

Greensleeves Homes Trust

Mount Ephraim House

Inspection report

Mount Ephraim
Tunbridge Wells
Kent
TN4 8BU

Tel: 01892520316

Website: www.greensleeves.org.uk

Date of inspection visit:
23 March 2017

Date of publication:
28 June 2017

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

Mount Ephraim House is registered to provide care and accommodation for up to 38 older people. On the day of our inspection there were 36 people using the service.

At the last inspection in November 2014, the service was rated Good overall and we rated the service outstanding for our key question, 'Is the service responsive?'

At this inspection, we found the service remained Good and demonstrated they continued to meet our regulations.

People told us they continued to receive safe care and were happy living at the service. Staff consistently provided care that was responsive to people's needs. People remained safe from potential harm because staff were regularly trained to identify abuse. Staff understood their responsibility to report any concerns and were aware of safeguarding procedures to follow to keep people safe. Staff continued to assess and manage risks to people's safety. Risk management plans remained effective and had enough guidance on the action staff had to take to keep people safe from avoidable harm.

Medicines management systems remained effective. People's medicines were administered safely by trained staff and securely stored. The provider's recruitment procedures ensured staff employed were suitable to provide safe care. People received appropriate care and support from a sufficient number of staff. Staff were competent in their role because they received support, training, supervision and appraisal to improve their knowledge and skills.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Policies and systems in the service supported this practice. Records showed staff respected people's choices on decisions about their care and supported them to be as independent as possible.

Staff were kind and caring and had developed positive relationships with people. People received care from staff who knew them well and understood how they wanted to be supported. People continued to receive their care as planned and in line with their needs and preferences.

People were involved in the planning and review of their care and support plans. People's health needs were assessed, reviewed and met in a creative manner. Staff provided care that was responsive to people's changing needs. Support plans were effective and contained guidance to staff on how they were to provide care in line with people's wishes.

People enjoyed the food provided at the service and their dietary needs were met. Menu plans showed healthy options and included people's preferences and choices. Staff continued to support people to access healthcare professionals when needed. Feedback for health care professionals was very positive and

confirmed the service remained proactive and worked with them to better people's lives.

People continued to receive person centred care. People, their relatives and health and care professionals said care at the service was empowering and enhanced people's quality of life. People remained involved in a wide range of stimulating activities of their choice which they liked. People had access to various unique lounges, communal and recreational areas that allowed them to enjoy different activities, quiet times and receive visitors.

The service was decorated and the environment adorned with people's artwork and seasonal themes such as a summer at the beach and decorations which kept people stimulated and engaged. People led meaningful lives at the service and were always kept occupied. Care plans provided details of people's hobbies, interests, preferences and what was important to them and the support they required from staff to achieve their goals. Staff knew people's needs and ensured they provided appropriate care and support.

The registered manager continued to demonstrate good leadership and commitment to improving the service. They were passionate and determined to continue delivering outstanding care and ensured staff understood the provider's vision to empower people. People's views were sought through regular resident meetings, surveys and one to one discussions with the registered manager and staff. People's feedback was used to drive improvements at the service and the quality of care. People and staff remained complimentary about how the service was managed. People knew how to complain and had easy access to the provider's complaints procedure.

Staff felt valued at the service and said the registered manager was supportive and approachable. Quality assurance systems remained effective and were consistently used to ensure the safety of the premises and equipment and to improve people's care and support. There was an open and inclusive culture that ensured staff remained focused on putting people at the centre of service delivery.

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 was responsive. People received care responsive to their individual needs. People, their relatives and healthcare professionals were involved in care planning. Staff provided people's care in line with their preferences and wishes.

People enjoyed taking part in a range of activities provided at the service and in the community. Staff supported people to pursue their hobbies and develop new interests if they wished.

People and their relative's views were sought and feedback obtained was acted on. People knew how to make a complaint and were confident their concerns would be resolved.

Is the service well-led?

Good ●

The service remains Good

Mount Ephraim House

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 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.

This comprehensive inspection of Mount Ephraim House took place on 23 March 2017 and was unannounced. The inspection was carried out by an inspector and an expert-by-experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we reviewed information we held about the service including statutory notifications sent to us by the registered manager about incidents and events that occurred at the service. Statutory notifications include information about important events which the provider is required to send us by law. The provider had completed a Provider Information Return (PIR). This is a form that requires providers to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to inform the planning of the inspection.

