

Edge View Homes Limited

Edgeview Nursing Home

Inspection report

The Compa
Comber Road, Kinver
Stourbridge
West Midlands
DY7 6HT

Tel: 01384872804

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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

Edgeview Nursing Home is a nursing home. Edgeview Nursing Home is registered to accommodate 24 people. At the time of our inspection 19 people were using the service. Edgeview Nursing Home accommodates people in three buildings. The main building, a bungalow where three people live and a converted stable building for a further three people. All areas are accessible from the main building. Some of the people living at Edgeview Nursing Home have learning disabilities or mental health needs.

The care service has not been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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

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.

The outcomes for people did not fully reflect the principles and values of Registering the Right Support as the service was created several years before this guidance was published. The location and structure of the current building did not reflect the values of Registering the Right Support although the provider had tried to minimise the impact as far as possible by giving people choice and independence in so far as this was possible. The provider was also considering what changes they could make to develop the service so that it would meet best practice guidance through redevelopment of the building, subject to local authority planning requirements.

People were cared for by staff who were trained in recognising and understanding how to report potential abuse. Staff knew how to raise concerns about people's safety and share information so that people were safe. Accidents and incidents were monitored so any trends could be identified, and action taken to reduce any risks.

Staff were available to people and demonstrated good knowledge about people living at the home. People were supported by staff to have their medicines and records were maintained of medicines administered. Staff maintained good hygiene and used protective clothing when appropriate.

Staff told us they were well trained, and this helped them meet people's needs. They said training updates were regular, so their knowledge was up to date. Staff understood the importance of ensuring people consented to the care and support they received, or where they lacked capacity was in their best interests. The registered manager was aware of their responsibilities regarding the action they should take if there were any restrictions needed to promote people's safety and the person may lack capacity to consent to

these.

People enjoyed a choice of meals and were supported to access professional healthcare outside of the home, for example, visits from or to their doctor and community health teams. Any changes to their care needs due to healthcare involvement were noted and followed through by staff.

We saw people were relaxed around the staff supporting them. We saw positive interactions and staff showed us that they knew the interests, likes and dislikes of people. People were supported to enjoy various activities and staff ensured that they were respectful of people's choices and decisions.

People and staff told us that the management team were approachable and if they had any concerns they would be listened to. People and staff and were positive about the overall service.

The provider ensured there were regular checks completed to monitor the quality of the care that people received, and we saw continued improvements had been made since the last inspection.

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

Rating at last inspection

The last rating for this service was requires improvement (published 08 February 2019).

Why we inspected

This was a planned inspection based on the previous rating.

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 ●

Edgeview Nursing Home

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 a specialist advisor who was a nurse that worked with people with a learning disability/mental health needs.

Service and service type

Edgeview Nursing Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. 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.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with or spent time with seven people who used the service about their experience of the care provided. We spoke with nine members of staff including the chief executive (for the company), registered manager, nurse, senior care workers and care workers. 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 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 recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe when they stopped at the service and if they had any concerns they could talk to staff. One person told us, "I can tell staff if I'm not happy" and, "I'm safe".
- Staff clearly understood what actions to take to protect people from harm and said they would follow the local authority safeguarding procedures. There was an understanding of what may constitute abuse, for example one staff member said, "If there are safety concerns, I would go to the office to report it, if nothing implemented, I would ask why, but managers do tend to act".
- Information about how to raise safeguarding concerns was available in the service and staff had been trained in safeguarding awareness.

Assessing risk, safety monitoring and management

- Assessments were in place to identify risks to people and how these risks could be minimised. These assessments covered a range of risks that reflected those related to the individual, such as going out in the community, use of equipment and how to positively respond to any behaviours that challenged other people or staff.
- Staff were aware of people's risk assessments and these had been recently reviewed. They were easy to understand being clear, concise and meaningful. Staff were seen to engage with people in a way that reflected their risk assessments.
- Staff were well informed as to any risks to people who used the service. Staff were able to talk through what actions they should take based on people's individual risk assessments.

