

Edwardian Residential Care Homes Limited

Edwardian

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 8 February 2018 and was unannounced. This meant the provider and staff did not know we would be visiting.

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

The service was last inspected on December 2015 and the rating for this inspection was Good. At this inspection we found the service remained Good.

People's care records contained clear and easy to understand information about people's needs and risks and how to support them effectively. For those people who were not always able to express their needs and wishes verbally or when a person had declining mental health, staff had detailed information about the behaviours, gestures and body language people would display to communicate their needs or emotions. This was good practice and enabled staff to connect with the people they were supporting.

People received their medicine safely and were supported to access the support of health care professionals when needed. The provider had taken steps to minimise the risk of abuse because staff knew how to identify and report it.

There were enough staff to meet people's needs. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work. Staff told us they received training to be able to carry out their role. Staff received effective supervision and a yearly appraisal.

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

People received a varied and nutritional diet and were complimentary of the food provided.

The interactions between people and staff showed that staff knew the people really well. Staff spoken with had a good knowledge of people's needs and spoke with genuine affection about the people they supported. The atmosphere at the home was homely, relaxed and nurturing. It was clear that people felt relaxed and comfortable in the company of staff.

The management team were approachable and they and the staff team worked in collaboration with external agencies to provide good outcomes for people. Processes were in place to assess and monitor the quality of the service provided and drive improvement.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains good.

Is the service effective?

Good ●

The service remains good.

Is the service caring?

Good ●

The service remains good.

Is the service responsive?

Good ●

The service remains good.

Is the service well-led?

Good ●

The service remains good.

Edwardian

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 8 February 2018 and was unannounced.

The inspection team consisted of one adult social care inspector and one expert by experience. An expert by experience is someone who has an expertise in this area.

Before the inspection we reviewed information we held about the service, including the notifications we had received from the registered provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales. We also contacted the local authority commissioners for the service and the local Healthwatch to gain their views of the service provided. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with five who used the service and one visiting relative. We looked at two care plans and three staff files. We looked at how medicines were managed. We spoke with the registered manager, the deputy manager and one member of care staff. We also looked at other records that supported the running of the service.

Is the service safe?

Our findings

We asked people if they felt safe living at the home. People we spoke with said, "I feel safe in this home. Staff are there for you all the time and I'm very satisfied with the commitment staff show in this area." Another person said, "Staff are free and easy and I feel very safe with their presence. Staff can quickly respond to any of my requests if I need support within a two minute time scale." And a further person said, "This home makes me feel very safe."

A relative we spoke with said, "Yes [relative] is definitely safe, staff are here all the time and constantly checking on them, they protect them and keep them from harm. I can sleep at night knowing [relative] is here."

One staff member said, "Safety and security is important to the people who live here and they like that someone is here to look after them and provide company."

The manager and staff were able to tell us about people's individual needs and the support they required to keep them safe. People had individual risk assessments in place to support their safety. These risk assessments covered all areas of people's health, safety and welfare needs including how to keep people safe outside of the home whilst not limiting their independence. People's risks had been regularly reviewed to ensure the risk management advice staff were following remained effective in reducing risk.

Risks to people arising from the premises were assessed and monitored. Fire and general premises risk assessments had been carried out. Required certificates in areas such as electrical testing were in place. Records confirmed that monthly checks were carried out for emergency lighting, fire doors and water temperatures. This showed that the provider had taken appropriate steps to protect people who used the service against risks associated with the home environment.

There were a number of policies to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems on protecting people from abuse. Staff told us they would have no hesitation in reporting abuse and were confident any concerns would be acted on. .

The registered provider had a business continuity plan, which provided information about how they would continue to meet people's needs if an event such as loss of electricity or a fire forced the closure of the service. This showed us that contingencies were in place to keep people safe in the event of an emergency.

Accidents and incidents were monitored monthly for trends or patterns. However there were too few to highlight any patterns.

The registered provider had systems and processes in place for the safe management of medicines. People were supported to access their medicines when they needed them. Medicines were stored securely and safely. Staff were trained to administer medicines and had their competency checked annually with an observed practice. The temperature of the room the medicines were stored was not taken daily to confirm it

remained in safe limits. This was set up on the day of inspection. One person who used the service said, "Staff are good at taking responsibilities and are always there to make sure I take my medication at the right time."

