Sundridge Developments Limited

Edenvale Nursing Home

Inspection report

63-65 Silvester Road
Waterlooville
Hampshire
PO8 8TR

Date of inspection visit:
13 June 2016
14 June 2016

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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

The inspection took place on the 13 and 14 June 2016 and was unannounced.

Edenvale Nursing Home is registered to provide care for up to 35 people. The home is registered with the Care Quality Commission to provide nursing or personal care for older people, physical disability, mental health conditions or people living with a dementia. At the time of our inspection there were 34 people in receipt of care from the provider. The home consisted of two units spread over three floors. The first floor had 10 beds commissioned by the clinical commissioning group as a step up and step down unit. People were admitted to these beds from their home or hospital to enable a period of re-enablement. This reduced the need for people to be admitted to hospital or remain in hospital longer than required.

The home had a manager in place who was in the process of applying to become the 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.

People using the service we spoke with told us they felt safe in the home and staff were aware of the procedure to take if abuse was suspected.

Staff were recruited safely and records included appropriate checks on them as well as proof of identity to ensure they were appropriate for the role they were employed to undertake.

Medicines were stored and secured appropriately. People told us that they received their medicines on time.

The registered manager was knowledgeable about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). When people were assessed as unable to make decisions for themselves the MCA process had been followed. DoLS are put in place to protect people where their freedom of movement is restricted to prevent them from possible harm. The registered manager had taken appropriate action for people who needed their movement restricted.

People had sufficient to eat and drink and were supported to maintain a balanced diet. They had access to a range of healthcare professionals and services.

People were looked after by kind and caring staff who knew them well. They were supported to express their views and to be involved in all aspects of their care. People were treated with dignity and respect.

There were a number of quality audits in place to assist the provider in assessing and reviewing the delivery of care in the home. The manager who had recently commenced at the home had identified several areas of improvement that would improve the quality of the service provided. The manager had developed an action

plan to address these and set completion dates for each area.

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 was safe

People told us they felt safe and risks to people were managed in a safe way. Staff knew how to recognise and report any potential abuse.

The provider had a safe recruitment procedure in place to ensure people were suitably employed

Medicines were managed safely and administered as prescribed. This kept people safe from the risks associated with them.

Is the service effective?

Good

The service was effective.

People received care and support from staff who had the skills and knowledge to meet their needs.

Staff had received appropriate training, and understood the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards.

People's healthcare needs were assessed and they were supported to have regular access to health care services.

Is the service caring?

Good

The service was caring.

People were treated with respect and the staff understood how to provide care in a dignified manner and respected people's right to privacy.

People using the services told us they found the staff caring and friendly. We saw staff treating people with kindness and compassion.

Is the service responsive?

Good

The service was responsive

Care records were person-centred and reflective of people's needs. The manager had introduced a new care plan reviewing system.

Activities for people were planned.

The provider had a complaints procedure in place and people told us they knew how to make a complaint.

Is the service well-led?

Good

The service was well led.

People and their relatives were consulted on the quality of the service they received.

Staff told us the management were supportive and they worked well as a team.

The manager had effective systems in place to monitor the quality of the service. Furthermore the manager had identified key areas for service improvement and was actively working on these.

Edenvale Nursing Home

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 inspection took place on the 13 and 14 June 2016 and was unannounced. The inspection was carried out by one inspector.

The provider completed a Provider Information Return (PIR). This 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 also reviewed other information that we held about the service, such as notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths. We used this information to assist us in the planning of our inspection.

Before our inspection we reviewed all of the information we held about the home. We looked at notifications we had received. A notification is information about important events which the provider is required to send us by law. We reviewed previous inspection reports.

During our inspection we spoke with six people who lived in the home, three relatives, six staff and the manager. We looked at the records of six people, four staff files, training records, complaints and compliments, accidents and incidents recordings, medication records, and quality audits.

The service was last inspected in February 2014 and was compliant with the regulations it was inspected against at the time.

Good

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe living at Edenvale Nursing Home. One person told us, "I feel completely safe here." Another commented, "Definitely all the staff are kind I have no concerns." A relative told us, "I have never seen anything of concern. Whenever we visit the place it always feels relaxed and has a nice atmosphere." Another said "We are quite happy and I am sure if [person's name] wasn't they would tell us. But they always tell us they are quite happy here."