Staffing and recruitment

- People told us, and we observed, they had support from staff as needed and staff were always readily available. Staff confirmed they had no concerns about staffing levels. One staff member said, "Staffing, there are no issues, most if not all shifts are covered, and with seven units [the provider's other homes] can help each other out as bank staff".
- The registered manager told us the staffing was based on people's individual requirements and assessments, which reflected what we found.
- Staff had been recruited safely. All pre-employment checks had been carried out including Disclosure and Barring Service (DBS) checks.

Using medicines safely

- Where people received medicines as a part of their care support, they told us this was done on a regular basis and safely. Review of people's medication administration records (MAR) showed these were accurately completed.
- Staff were seen to administer people's medicines in a safe way. One person told us how staff administered their insulin and told us these were given at the right times and staff did not use the same injection point repeatedly. They were satisfied with how this was done.
- Staff who gave medicines had received training in medicines administration and their competency was assessed.
- Medicine administration records or MAR were completed by staff for each administration and for 'as required' medicines there were clear protocols in place to ensure staff knew when these should be given.

Preventing and controlling infection

- Edgeview Nursing Home was visually clean and smelt fresh. The provider had raised awareness due to the current Coronavirus concerns and staff were being extra diligent with hand washing and wiping surfaces. They also encouraged people to be aware of the need to wash their hands.
- Staff were able to tell us what they did to ensure cross infection was minimised, for example making sure all equipment was clean as well as people's personal items. They told us there was a ready supply of protective wear such as gloves and aprons and these were used appropriately.
- Systems were in place to monitor the cleanliness of the environment and regular audits of the environment were undertaken. There were some pull cords from light switches that may have presented a containment area for bacteria as they did not have an easily cleansable surface even though cleaned frequently. The provider said they would investigate how this could be best resolved through replacement with such as a plastic-coated pull cords or similar.

Learning lessons when things go wrong

- Where incidents or accidents had occurred, these were analysed to ensure learning took place to prevent a re-occurrence and minimise risks. For example, we found any incidents or accidents were reviewed and where there was learning this was cascaded to staff through handovers.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

This meant 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

- Initial assessments were completed to ensure people's care was planned and reflected their individual needs and preferences. People we spoke with told us what their needs were, and this reflected the care and support they received which in turn reflected their assessments.
- Staff had information to allow them to provide care which reflected people's choices and needs. Staff understood what people's needs were and what was important to them as an individual.
- The provider considered protected characteristics covered by equality legislation such as disability, and we saw reasonable adjustments were in place, for example assessments considered how the needs of people with a learning or physical disability would be met.

Staff support: induction, training, skills and experience

- Staff provided care in a way that indicated they had the appropriate skills. Discussion with staff demonstrated their knowledge. Staff interaction with people showed they had an appropriate skill base.
- The provider had systems in place to ensure staff training was up to date and current. Staff told us they were well supported with training. Their comments included, "The training is OK" and, "The training is quite good, and I'm being encouraged to do an NVQ [a vocational qualification]."
- New staff had an induction and a newer member of staff confirmed they were appropriately supported since commencing employment, so they had the knowledge and skills needed.
- Staff told us they received supervision from the senior staff that met their requirements. One member of staff told us, "We have [supervision] six times a year with nurses and issues can be raised beforehand".

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

- People were able to access healthcare services as needed. One person told us, "I'm going to the doctors this afternoon, I like the doctor. I have seen the dentist and I brush my teeth every day".
- Staff worked with other health and social care professionals to ensure positive outcomes for people. People had a health action plan that set out how all their health care needs were to be met. This included oral care. Records showed people had regular access to health care professionals as needed, for example nurses and speech and language therapists.
- Outcomes from health care appointments people were communicated to staff through information sheets and handovers.
- Staff were knowledgeable of when and how to access healthcare services in emergency and unforeseen

circumstances.