People were supported by a consistent staff team, the majority of whom had worked at the home for some time. This promoted people's well-being and made them feel safe and well cared for. Staffing levels were sufficient to enable staff to meet people's needs in a personalised way

Recruitment procedures were in place to ensure suitable staff were employed. Applicants completed an application form in which they set out their experience, skills and employment history. Two references were sought and a Disclosure and Barring Service (DBS) check was carried out before staff were employed. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and minimise the risk of unsuitable people from working with children and vulnerable adults.

The service was warm, clean and tidy. People who used the service said, "I think the home is generally nice and clean at all times because everyone contributes to the up keeping of the home. " Another person said, "The home is clean and tidy, but I have a concern over the fact that pine disinfectant is not used in my bathroom for cleaning anymore." We saw staff using personal protective equipment (PPE) such as disposable aprons and gloves.

Is the service effective?

Our findings

Records showed that staff had regularly attended and were up to date with the provider's mandatory training courses, such as fire safety, moving and handling, safe administration of medicines, safeguarding, infection control, food hygiene and first aid. The registered manager said, "Training is ongoing and we keep abreast of changes in legislation." We also saw that staff received regular one-to-one support through supervision and appraisal meetings. This demonstrated that staff received the support they needed to do their job effectively.

One person who used the service said, "Staff are very dedicated and well trained to look after me."

A person who had come in to do some training had recorded in the compliments book, "Excellent environment, staff very supporting to residents and they [staff] are friendly and knowledgeable."

Staff we spoke with were knowledgeable about people's needs and knew how to care for them effectively. We saw that staff interacted with people in a positive way. People were relaxed and comfortable in their company and it was obvious that staff knew people well.

We were provided with a good example of how people transitioned into the service. Staff explained how one person had only been living at the home for about four months and explained the transition. The person came to have a look round, then came and had tea then a few more meals; they had a couple of overnight stays then moved in. One staff member said, "We have to see if this place is what they the person wants as well as if the people already living here are happy."

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). No one living at the service had a DoLS in place. Staff had a good understanding of the MCA and the importance of enabling people to make decisions and records showed they had received training in this area. One person we spoke with said, "I've been here for some 22 years and in all that time staff have always given me full freedom to do what I want when I want, for example I can go out shopping and not need to worry about getting back at a certain time just like a proper home."

The person we spoke with told us that they got enough to eat and drink and that they were able to choose what they had for their meals. The registered manager told us that people were involved in choosing the menu for the week and we saw records to confirm this. The registered manager also said they do an online food order and people can add to it at the last minute.

People were complimentary about the food and helped prepare it if possible. One person said, "Cooking is encouraged in this home and I will be making pancakes on Tuesday. Staff are very effective towards helping me to understand when I need help to operate the electric cooker, as I'm more used to gas, because I don't know the conversion." They also said, "I made a cheese sauce the other day, I was showing staff how to

make it." Another person said, "Food is nice in this home, I particularly like pasta and fish and chips, but I would also like to have an omelette, but haven't mentioned this to staff yet, but really sure staff will respond positively to my request." And "I do ask staff to give me the opportunity to cook for everyone. There is also a chart on the kitchen wall, where each person can make a list of food they like and dislike, this helps staff to create a menu. I recommended having liver sometimes because it has a lot of iron in it."

People were supported to access external professionals to maintain and promote their health. Care plans contained evidence of referrals to professionals such as GPs, social workers, psychiatrist and a dentist. One person who used the service said, "If I become ill staff have been very effective in sitting with me while talking through my problems."

We found the premises were well kept and well decorated. People's bedrooms were individually decorated with a style of their choice. One person showed me their bedroom which was decorated in their favourite colour. Staff made sure that people had full choice of the way they wanted their rooms. If people did not want to go shopping to choose colour schemes, wallpaper etc. staff brought samples into the home. One person said, "I think my bedroom is brilliant, it's nice and clean and well furnished."

Is the service caring?

Our findings

Most people had lived at the home for a number of years and staff knew them well. Staff we spoke with demonstrated a good knowledge of the way people preferred to be supported, their needs, likes and dislikes. We observed staff interacting with people in a natural and spontaneous manner and saw that staff gave people their full attention during conversations and spoke with them in a kind and respectful way.

People we spoke with said the staff were caring and devoted lots of commitment to them. Comments included "The staff are really good and gave me a lot of attention", "Staff are always nice and caring towards me from every angle", "We all work well and get on well and care for each other, [named staff member] is particularly nice and caring towards me," and "The staff are skilled at being caring while not always smothering you."

