

# Bupa Care Homes (HH Scunthorpe) Limited

## Edmund House

### 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

About the service: Edmund House is a care home providing personal care and accommodation for up to 56 people aged 65 and over, some of whom may be living with dementia. At the time of the inspection 49 people were living at the service.

People's experience of using this service: People told us they were happy with the service they received and felt staff had a clear understanding of their needs and preferences. They told us staff listened to them and knew them well, and were responsive to their needs and wishes. People's dignity and privacy were respected.

There were enough staff. Safe recruitment processes had been followed. Staff were trained and their skills and knowledge checked through competency assessments.

People were protected from abuse and avoidable harm. Staff had completed training in how to safeguard people and risk assessments were completed to identify potential hazards. People received their medicine as prescribed.

People's choices were respected, and proper legal processes had been followed when people were unable to make their own decisions.

The home was undergoing an extensive refurbishment programme and people were happy with the improvements. Cleanliness and health and safety were well managed.

People accessed local facilities and activities and the home worked with other organisations, including health professionals, to meet people's needs.

People and their relatives were involved in the service. Care was planned around people's choices and preferred routines. People and their relatives were supported to receive information in an accessible way to enable them to be involved in their care and support.

There was an effective quality monitoring system which ensured checks and audits were carried out, people's views were obtained and listened to and shortfalls were addressed. Accidents and incidents were analysed so that lessons could be learned. Senior management had oversight of the service and completed regular checks.

The culture of the service was open and people felt able to raise concerns.

At the last inspection the service was rated Good (published 18 July 2016).

Why we inspected: The inspection was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

A full description of our findings can be found in the sections 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?

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 

# Edmund House

## Detailed findings

### Background to this inspection

**The inspection:** We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

**Inspection team:** One inspector carried out this inspection on both days. An expert by experience supported the inspection on the first day. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience area of expertise was dementia care.

**Service and service type:** Edmund House is a care home. People in care homes receive accommodation and nursing or personal care as a 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 CQC. 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.

**Notice of inspection:** Day one of the inspection was unannounced. We told the provider we would be visiting on day two.

**What we did:** We looked at information sent to us since the last inspection such as notifications about accidents, safeguarding alerts and the Provider Information Return (PIR). The PIR 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 contacted the local authority commissioning and safeguarding teams and the local Healthwatch England. Healthwatch England are an independent organisation who listen to people's views about local service and drive improvement by sharing those views with organisations who commission, deliver and regulate health and care services. We used all this information to plan our inspection.

Some people who used the service were unable to tell us about their experiences. 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. During the inspection, we spoke with twelve people who used the service and six relatives to ask about their experience of the care provided. We also spoke with the registered manager, regional manager, deputy manager, two unit managers, seven other staff who worked at the service and two visiting professionals.

We looked at a range of documentation such as care files and medication records for five people. We looked at other records for the management of the service such as recruitment, staff training, surveys and systems for monitoring quality.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The service had effective safeguarding policies in place. Staff understood the steps they should take if they were worried about people's safety or wellbeing.
- The registered manager was aware of their responsibility to report concerns to the relevant external agencies.
- People and their relatives told us they felt safe being supported by members of staff. The registered manager had introduced a new 'making safeguarding personal' initiative. Following incidents, they had met with people to provide feedback and discussed the outcomes they desired. This put the person at the centre of the process.

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

- Staff understood where people required support to reduce the risk of avoidable harm.
- Staff understood how to support people when they displayed distressed behaviours. Staff provided effective reassurance and people responded well.
- The provider conducted assessments to evaluate and minimise risks to people's safety and wellbeing. Care plans contained explanations of the control measures for staff to follow to keep people safe.
- The management team demonstrated they were learning lessons from accidents and incidents.
- Regular health and safety checks were carried out to make sure the building and equipment used were safe. There were plans in place to ensure people were supported in the event of an emergency.