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

- People told us they liked the meals they had, and one person told us the food was, "Nice". Another person told us they had chosen their midday meal and liked the food. They commented about how soft and easy to eat the meat was.
- Lunchtime was relaxed, and people had the assistance they needed to enjoy their meals. Meal times were an opportunity for staff to sit and eat with people and socialise. Whilst some people could not always communicate their preferences, we saw staff used visual cues and monitoring of people's responses to see what they wanted.
- Staff were aware of any specialist requirements or risks in respect of people's nutrition or dietary needs. We found the meals for people at risk of choking were appropriately presented and at the consistency needed to reduce any risk of choking and the cook was aware of people's specialist requirements.

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

- Whilst Edgeview Nursing Home was an older building the provider had taken steps to make it as homely as possible. For example, there was wheelchair accessible external space, there was lift access to all floors, bedrooms were personalised, and appropriate equipment was available that reflected people's individual needs.
- The location of the home on top of a hill and not immediately adjacent to local facilities which could be viewed as a barrier to independence, but the provider did have transport available to assist with access to the community.

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 and found they were.

- People were asked for their consent by staff when receiving care, or when asked about any support offered.
- Assessments were clear what specific decisions people could make, and how or when they may need assistance with these decisions. Where people lacked capacity, the registered manager understood their responsibilities under DoLS and had made the appropriate applications to the local authority.
- Staff demonstrated a good understanding of the MCA. A member of staff told us, "It's about whether a person has capacity to make their own decisions or not or will need assistance and help, in their best interests. Where possible you gain consent".

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same.

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

- Staff treated and supported people in their care well and were conscious of their diverse and at times complex needs. People were relaxed in the presence of staff and there was evidence of warm and friendly relationships.
- People were involved in discussions about their day to day care, for example a staff member invited a person to sit and talk with them about filling out their daily records, and what they had done on the day.
- The registered manager told us it was important staff supported people with their human rights and diversity and staff showed a good understanding of how this impacted on people's individual care. For example, a member of staff told us how a person's past life impacted on how they reacted to certain situations, and how important it was to consider this when they provided care.

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

- Some people were not always able to clearly voice their opinions, but the staff told of us of ways in which they empowered people to make choices. For example, a member of staff told us one person, "They choose clothes by their feel, and will pull clothing off the hanger when it's the one they want".
- Staff were seen to offer people choices routinely and would consider their reaction when the person was unable to say what they thought. For example, when asked to make choices staff would show them visual cues to illustrate the choice, for example showing them two drinks and letting them choose.

Respecting and promoting people's privacy, dignity and independence

- The building allowed for people to have privacy if they wished and when people wanted to be alone staff supported people's wishes. For example, one person liked to spend some time alone on the patio and staff supported them to do so but were seen to check they were alright and were appropriately dressed so they were not cold.
- People could be independent where possible and we saw staff provided people with support when needed, but not to the extent that they would detract from a person's independence. There were several occasions where staff were with people but would only assist where needed and not frustrate the person by inappropriate intervention.
- Staff were aware how to promote people's privacy, dignity and independence. One member of staff told us, "When giving personal care you need to ensure doors are closed. If they are having a shower you make sure they have a towel over their legs. You would ask the client to wash themselves where able or explain

what you're doing if staff are washing".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

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

- Each person had support plans for each aspect of their care, and these reflected people's individuality and specific needs. Care plans were person centred, relevant and presented an accurate picture of the person, for example through their likes and dislikes, and how they wished to be supported. People we spoke with confirmed care plans reflected what was important for them.
- Staff were knowledgeable about people's needs and personal preferences when we discussed individuals care arrangements with them. This was evident from staff interaction with people during the inspection.
- People's needs were reviewed monthly on a summary form with the person where possible and all other significant parties such as families and health care professionals. These were not always dated however which would help with the continuity of the records. The registered manager said this matter would be reviewed.

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.

- Information about the service was available to people in various formats to assist with communication. For example, we saw people's care plans were available in an easy read, visual format and staff told us how they used pictures to assist with discussion with people.
- People's individual communication needs were explored, and staff could easily tell us how individual people communicated and what we needed to consider when talking to people. For example, a member of staff gave us a book of photographs that aided our discussion with an individual who showed a keen interest in the subjects portrayed.