The relative we spoke with said, "The staff are all brilliant, smashing and always friendly." And "[Person's name] is happy and I am happy." Another relative wrote a message in the compliments book stating, 'This home is amazing in how they care for my [person], it is always a warm and friendly environment.'

People's care plans contained details of important relationships and how these relationships were to be supported. We saw from people's records that staff supported people to maintain the relationships that were important to them. People's relatives were able to visit at any time and they the relative we spoke with said they were always made to feel welcome. They commented, "This is a lovely, warm homely home, people are well cared for and staff always chat to you."

Peoples' equality and diversity was respected. One person had a specific religion and due to this avoided certain foods. Staff were very aware of this and fully supportive. The service had equality and diversity policy and staff had received training on this. We asked staff how they embed this training into their working lives. Staff we spoke with said, "We treat everyone as an equal and give everyone the same opportunities. Everyone is given a choice regardless of their abilities." Another staff member said, "We have strong beliefs to strive to treat everyone as an equal, people are diverse but treat them as you would like to be treated."

The registered manager said, "We believe in treating everyone with dignity and respect and always encourage everyone in the building to do the same."

There were individual personalised care plans that documented peoples' preferences and support needs, enabling staff to support people in a personalised way that was specific to their needs and preferences. People were encouraged to maintain their identity; wear clothes of their choice and choose how they spent their time. For example one person loved buying new clothes however did not like to go anywhere that involved lots of walking.

Staff had a good understanding of the importance of promoting independence and maintaining people's skills. We observed people going about their day very independently. One person we spoke with said, "Staff allow me to be very independent at nights and I never bother any staff during the night, I do yoga to help me to sleep."

Staff explained how they try to maintain and encourage people to be independent. One staff member said, "We encourage people to strip their own beds and put clean bedding on, we make them aware that it is good to be independent." Another staff member said, "If we see someone struggling we will ask if they mind us supporting them with it."

We observed people freely moving around the service and spending time in the communal areas or in their rooms as they wished.

Peoples' privacy was respected and consistently maintained. Staff we spoke with said, "We always knock on peoples doors, we never just walk in."

Is the service responsive?

Our findings

We reviewed the care plans for two people and found they were personalised and held information about people's likes and dislikes history and how to support them in the way they preferred. People's care plans covered all aspects of their physical and emotional health and were written in a way that was easy to understand and reflected people's personalities. When reading them it was easy to gain an understanding of the person to be supported. It was clear that people's wishes and aspirations had been considered and care plans were positive and focused on people's abilities and the best way to promote them in the day to day support provided. For those people who were not always able to express their needs and wishes verbally due to declining mental health, staff had detailed information about the behaviours, gestures and body language people would display to communicate their needs or emotions. This was good practice and enabled staff to connect with the people they were supporting.

Records showed that staff had worked in partnership with the individual, their relatives if they had any, and professionals involved in their care to develop a care plan outlining how people needed and wanted to be supported. The relative we spoke with said, "They [staff] listen to me ask for my advice and keep me informed."

Support plans were reviewed monthly with the person where staff discussed how the last month had gone, what the person had done and if any changes were required.

Each person had an end of life care plan in place, detailing their wishes and preferences at this time. For example, one person wanted everyone to wear green at their funeral. A person who had lived at the service for over 20 years expressed a wish to end their life there. The registered manager granted this and put extra staff and support in place to make sure this happened. Staff supported each other and people who used the service through this difficult time. Feedback from the person's relative's was extremely complimentary; they recorded 'Their professionalism, understanding and commitment to carry out [person's] final wishes are unquestionable. The level of support shown to the family and [person] will be forever remembered.'

The registered manager said, "They had lived with us since opening and had expressed in their advanced care plan that they would like to stay at The Edwardian. It was a massive learning curve as it was something that we had never done before; we sourced help from the Macmillan and District nurses. Towards the very end of their life their needs grew, extra staff were drafted in for each shift and staff doubled up working a waking night shift, we provided a peaceful environment for their family to be with them whenever they wished to be, we put an extra bed in their room so that family could stay over with them at night if they wished to. We had weekly catch ups to support one another ensuring all staff were happy to continue providing the care. It was very hard and emotional at the time but the comradery amongst the staff, their family and the residents in the home was unreal."

