

Four Seasons (No 11) Limited Edgeworth House

Inspection report

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Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 30 April 2015. At our last inspection we had found several breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. On this inspection we found that improvements had been made to meet the legal requirements.

Although the service was registered to provide accommodation for 103 people, there were 42 people living at Edgeworth House at the time of this inspection. The home was registered to provide accommodation and care to people who may have nursing needs. The home was large and accommodation was available over three

floors, but due to the low numbers of people living there they had been moved to the ground and first floors with their consent, in order to better manage their needs with the available staff. The home was about to undergo a refurbishment.

The home required 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.

Summary of findings

At the time of this inspection the home did not have a registered manger, although the current manager, who had registered manager experience in other of the provider's homes, intended to apply for registration with CQC to become the registered manager for Edgeworth House.

The service had made improvements to the way it was run and we found that the areas of concern found at our previous inspections had in the main, been addressed.

Staffing, the care and welfare of people, the leadership of the service and records were all improved. We found that there was still some work to be done regarding medication and made a recommendation in respect of this. We also found some issues around consent and the manager had yet to apply for registration. We found that the service was caring and responsive to the needs of people and focussed on person centred care.

Summary of findings

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 not always safe.

Staffing levels were sufficient to meet the needs of the people using the service.

Staff had been recruited properly and knew about safeguarding and what to do if they suspected abuse.

We found that there were some issues relating to medication and infection control.

Requires Improvement



Is the service effective?

The service was not always effective.

Staff were trained appropriately and showed a good level of knowledge. They received supervision and appraisal throughout the year.

The home needed to make improvements to staff understanding of the Mental Capacity Act 2005 procedures..

Peoples' consent was mostly obtained. Their nutritional and environmental needs were met.

Requires Improvement



Is the service caring?

The service was caring.

Staff showed empathy and compassion to the people they supported.

People's privacy and dignity was enabled and respected.

The home had good 'end of life' care.

Good



Is the service responsive?

The service was responsive.

The care was person centred.

People were appropriately assessed and their care frequently reviewed. They were involved with the care plan, had choice and were able to express any concerns.

Good



Is the service well-led?

The service was mostly well led.

The manager presented strong leadership to the staff and was approachable and accountable.

The quality of the service was frequently checked and audited. Records were up to date and available.

Requires Improvement



Summary of findings

The home required a registered manager.	
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Edgeworth 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 was planned to check whether the provider was 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 30 April 2015 and was unannounced. The inspection team consisted of a lead Adult Social Care (ASC) inspector, a further ASC inspector and an expert by experience. An expert by experience (ExE) is a person who has a personal experience of using or for caring for someone who uses this type of Care Service.

Because this comprehensive inspection was as a follow-up to that of January 2015 and two previous inspections in 2014, we had not asked the provider to complete a Provider Information Return (PIR), which 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. The provider had sent us an action plan after the last inspection and had regularly updated us with progress made.

We reviewed the information we had on the service including concerns and updates which had been given to us by whistle-blower. We also reviewed information from the Local Authority and the local Healthwatch.

We spoke with 12 people who used the service, with two visiting relatives and a visiting health care professional. We also spoke with eight nursing and care staff, three domestic and kitchen staff, the manager and the deputy manager for the service. In addition we spoke with the clinical facilitator for the provider who had spent a lot of time, during recent months at the home and was there on the day of our inspection.

We looked at 15 care files which included additional room files, four staff recruitment files and other files relating to staff training and supervision. We also saw audit files and other records and documentation about the home.

We commenced our inspection early in the morning so that we could see the care and records relating to the night time, the staff handover between the night and day shifts and the ongoing care during the day.

We observed people and staff throughout the inspection and the ExE sampled the food and joined people using the service for lunch and talked with them about their dining experience and general views of the home.

Is the service safe?

Our findings

One person told us, “The staff here are lovely; they know its people’s lives they are working with”.

At our inspection in January 2015, we found a breach of Regulation 22 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because the provider always sufficient numbers of staff employed to safeguard the health, safety and welfare of service users. On this inspection we found that the requirement we made had been met.

This section is primarily information for the

We asked about staffing levels and we were told by the manager that 12 staff worked on days and six staff at night. The provider used a tool called CHESS (Care home equation for safe staffing) to evaluate staffing levels. The manager showed us that the current staffing levels were significantly over what the CHESS tool stated but she had maintained these staffing levels as they supported many service users who had significantly complex needs and a lot of staff time was required to meet them.