During our inspection, we spoke with nine people who used the service, two relatives, five care staff, the chef, deputy manager and the registered manager.

We reviewed 10 people's care plans, risk assessments and their medicine management records. We looked at 10 staff files including recruitment, training, supervisions and appraisals. We reviewed other records held at the service relating to the management of the service including health and safety documents and quality audits. We undertook general observations of how people were supported and received their care in the service. In addition, 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.

After the inspection, we received feedback from three healthcare professionals.

Is the service safe?

Our findings

Since our last inspection, people continued to be protected from the risk of abuse. Staff received ongoing training in safeguarding and knew how to identify abuse and the procedures to follow to report any concerns. Staff were confident of reporting potential abuse to the registered manager and that their concerns would be acted on. Contact details of the local authority safeguarding team, the Care Quality Commission and police where available should staff need to report a concern. Staff knew how to whistle-blow on poor practice and abuse to help keep people safe.

Risk management plans remained effective in keeping people safe. Staff carried out assessments to people's safety and had sufficient guidance on how to minimise the identified risks. Assessments included people's mobility, nutrition and accessing the community. Regular reviews of risk assessments ensured staff continued to provide safe care in line with people's needs. Care plans were updated to reflect the person's needs and the support they required. Staff were aware of risks to people and understood how to support them in a safe manner without restricting their freedom unnecessarily.

People were supported by a sufficient number of staff to meet their needs. One person told us, "I always get the help I need." Staffing levels were reviewed regularly and took into account people's needs and additional activities and healthcare appointments. People, their relatives and staff said there were sufficient staff deployed on each shift. Staff rotas confirmed absences were planned for and covered appropriately and that staff's requests for additional support met. Appropriate recruitment procedures ensured staff had the skills relevant for their work and were suitable to provide safe care to people.

People continued to receive their medicines safely and in line with provider's policy. Staff assessed people's needs on managing their medicines and supported them as they required to take their medicines safely. Staff told us and records confirmed they were trained and assessed as competent to manage people's medicines. Management systems remained suitable for the safe storage, administration and recording of people's medicines. Staff had sufficient information about people's medicines, dose and allergies to ensure safe administration of their medicines. Regular audits ensured people received their medicines when required and no concerns were raised in the latest audit. Our checks of medicine stocks balanced with the administration records.

People continued to live in an environment safe from the risk of infection. Premises were cleaned regularly and health and safety checks ensured people lived in a clean environment. Staff understood how to prevent cross contamination and were able to describe how they used personal protective clothing such as gloves and aprons when supporting people with personal care. Staff had completed training in infection control and were aware of appropriate hygienic practices such as handwashing and cleaning of equipment after use. An up to date infection control policy provided staff with guidance on how to maintain good hygiene.

Is the service effective?

Our findings

People received care from staff who had remained up to date with their skills and knowledge to meet their needs. One person told us, "The staff know their job well and provide the right support." Staff told us and records confirmed they were consistently supported and received regular and refresher training, supervisions and appraisals to reflect on their performance. Staff had received training considered mandatory by the provider in safeguarding, first aid, mental capacity and fire awareness to make them effective in their roles. New staff continued to be inducted in their role to enable them to familiarise themselves with people and their needs before supporting them on their own.

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). One person had a DoLS authorisation granted by a supervisory body and was supported to access the community as required and their freedom was not unlawfully restricted. The registered manager and staff were able to explain the MCA principles and DoLS and how these applied when providing care to people. Records showed assessments were carried out on people's ability to make certain decisions.

People told us they liked the food provided at the service and that their preferences were considered. One person said, "The food is of high standard and the portion sizes are good. We have choices too." Meals were freshly prepared at the service and healthy eating options were available and included fruit and vegetables. Records and people confirmed they were involved in menu planning. The chef was aware of people's dietary needs and preferences and provided them with the appropriate foods. Staff monitored people's eating and drinking and made referrals to health professionals when needed. People's nutritional and dietary needs were continuously met. We observed people were offered choices during mealtimes and staff provided what they had requested.

People were supported to access healthcare services to maintain good health. One person told us, "Staff arrange for the GP to visit if I am unwell." People had health action plans and staff had sufficient guidance on how to meet people's specific needs. Records confirmed regular visits by GP's, opticians, dentists and chiropodists and the treatment plans and actions staff had to take to provide effective care. People were supported to attend healthcare appointments and a yearly review of their general health.