The provider had whistleblowing and safeguarding policies and procedures in place to help keep people safe. These were accessible staff to ensure they had up to date information. All staff had received training in whistleblowing and safeguarding adults. Staff knew how to recognise potential abuse and understood their responsibilities to report any concerns. For example one staff member told us, "I take anything like this seriously and would report it to the manager or nurse in charge. I know they would listen to me."

There were risk assessments in place relating to the running of the service and people's individual care. They identified risks and gave information about how these were minimised to ensure people remained safe. These included assessment of people's risk of developing pressure sores, risk of malnutrition and risk of falls. There were specific risk assessments to manage medicines and fire safety. Incidents and accidents were recorded and analysed to highlight any actions needed to prevent a recurrence. Staff were knowledgeable about risks to people and worked in line with the assessments to make sure people remained safe.

The provider had plans in place to deal with foreseeable emergencies, such as loss of utilities or severe weather. Health and safety checks were carried out regularly to ensure the premises and equipment, such as hoists, pressure relieving equipment and beds, were safe for use. The provider had carried out a fire risk assessment and staff were aware of the procedures to be followed in the event of a fire.

There was a Personal Emergency Evacuation Plan (PEEP) in each of the care files we looked at. This is a document which assesses and details what assistance each person would need to leave the building in case of an emergency. The PEEPs we saw included detailed information on how to assist the person to leave the building in case of a fire. This meant that staff would be clear in an emergency situation how to safely evacuate people from the building.

There were enough suitably skilled staff deployed to support and meet the needs of the people living in the home. People told us there were enough staff to safely support them. One person told us, "If I need help there is always a staff member who can help me. I don't have to wait long." A relative told us, "We don't have to look far to assistance. We can find staff quickly and they are quick enough to respond." We saw during the inspection that call bells were answered promptly and staff were visible in communal areas. The manager reviewed staffing levels regularly and took account of people's specific needs. Additional staff were deployed when necessary, for example when a person needed one to one support when they were unwell, and to support a person at the end of their life.

The provider had a recruitment procedure in place. We looked at four staff files to ensure checks had been carried out before staff worked with people. This included completing Disclosure and Barring Service (DBS) checks before staff were employed to help them make safer recruitment decisions . References had been obtained and applications forms completed, a detailed employment history and proof of identity was also recorded. When qualified nurses were recruited the provider carried out checks with the nursing and midwifery council (NMC) to ensure they were properly registered or that there were no restrictions on their practice that would affect their ability to be employed. We saw the provider monitored the renewal of qualified nurses registration.

There were clear policy and procedures in place for the safe management of medicines. We found the policy covered all aspects of ordering, storing, administering and disposing of medicines safely. The policies and procedures were being followed by staff who had undertaken training in the safe handling of medicines. There had been competency assessments carried out on all staff who handled medicines. We saw when people had PRN (as and when required) medicines there were clear protocols in place to tell staff what the medicine was for and when it was likely to be needed, including what the signs were that a particular person may be in pain if they could not verbalise this.

People had individual medicines profiles that contained information about their medicine administration record (MAR), any medicines to which they were allergic and personalised guidelines about how they received their medicines. These were regularly audited and checked to ensure medicines were given and recorded accurately.

Good

Is the service effective?

Our findings

People said the staff gave them the care they needed. One person told us, "The care here is good and the carers know how to look after us properly." A relative told us, "All the staff seem to really know what they are doing and are obviously well trained."

All staff received basic training such as first aid, fire safety, health and safety and manual handling. Staff had also been provided with specific training to meet people's care needs, such as equality and diversity and caring for people living with dementia. The qualified nurses all told us the provider was supportive of the new revalidation process for nurses which has replaced nurses maintaining portfolios demonstrating continued professional development . The Nursing and Midwifery Council (NMC) has introduced revalidation for nurses to strengthen the three-yearly registration renewal process and increase professionalism. We looked at the providers training records which identified training completed and when updates were required. We saw that training was up to date or booked for all staff.

New staff undertook a period of induction before they were assessed as competent to work on their own. The care staff told us that their induction incorporated the Care Certificate. This certificate is designed for new and existing staff, setting out the learning outcomes, competencies and standards of care that are expected to be upheld. We saw that staff cared for people in a competent way and their actions and approach to their role demonstrated that they had the knowledge and skills to undertake their role. One staff member told us, "The induction was informative and prepared me for the role."