We looked at the previous eight weeks rotas and saw that staffing levels were maintained and there was often more than 12 staff on the day shift. The staff we spoke with told us that the staffing levels had improved and they could meet people’s needs effectively now.

We looked at the recruitment records for four staff members who had most recently employed to work in the home. The files contained a job application, interview questions records, references, record of Disclosure and Barring Service (DBS) disclosure, and other relevant information. The manager told us that they were in the process of recruiting to replace staff that had recently left. The home had in place disciplinary and grievance procedures. We saw that the manager, with support from the provider had taken action when care practice was not at an acceptable standard.

There had been several whistleblowing incidents reported to CQC and the content of these had been discussed with the provider. We found that they had been taken seriously, investigated and actions instigated. These measures had been recorded in staff files and the action plan the provider

had provided us with on a regular basis. We found that one staff member had been disciplined and referred to DBS and had others had been finalised with various outcomes and some were ongoing.

The provider had its own policy for the safeguarding of vulnerable people and had developed and trained their staff to understand and use these and the local safeguarding protocols. There were notices about safeguarding and contact numbers around the home and staff were able to tell us about abuse and what to do if they suspected a person was being abused.

We checked the general administration and storage of the medication and found that drugs were appropriately stored and managed. We observed three medication rounds and found that the medication administration records (MAR) were generally correctly filled in and the drugs were accounted for. Sufficient time was allowed by the nurse to ensure people took their medication. However, one MAR omitted to contain the record of eye drops being administered and the audit had not picked this up. We found that the drugs were recorded in the daily care notes for this person. This was pointed out to the nurse at the time of our inspection who advised us that the procedure would be amended. We also saw that one person had medicine administered inappropriately. We brought this to the attention of the staff who made arrangements for the medication to be reviewed.

Equipment in the home was serviced regularly and we saw recent dates of service. Fire equipment was placed strategically around the home with fire exits clearly signposted and we saw that the service had regular fire bell checks and we saw evacuation plans within the home files. However, one weighing chair was seen to be in a dirty state and matter was dried on it. This indicated poor cleanliness and potential issues around infection control. We pointed this out to the clinical facilitator who immediately stated that the responsibility for cleaning such equipment would be clarified and the item cleaned. Risk assessments for such things as bed rails, mobilisation and moving and handling had been completed. We saw that bed rails were in place for some people, used appropriately and that checks and audits had been carried out on them.

The room charts were comprehensive including positioning requirements, skin checks and the type of mattress people had, but did not indicate that the air

Is the service safe?

mattresses were checked. We discussed this with the clinical facilitator who said the service would look at the processes for auditing to decide where this could be integrated.

Recommendation; That the provider has regard to NICE guidelines, 'Managing medicines in care homes' and similar guidelines on infection control.

Is the service effective?

Our findings

One person told us, 'I can have a brandy if I want it'.

A manager told us, "The staff are really responding well to the training; they are getting to grips with it and asking lots of questions".

We looked at the training records and saw that routine training for staff had significantly improved. The completion rates for all training were over 90% and some had 100% achievement. The provider closely monitored the progress and the manager had been commended for the recent achievement levels. The manager and clinical facilitator had recognised and identified areas where staff still required additional training and sessions had been carried out and booked, relating to record keeping and writing care plans. Training was also booked for staff to learn about tissue viability and the better application of topical creams. One manager said, "The staff are lovely, they so want to learn, it's really rewarding working with them".

We asked about supervision and we looked at records that demonstrated that all staff had recently been supervised. The manager told us that previously supervision had only been given in response to a negative incident. The manager had adopted a positive proactive approach and was using supervision to offer people support and look at people's developmental needs. The staff we spoke with confirmed this and all reported that they felt well supported in their roles through the regular supervision process. We also saw that group supervision sessions were taking place; for example with the homes nurses to explore accountability and responsibilities. One staff member told us; "It was all doom and gloom here but there is a change in attitude now and the atmosphere is nice and people want to come to work".

There was good communication between staff and other visiting professionals. We saw very detailed and consistent wound care records including wound measurements and photographs and of pressure ulcers healing. Staff told us they had support from the specialist community tissue viability nurse as required. We read the consultation notes in a letter which we saw was filed in the person's records.