People had access to all parts of the building. There were grab rails, mats in bathrooms and showers and call bells to ensure people were able to receive effective care.

Is the service caring?

Our findings

People were happy living at the service and had positive comments about the staff. One person told us, "This is my home and I like living here. The staff make it homely and are very nice." Another person said, "Very caring they [staff] just do it in a caring and gentle way." People had developed positive relationships with staff as they knew them well and understood how they wanted their care delivered. Care records contained people's preferences, likes and dislikes and daily records showed people received support as they wished. We observed staff spent time with people and talked about things of interest to them and shared appropriate jokes.

People told us staff were kind and caring. We observed staff were patient when providing explanations to people about their care and did not rush them. People were supported to do as much as possible for themselves to promote their independence such as tidying their rooms and accessing the community.

Staff continued to involve people in their day to day care through daily interactions and keyworker meetings. A keyworker is a member of staff assigned to spend additional time in getting the person's views heard and needs met. Staff knew people's needs, interests and routines and records showed they supported them in line with these. Records showed people were involved in their care and had signed to show they were in agreement with how they wanted support delivered. The registered manager ensured people could access advocacy service when needed and had information to signpost people when necessary.

People told us staff respected their privacy and treated them with dignity. Staff understood their responsibility to treat people as individuals and with respect. Staff were respectful when they talked about people and their needs. We observed staff knocked on people's doors before entering, asked for consent before providing support. Staff kept bathroom and bedroom doors closed when providing personal care to people to promote their dignity and privacy. People's information was kept confidential in locked cabinets and offices to maintain their privacy and dignity. Staff understood the provider's confidentiality policy and only shared information on a need to know basis after getting authorisation from the registered manager.

People at end of life received the support they required. Staff told us and records confirmed people's wishes and preferences in regards to the end of life care were known. People, their relatives and healthcare professionals were involved in making decisions about where the person preferred to receive treatment and whether they wanted to be resuscitated. Staff told us they made people as comfortable as possible and ensured pain management plans were in place as appropriate. The service had close links with a local hospice and staff had received end of life training to ensure people received appropriate care for their needs.

Is the service responsive?

Our findings

Since our last inspection, people continued to receive care that was responsive to their individual needs. One person told us, "There is more than enough to do here. I get the exercises I need and enjoy the stimulating discussions I have with [people] and staff." Staff had won the Dignity in Care Award at the Great British Care Awards South East in December 2015 for supporting people to maximise their independence and choice, whilst respecting and maintaining their privacy and dignity. The service and staff had also won an award each in the Compassion and End of Life categories at the nationally recognised Third Sector Care Awards in December 2015 for 'innovation and care excellence' when providing care to people.

People took part in individualised and group activities provided at the service. One person told us, "We have our own little van and we go on mini holidays to the cedar chalets in Hurst Park and Manor House twice a year where they had the battle of St Leonards. We also go on river trips on the Watery Ferry in the River Medway and we get to steer the boat." People and records confirmed they were provided with a range of creative and meaningful activities suitable for their individual needs which had a positive impact on their well-being. People who were interested in gardening took part in a 'Sow and grow' session which allowed them to continue to enjoy their lifelong gardening interests they had done before moving to the service. People were proud of their works of art displayed around the service and were happy to talk about it. Records showed people took part in activities that included armchair yoga, hand massages, outings, pub lunches, walks in the garden and bird watching. People told us and records confirmed the variety of activities offered at the service enhanced their well-being by reducing boredom and isolation.

People benefitted from taking part in motivation and brain training activities that were designed and professionally recognised to exercise and improve their memory. One person explained the positive impact on their well-being and said, "The games improve my memory and helps all of us to get on better with our daily lives. I am no longer that forgetful and can plan my day easily." The physical and mental stimulation exercises were run by a team of qualified therapists to support people to improve their memory recall and well-being. We observed 12 people enjoyed taking part in an activity session organised by an external motivation trainer.

People told us they enjoyed reading and writing in the library at the service and said this helped with mental stimulation. One person told us, "There is always something to read and to keep the mind working." People had access to daily newspapers and magazines which they said kept them informed of current affairs. People said they felt connected to the outside world and used technology in the arts and crafts room where they had a large touch screen computer with a big mouse for easy use. People were able to access the internet and their email accounts which they said kept them socially aware and in contact with their family and friends. The registered manager ensured people received one to one tutoring support to develop their computer skills when needed. Care records showed people's cognitive and physical abilities and the support they required. Records showed that staff had provided care responsive to people's needs.