Staffing and recruitment

- Staffing levels were sufficient and ensured people received responsive care and support.
- People told us they received care in a timely way.
- The provider operated a safe recruitment process and carried out appropriate checks when they employed new staff to ensure they were suitable to work with vulnerable people.

Using medicines safely

- Medicines were safely received, stored, administered and returned when they were no longer required. Medication administration records showed people had received medicines as prescribed.
- People were happy with the support they received to take their medicines. One person said, "I always get the right ones and the staff are good at checking if I need any pain tablets."

Preventing and controlling infection

- Staff followed good infection control practices and used personal protective equipment to help prevent the spread of healthcare related infections.

- All areas of the home were clean and fresh.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed assessments of people's needs and obtained those completed by health and social care professionals when available.
- Staff were aware of good practice guidelines and used them to support the delivery of care.

Staff support, induction, training, skills and experience

- Care was provided by trained and competent staff. Staff received a programme of training designed around the needs of the people they supported. A new competence and assessment framework had been introduced to ensure staff had the skills and knowledge to provide good standards of care.
- Staff met with their supervisor regularly to discuss their role and the care they provided. A member of staff said, "The training and support we get is really good."
- People were confident staff understood their care needs and knew how to support them. One person said, "I feel confident with the staff. I use a hoist several times a day and they all know how to operate this."

Supporting people to eat and drink enough to maintain a balanced diet; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People had access to sufficient food and drink throughout the day. Mealtimes were well managed. Staff supported people who needed assistance with their meals sensitively. People sat around tables chatting during their meal.
- People received meals based on their preferences. One person told us, "The meals are exactly as I want them and the staff always get me something different if I ask."
- Assessments had been completed by healthcare professionals to support people with eating and drinking. Where people required their food to be prepared differently because of medical need or problems with swallowing this was catered for.
- Staff worked well with external professionals to ensure people accessed health services and had their health care needs met. Staff followed guidance provided by such professionals.
- People and their relatives told us healthcare support was arranged without delay.

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

- The building had been designed to meet people's needs. There was an extensive refurbishment programme underway. There had been delays with its completion and staff had worked hard to ensure people's safety was protected and to mitigate the impact of noise and disruption in their daily lives.
- The service was decorated and furnished to a high standard. Environmental adaptations to promote the

safety, orientation and well-being of people living with dementia were planned following completion of the redecoration programme.

- People and their relatives were very happy with the home environment and the improvements being made.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Edmund House followed the MCA. Wherever possible people made their own choices. Their decisions were respected.
- Where people did not have capacity to make decisions this had been properly assessed. Family members and healthcare professionals had been included in best interest decisions, although records were not always clear where decisions made had been around the use of sensory equipment and the registered manager confirmed this had been addressed following the inspection.
- Where people were deprived of their liberty, the registered manager worked with the local authority to seek authorisation to ensure this was lawful.

## 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity; Respecting and promoting people's privacy, dignity and independence

- We observed people were treated with kindness and were positive about the staff's caring attitude. We received feedback from people and relatives which supported this. One person told us, "The staff are brilliant and make me feel wanted and cared for; they can't do enough for me" and a relative said, "I see how lovely the staff are to people, they are very kind and dedicated to their job."
- Each person had their life history recorded which staff used to get to know people and to build positive, caring relationships with them. People told us, and we observed, staff knew their preferences and used this knowledge to care for them in the way they liked.
- The provider recognised people's diversity, they had policies which highlighted the importance of treating everyone as individuals and staff had received training on this topic. Staff showed genuine concern for people and were keen to ensure people's rights were upheld and that they were not discriminated against in any way. One member of staff told us, "The home is completely inclusive, everyone is treated the same."
- People's rights to privacy and confidentiality was respected.
- People were supported to maintain their independence. Staff knew what people were able to do for themselves, and were patient and supportive in helping them to achieve this.
- The atmosphere at the home was friendly and welcoming.