CQC has a duty to monitor the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We saw that proper policies and procedures were in place relating to this, at Edgeworth House.

We saw from the records that the majority of staff had been trained in the MCA and DoLS. The remaining ones were booked to attend training. The manager told us that she had recognised that this was an area where they still needed to improve and that she had sourced additional training to support the staff's development in this area.

We saw that applications had been made for DoLS to the local authority (the 'Supervisory Body') and some had been processed and returned. We noted that one person had been deemed to have the capacity to make certain decisions. We also noted that where people whose mental capacity was in doubt, their wishes had been considered in a best interest meeting and action taken appropriately. We also saw that there was a DoLS audit form to track and record which of the people in the home had a DoLS in place. We did have some concerns about the recording of mental capacity in some files. We shared our concerns with the manager and clinical facilitator and they took action to correct the errors.

We had been told about 'smells' in the downstairs corridor to the 'North Wing' but we found no odours apparent. However, we did find one person's room on the first floor did smell malodorous. When we mentioned this to the clinical facilitator she immediately dispatched domestic staff to clean the area.

We observed that staff explained processes to people and gained their consent before actioning things, such as administering medicine, or helping them re-position. However, we also saw that one person, who was semi-conscious, was being administered liquid paracetamol by mouth, via a syringe, without consent. We brought this to the attention of the staff and they immediately sought advice from the GP who prescribed an alternative drug and method of administration.

There was good staff support at mealtime and there were 'hot trolleys' which were used to transfer hot food to those who chose to eat in their room. Each of the floors had a small kitchen and dining area but these were not currently

Is the service effective?

in use. There was a one month menu rotation and menu notices were printed in type large enough to read with comfort. They were sited at the entrance to the dining room and placed on each table.

The general opinion was that the food was fine. One person told us, "The food is quite good" and we found that the people we asked about the food, agreed. The meal was nicely presented and was tasty, nutritious and hot. There were no calls for alternatives. One person was offered a can of bitter ale to follow the meal.

We spoke with the catering manager and were told that she has a budget, per person, per week. She gets a full profile of food preferences and dietary needs when someone first arrives and detailed records are kept. She told us, "We work hard at meeting everyone's needs".

We saw that the environmental issues we had identified in the last visit had been addressed and that the keypad on the front door had been lowered to mid height, to enable wheelchair users to use it. The staff told us they were looking forward to the planned refurbishment and re-design of the building.

Is the service caring?

Our findings

People told us, “The girls are superb; second to none” and “The nurses are super”.

Throughout the day we observed staff interacting with people who lived in the home with warm positive communication. We saw staff engage with people and ask them how they wished to be cared for. We saw one person tell a member of staff that they felt unwell. The staff member made sure that they were comfortable and then immediately contacted the GP. The staff member told us that the person knew their own health very well and was the best judge to decide when medical intervention was required. This demonstrated that the staff member was recognising and supporting the independence of the person.

We checked throughout the time of our inspection that call bells were in each room, were available, were working and were responded to quickly. For example, during our inspection we heard an emergency buzzer. We saw staff respond without hesitation and three staff ran to the emergency to offer their support. One staff member was already supporting the person and their privacy and dignity was respected.

People’s spiritual needs were respected. They were enabled to either visit their church or have them come to the home. People and relatives told us they were involved in their care and had information about this, the home and its future.

People told us they were happy with the care and the companionship they received at Edgeworth House, commenting, “Both the staff and the other residents are very nice”. One added to this saying “They are very good here”, to confirm their general satisfaction with the way in which they were looked after.

One person was on ‘end of life pathway’ and their relatives were very grateful for the care the person was receiving, telling us, “They’ve been absolutely marvellous with our mum. We couldn’t have cared for her like they have here. The nurses are fabulous”.

This person had a syringe driver with doses documented in the care file and MAR file. One nurse has had NHS training on syringe drivers and was confident in their use. She had trained other nurses in this practice to enable a skilled, consistent approach to the care needed. The care file documents the persons’ preferences regarding funeral arrangements as discussed with her daughter. Both the staff and the relatives were happy that everything possible was being done for this person at the end of their life.

Is the service responsive?

Our findings

We spoke with one person who said, “It’s much better here than the last time you visited. I’ve been more involved with my care and telling them what I want. My needs are met a lot more now”.