People enjoyed a wide social network within the service and in the community. The registered manager involved the local community and organisations to provide a fulfilling and positive experience for people

living at the service. People benefitted from regular visits from local school children and young people who came in to play scrabble and to do additional activities. A volunteer and relative group provided companionship and support to people. The group brought in a 'Pat dog' pet for people to touch and see, joined in activities such as choirs and piano playing, fundraising and spent time chatting with people. This provided an additional level of support and interaction to people.

People continued to receive personalised care that met their individual needs. One person told us, "I can't fault my care, excellent service." Staff completed pre-admission assessments and involved people and their relatives to develop a life history based on their background, hobbies, interests, preferences and goals they set out to achieve. Staff used this information to continue to support people to live the lives they wanted. People were supported to attend church services in the community and a 'lay minister' offered Catholic communion weekly for those who wished to practise their faith. Staff had a 'Resident of the day' where they had a regular meeting to review each person's care plan, any changes to their needs and to discuss future goals. This ensured the service provided a service responsive to people's needs. People told us and we observed that they were able to serve their own side dishes for lunch and chose what glass they would prefer their alcohol to be served in.

People were involved in care planning. Support plans remained responsive to people's changing needs and had information on how staff were to deliver care. People, their relatives and healthcare professionals were consistently involved in the review of people's needs and care plans were updated to reflect the changes in their health and the support they required. Staff told us they were kept up to date on changes to people's support plans and were able to tell us about people's individual needs. Records showed people's medical history, communication needs and dietary requirements.

People and their relatives knew how to make a complaint or raise a concern about the service and felt confident to do so. One person told us, "I would talk to the [registered] manager, but there is nothing to complain about, we get excellent service here." People had access to an up to date complaints procedure which detailed how concerns were to be resolved and who to contact if they were not happy with an outcome. The registered manager told us and records confirmed the service had not received any formal complaints since our last inspection.

People and their relatives said the registered manager constantly searched for ways that helped to improve people's lives, health and well-being. For example, a person new to the service was allowed to bring in their dog during a two week respite stay as this was important to them. There was a 'Mood Board' at the service where staff could put any ideas they had about the service. In response, the registered manager had organised daily chats and weekly meetings with people to help reduce their anxieties and provide reassurances about the transitional plans during this time.

The service had received compliments about the responsive care and quality of support provided. A relative commented, "I'm so grateful [relative's] care was exceptional and that staff went out of their way. Everyone is treated as family." The registered manager was a finalist for the National Care Awards 'Resident Engagement 2015' award for having demonstrated a significant improvement in care quality as perceived by residents and relatives through actively seeking and responding positively to their feedback.

Is the service well-led?

Our findings

The service had a registered manager who was familiar with people and their needs. 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. The registered manager understood their responsibilities and ensured notifications were submitted as required in a timely manner.

Since our last inspection, people continued to receive person centred care which met their individual needs. The registered manager continued to promote an empowering, inclusive and transparent culture at the service. Staff told us they were clear about the roles and responsibilities in providing personalised care whilst supporting people to remain as independent as possible. Staff remained confident to raise concerns about people's well-being and were confident the registered manager would take action on issues arising. People, relatives and healthcare professionals continued to be asked their views about the service and their feedback was used to provide person centred care.

People and staff said the registered manager remained visible at the service and continued to be approachable. One person said, "The [registered] manager is always available. You can pop in anytime for a chat." Staff said the registered manager supported them when required. Staff were consistently involved in plans to improve the service. Records confirmed regular staff meetings where their suggestions to improve people's care were considered. Information sharing remained effective as staff received updates on changes to people's health and support needs through handovers and notes in a communication book. Teamwork and staff morale continued to be good because staff worked well as a team and felt supported by the registered manager and their colleagues.

The quality of the service remained subject to checks and audits to ensure continuous improvement to people's care delivery. Audits were carried out and ensured safe medicines management, appropriate record keeping, up to date care plans, adequate staff training and support. The provider continued to have effective health and safety checks in place to ensure any risks posed to people on the premises and use of equipment were identified and addressed. Records showed up to date fire risk assessments and regular maintenance and timely repairs of equipment.

People's views were continuously sought to monitor the quality of service provided and to make improvements where needed. Satisfaction questionnaire responses were analysed and results were positive and complimentary. The service continued to work in close partnership with healthcare professionals and other agencies to develop the service.