional support be required out of hours.
- The service had a range of policies and procedures to ensure staff were provided with appropriate guidance to meet the needs of people. These addressed topics such as equality and diversity, safeguarding and the safe management of medicines.
- There were systems in place to ensure the quality and safety of the service. The provider and manager had

established a range of quality audits and reviews. They had learnt from incidents/accidents, feedback, complaints and concerns to drive improvement. Findings from audits were clearly documented and actioned. For example, there were records of a training and reflective session in relation to medicines errors. This was used with staff to promote a culture of acknowledging errors and learning from them to improve care. A service improvement plan had been developed by the manager, which covered several areas, including improvements to the environment.

- A relative said since the new provider took over the service, "...things are more organised. The manager is getting to grips with issues, I have a lot of time for her...things have improved here..."

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

- The provider and manager met with people regularly to hear their experience of the service and had kept them informed when they had taken charge of the service. People said the transition had gone well.

Comments included, "I like the new manager, she has time to chat. I have no concerns."

- The provider was planning to use satisfaction surveys to obtain more formal feedback from people, their relatives and professionals. Surveys were to be sent during August 2019. Results were to be collated and any actions would be added to the service improvement plan.

- Family members were involved as appropriate and their feedback about the service was encouraged. One relative said staff had acted on their suggestions to enhance the support their loved one received. They added, "The family are over the moon..."

- Regular staff meetings took place. Meetings were used to discuss all aspects of care and support provided to people, training needs and any other issues related to the running of the service.

Working in partnership with others

- The staff team worked in partnership with health and social care professionals to promote people's health and wellbeing. Feedback from professionals was positive and the manager and staff had developed good working relationships with them. Comments included, "Very positive experience of working with them. They are a nice team" and "We have no concerns about this service. All staff are very approachable. It is nice to come in here."