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

- People we spoke with were positive about the daily activities and interests they able to access at Edgeview Nursing Home and in the wider community.
- One person told us how meals were arranged to reflect annual events. For example, one person asked if we had tried haggis and then told us then had on Burn's night (New Year's Eve) and they had enjoyed it.
- The home had a dedicated activities room, and this was used by numerous people during the inspection.

People were supported by dedicated activities staff who were enthusiastic about their work in engaging people in activities and pastimes they enjoyed. For example, on the day of the inspection several people made valentines cards, had made items related to the Chinese New Year, and people had painted pictures, a number we saw displayed in their bedrooms and around the home.

- People were consulted about activities they wanted within and outside the home. One person told us they went on holiday (with other people who lived at the home), days out and spent time in the community. These activities were captured as a reminder in a photo album people could look at.
- People told us about friendships they had with other people who lived at the home, and one person said they had made a new friend who lived outside the home and staff told us how they were supporting them with this relationship.

Improving care quality in response to complaints or concerns

- People's concerns and complaints were listened and responded to. People told us they were happy to approach staff if they were unhappy with something, although none expressed any concerns.
- The provider had a complaints policy and procedure. Written information about how to raise a complaint was available to people, this also in accessible formats appropriate for people's communication needs. Any complaints received were documented and outcomes recorded.
- People were seen to have a good relationship with staff who were aware of what to look for that may indicate a person was unhappy.

End of life care and support

- The provider was not supporting anyone with end of life care at the time of the inspection. People's advance wishes were considered however, for example decisions were considered in respect of do not resuscitate agreements (DNAR) where appropriate.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 told us they happy living at Edgeview Nursing Home and were comfortable in the presence of staff, with warm positive interaction seen between people and staff on numerous occasions. One person said, "I like living here" another that it was, "All good".
- Staff told us the management team were open and staff were motivated and told us they were confident to raise any concerns through a whistleblowing policy. One member of staff told us, "The monthly staff magazine has been a positive move as it regularly recognises staff for their work and contribution. I feel the good rapport which staff have with clients has reduced incidents occurring".
- The registered manager was visible to people and clearly knew them well. Staff said the registered manager and senior managers were approachable and listened to them. One member of staff told us, "I can approach [Registered manager's name] as they have an open door, I could approach any of the management team". The staff told us the chief executive was a frequent visitor to the home and was approachable.

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 registered manager was open about the challenges they had encountered since taking up the post and they and the senior management told us how they had worked together to identify solutions to any issues.
- The provider had been open with us about any issues or concerns that had arisen since our previous inspection and had notified us of any actions taken or planned.

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

- The registered manager told us they wanted to improve the service and was not complacent about the service's performance.
- The provider had a range of effective quality monitoring arrangements in place. For example, there was regular audits of medication and safety, and there were regular checks on the quality of differing aspects of the service, these involving management at different levels with the organisation. □
- The registered manager demonstrated they had a good understanding of legal requirements. For

example, they had ensured we were notified of events as required by the law and the previous CQC inspection rating was conspicuously displayed at the home.

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

- People, relatives and staff views were sought. Staff used on going reviews and communication as well as observation to gain people's views. There was information on display for people with a 'you said, we did' board. A suggestion box had been introduced and these suggestions were considered.
- The provider used surveys to canvas people's and relative's views and relatives told us staff kept in touch with them and they could discuss any matters with the staff team. Feedback received had been positive overall.
- The registered manager told us how they worked to develop links with the wider community by ensuring transport was available and use of resources and facilities in the wider area.

Continuous learning and improving care

- The registered manager said senior managers visited on a regular basis and would monitor the service's performance.
- Where any incidents had occurred, they were reviewed by senior staff and the registered manager to ensure that policies and procedures had been followed and whether there was any learning from the incident to help with improvement. For example, additional equipment had been provided to minimise risk from falls.

Working in partnership with others

- Staff all told us the provider worked in conjunction with other organisations and professionals to offer better opportunities for people. They told us they were working with local health care organisations to ensure better access to health services across area boundaries, this due to the distance from several resources in Staffordshire.