People chose what they wanted to do on a daily basis and were in and out of the home throughout the day. Some people preferred to stay in their own room, others in communal areas. One person went out to work at a local charity shop. Some people who lived there attended college, one person told us about the woodwork course they were doing and proudly showed us a large very detailed wooden fire engine they had

made. This person said, "I am very creative and keep very busy at home carving and making things out of wood and these skills are really encouraged and valued by staff. I'm proud to show off my work because I get such a positive response from staff."

One person who enjoyed being active said, "Every possible opportunity I have I like to get out walking, I am also looking to do voluntary work for about 4 hours a week." Staff were supporting with this. Another person said, "Staff are very effective at putting on special occasions, when it was my birthday staff arranged a special meal in the pub to celebrate in style."

There was a clear policy in place for managing complaints and the service had received no complaints. One person said, "I have no complaints whatsoever." The relative we spoke with said, "I have never raised a concern but I would talk to staff if I had any."

Is the service well-led?

Our findings

The service had a registered manager. 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.

Quality assurance audits were embedded to ensure a good level of quality was maintained. Audits we saw included cleaning, health and safety, infection control. The information gathered from audits, monitoring and feedback was used to recognise any shortfalls and make plans accordingly to drive improvement of the quality of the care delivered.

The registered manager said, "I feel The Edwardian is a happy home that provides a good service. We don't have a high turnover of staff which I personally feel speaks volumes. The home is well maintained, and audits are in place to ensure everything is checked and legislation is being adhered to."

There was an open and inclusive culture in the service. The service was personalised and each person was supported according to their own needs. Staff and people confirmed that there was an individualised approach to people's care. The registered manager and staff were passionate about providing people with a personalised service and ensuring people led the lives they wanted to.

One staff member said, "We value meeting their [people who used the service] needs, as long as they are ok we are happy. It is nice to know you can give something to make their lives comfortable and better." Another staff member said, "It's lovely seeing what a difference you can make, for example if someone is poorly with their mental health and they come through the other side, I think I was part of helping them with that."

Staff meetings were held regularly at which staff had the opportunity to discuss people's changing needs and the running of the service.

Meetings for people who used the service took place every two months. They discussed what outings they would like to go on, the menu, how people were feeling and then a topic of some description for example understanding confidentiality. The registered manager said, "If they ask to do something or have something, they will get it, without question."

People who used the service were asked for their views via an annual questionnaire. This asked what more could be done to improve the service, what the staff were like, the menu and any suggestions. People had not written anything of concern.

Staff were complimentary about the registered manager and the way the home was run. Staff we spoke with said, "I find them easy to get along with and the door is always open, any issues we discuss them." Another staff member said, "I feel much supported."

One staff member said, "The manager puts everything into the residents and provides them with a home that has a lovely homely atmosphere, residents are treated as family."

The relative we spoke with said, "The manager is brilliant, lovely, they are easy to talk to and I got on with them from day one."

From talking with staff and observations we could see they really enjoyed working at The Edwardian. One staff member said, "One good thing about here is the friendship both with staff and the residents."

The registered manager said, "As a manager I value my team and listen to any new ideas they may have. We aim to provide a homely atmosphere valuing every individual's needs, wishes and goals."

The service worked in partnership with other agencies to ensure care was provided in a joined up way. One professional wrote, "There are few establishments left to this standard, I am very impressed with the care and support provided." Records showed that advice from health care professionals had been transferred into people's support plans and were followed.

We asked for a variety of records and documents during our inspection. We found these were well maintained, easily accessible and stored securely. Throughout our inspection we found staff to be open and cooperative. The registered manager was keen to learn from any of our findings and receptive to feedback.

We asked the registered manager what links they have with the community, they said, "We have great links with the community including local churches, shops, pubs restaurants, bowling alley and cinema. In the beginning the local community were concerned that people with mental health problems could possibly pose a threat to the community. We overcome this by inviting the community into the care home for coffee mornings and other various events. We are now part of the community. Our neighbours often send in Asian food for our residents to try. One of our residents plays for the local dart team. In November they put a party on for his birthday and everyone from the home was invited. The community spirit was amazing someone had baked a cake, someone else had put up banners and balloons and everyone had contributed to the buffet."

Services that provide health and social care to people are required to inform the Care Quality Commission, (CQC) of important events that happen in the service. The registered manager of the service had informed the CQC of significant events in a timely way. This meant we could check that appropriate action had been taken.