Another told us that ‘trips out’ happened from time to time. Two people told us that there had been outings to West Kirby and Hoylake.

A relative told us, “I am so happy my mother is here and I would stay here myself if I had too; it’s so good, it more than passes the ‘Mums Test’ ”.

At our inspection in January 2015, we found a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because the provider had not protected service users against the risks of receiving care or treatment that is appropriate or unsafe, by means of the carrying out of an assessment of the needs of the service user; and the planning and delivery of care and, where appropriate, treatment in such a way as to meet the service user’s individual needs and ensure the welfare and safety of the service user.

On this inspection we found that the requirement we made had been met. We saw that people had been assessed appropriately and that reviews of their care had been carried out in a timely and responsive way. They had, where able, participated in their recent review of their care and relatives had also been invited to and had, contributed. We viewed records which confirmed that the care planned had been delivered and that it had been provided at appropriate times and circumstances. The care was individualised and person-centred. We saw and we heard from people and their relatives that it was what they needed or wanted. The documentation was comprehensive and clear enough for a nurse/carer to work from and deliver safe, effective care if they were unfamiliar with the people or the home.

We checked room records and found that people were re-positioned as required, had been supported to have the correct amounts of food and fluids and to have the correct medication when required.

A relative told us, “It is the little things that make all the difference”. There had been some room changes to make management and staffing easier in the big building. “They made the room absolutely beautiful, with lots of flowers” and we were told by the relative that staff who had previously dealt with her called in to greet and kiss her from time to time. “Mother loves it here, such a homely place”. These comments evidenced what we had found in the care records, that person centred care was a primary concern of the service.

We saw that the complaints procedure was displayed in the reception area of the home. We asked to see the complaints records. We saw that two complaints had been made since our previous inspection. Both had been investigated and resolved to the satisfaction of the complainant.

The activities co-ordinator had left the home the week previous to our inspection. The manager told us that several of the care staff had done extra hours this week to provide the people with the activities as planned. We saw that there were jigsaw, board games and coffee and chat events each week and there was a sports lounge and cinema which also held events frequently. We were told by people that several day trips had been enjoyed and that more were planned for the summer.

The manager told us that there were 60 hours of activities co-ordinator time available and that she was considering appointing two or three people to enable a seven day service for the people living in Edgeworth House. People told us they were happy with the activities and we saw that one carer was running a bingo game in the dining area with seven people taking part. We also observed that one-to-one engagement took place frequently and staff clearly knew the people and their needs and preferences, very well.

Is the service well-led?

Our findings

One person who lived in the home told us; “The manager is brilliant. She listens to me and gets the job done”.

A staff member said, that there was, “Far too much paperwork”, She explained that it stopped her spending as much time as she wanted with people.

Staff told us that they were very pleased with the new management team at the home.

At our inspection in January 2015, we found a breach of Regulation 20 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 because the provider had not ensured that people were at risk of receiving poor or inappropriate care due to a lack of proper information recorded about their care. We issued a Warning Notice about this. At this inspection, we found the requirements of the Warning Notice had been met.

We saw that the care and other records had improved greatly and that documentation was up to date, with a few exceptions and was readable and readily available. We saw that there had been frequent audits of care and of records, procedures and other things which affected the home, such as maintenance.

We noted that the manager had introduced a ‘walk about’ on a daily basis. This involved the manager walking around the home, chatting with people and asking questions. We

saw that each day this was documented and what actions had been taken in response to any concerns found. We saw that the department heads met every day for a ‘flash meeting’ and there were also minutes recorded of agreed actions.

Records showed that relative’s meetings and meeting for people who lived in the home were regularly held. We saw that meetings were planned until the end of the year and dates were advertised around the home to keep people informed. We looked at the minutes of the last relatives meeting that had been in April 2015. We read that people were asked to make suggestions for improvements in the home. Relatives were also asked what time of day they would like to meetings to be held to encourage maximum attendance.

We noted that people who used the service, the relatives and the staff had all been informed and involved in the coming plans about the home which showed that the management of the home were transparent and accountable for their plans and actions.

Community links were maintained through invitations to local colleges and groups to visit the home and we were told other outings to local pubs and fetes were going to be arranged through the summer.

The home did not have a registered manager. The manager told us that she would be making an application to be registered.