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

- Keyworkers supported people to be involved in planning all areas of care delivery. Contact with people's relatives kept them informed of their relative's wellbeing.
- Staff supported people to access advocacy services if required.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Personalised care to meet people's needs, preferences, interests and give them choice and control

- People told us they received care and support that met their individual needs. One person told us how staff helped them to walk with their frame and their mobility had improved.
- Care was planned around people's individualised needs. Care plans were regularly reviewed and mostly updated when people's needs changed.
- Staff knew people's likes, dislikes and preferences. They used this detail to care for people in the way they wanted.
- Information was provided in ways which people could access and understand. The provider complied with the Accessible Information Standard, a legal requirement to meet communication needs of people using the service.
- People were supported to access religious services of their choice both in the service and to visit places of worship.
- The service employed two activities coordinators who had developed an activity and entertainment programme. We received mixed feedback from people about the activities provided by the service. Some people told us there was a good choice and they enjoyed the activities, clubs, trips to the local pub and the entertainers who regularly visited the home. However, other people told us there was not enough variety and we observed there were no activities provided on the first day of the inspection. The registered manager confirmed they would review the programme to ensure they offered support to meet everyone's social needs.

Improving care quality in response to complaints or concerns

- People and relatives knew how to make complaints should they need to. They believed they would be listened to. The registered manager acted upon complaints in an open and transparent way. They used any complaints received as an opportunity to improve the service.
- Staff regularly spoke with people and their families to understand if care met their expectations and made any necessary changes, if needed.

End of life care and support

- People were supported to make decisions about their preferences for end of life care. They were supported to remain at the service, in familiar surroundings, supported by staff who knew them well.
- A relative we spoke with was very satisfied with their family members end of life care. They said, "The staff have been really caring and kind to all of us. They know [Name of family member] so well. Nothing is too much trouble and staff let us know any changes day or night; we feel so reassured with everything they have in place."
- External healthcare professionals were involved as appropriate to ensure people were comfortable and pain free. Staff were aware of good practice and guidance for end of life care, and knew to respect people's

religious beliefs and preferences.

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

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their role and responsibilities and kept up to date with best practice.
- The registered manager worked to develop their team so staff at all levels understood their roles and responsibilities.
- There were daily 'flash meetings' with staff from each department, to ensure effective communication about key issues and make sure staff were clear about their tasks and responsibilities.
- Staff felt valued and confirmed communication and morale was good. They also said the management team were supportive. Comments included, "They are very approachable" and "The management listen to us and want to work with us to get things right."
- Staff had a strong sense of team commitment and worked together so people received care in a co-ordinated way. A new mentoring system had been introduced and staff felt this provided them with additional support.
- The quality and safety of the service was effectively monitored through the provider's quality assurance and metrics systems. Actions identified from internal audits and those conducted by the provider's compliance team were compiled into a home improvement plan and outcomes were monitored by the regional manager.
- The registered manager and senior staff were committed to making continuous improvements to ensure people were safe and happy with the service they received.
- The registered manager was aware of their responsibility to notify the Care Quality Commission and other agencies when incidents occurred which affected the welfare of people who used the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The provider and registered manager fostered an open and inclusive culture. The focus was on delivering high standards of person-centred care. Staff understood the provider's values and put them into practice on a day to day basis.
- The provider and registered manager understood the duty of candour responsibility; they had been open, communicated well and apologised to people and relatives when things had gone wrong.

Continuous learning and improving care; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Feedback was sought from people who used the service and relatives through daily conversations,

meetings, surveys and in monthly service reviews conducted by the regional manager.

- People and their relatives spoke positively about how the service was managed. Their comments included, "If you have something to say the management and staff are very receptive" and "The manager is always available and very approachable. I would highly recommend this place as the care is very good."
- A new staff champion scheme was now in place to develop the service in line with the local authority's new quality initiatives. Staff in lead roles accessed specific training and developed their skills and knowledge in areas such as dignity and infection prevent and control.
- The registered manager and staff worked collaboratively with other agencies to coordinate the care and support people needed.
- The registered manager built links with the local community. They also attended regular meetings with staff from the provider's other services to share knowledge and details of good practice in delivering care.