Prior to the new manager being in place we identified not all staff received regular supervisions or had annual appraisals. There were gaps in the frequency of supervisions. For example, at least three staff had not had a supervision meeting in the last seven months. At least two staff had not received an annual appraisal to measure their performance. The manager was aware of this and had put an action plan in place to address this. This included carrying out mini appraisals on all care staff to enable a plan of training and support for all staff. Supervisions had commenced and annual appraisals were planned over the next few months for all staff. When we spoke to staff we were reassured that staff felt well supported by the provider. One person told us, "Supervisions were very sporadic before, but have started to be held regularly now."

The Mental Capacity Act (MCA) 2005 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. The application procedures for this in care homes and hospitals are 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 were being met. We found that the provider had followed the requirements in the DoLS and 11 applications had been submitted to the local authority and

people were waiting to be assessed.

The provider had trained and prepared their staff including the manager in understanding the requirements of the MCA and DoLS. Staff had a good understanding of the requirements of the MCA and their responsibilities under this legislation. One member of staff explained, "It's about protecting and encouraging people to make their own decisions. We involve the family to support them with decisions". Another member of care staff said, "We have to assume that everyone has capacity to make decisions for themselves."

We observed the lunchtime meal in the dining room. The atmosphere was calm, relaxed and a sociable experience with people chatting to each other. Staff offered people assistance where required and people had condiments available on the table if they wanted them. We also observed one person being supported by staff to eat their meal in their room. The staff member explained to the person what the meal was and checked they were happy with this. The staff member supported the person in an unhurried manner.

People were provided with a well-balanced and nutritious diet. The provider told us they had a rotating four week menu and said they catered for people with special dietary needs such as reduced sugar or sugar free and gluten free. Some dishes were fortified with butter, cream and syrup to support people at risk of weight loss. Care staff knew what action to take when a person was at risk of weight loss. One member of staff said, "We monitor their intake of food and fluid. Check their weight and notify their GP in case they need supplements."

People told us their health care was well supported by staff and by other health professionals. People saw their GP, dentist and optician when they needed to and nurses were always on duty in the home. People saw other health care professionals to meet their specific needs, such as a chiropodist, a district nurse or speech and language therapist. The 10 bed step-up step-down service also held weekly multi disciplinary team meetings which involved social workers, physiotherapists, occupational therapists and the homes nursing staff to review current care and plan future care needs and support to enable a planned move back to their home.

Good

Is the service caring?

Our findings

People we spoke with said staff were very kind and were happy with the way staff cared for them. One person said, "The staff are lovely. It doesn't matter what care I need, they always help." Another said, "I feel quite happy all the staff are caring." A relative told us, "I cannot fault the staff they take their time and from what I have seen give good care."

Throughout our inspection we observed staff interacted with people who lived at the home in a caring way. A member of care staff told us, "It is really important to build up the trust between you and person." We saw people were looked after in a caring and relaxed atmosphere. Staff took time to speak to people and check they were ok and see if they needed anything brought to them in their bedroom. Staff respond quickly to call bells and take time to reassure people and see to their needs. We saw staff assisting people, in wheelchairs to access the lounges, bedrooms and dining room. We also saw staff assist people to re-position in bed. Staff assisted people in a calm and gentle manner, ensuring the people were safe and comfortable, often providing reassurance to them.

We observed that people were treated with dignity and respect by staff and that their privacy was maintained. When people received personal care doors were kept shut. Staff confirmed to us that they treated people with dignity and respect. One staff member said, "I treat them how I would want to be treated. Respecting their individual habits, personalities and expectations."

We saw the bedrooms were individualised, some with people's personal possessions. We saw many photographs of relatives and occasions in people's bedrooms.

The provider placed no restrictions on when people could visit or for how long. People and their relatives told us the home welcomed visitors at anytime of the day. One relative told us, "I can visit when I can which can be at various times of the day. I have always been made to feel welcome."

Good

Is the service responsive?

Our findings

People's care needs had been assessed and recorded information about the person's likes, dislikes and their care needs. Each care plan included a person's life history with input from relatives. Care plans were individualised and reflected the findings of the assessment carried out. The staff we spoke with told us they had access to care records and that they were easy to follow. However not all people's care plans had been reviewed regularly. For example, a person's pain and distress care plan had not been reviewed since January 2016. The manager was aware of this and had put a new system in place of a named nurse and named key worker who were responsible for coordinating and reviewing a person's care needs. We saw evidence that care plans had started to be reviewed and any amendments needed had been done.

The service employed an activities co-ordinator. A programme of activities was on display with pictures to aid people's understanding of what was on offer. We saw one person having their nails painted. One person told us, "I am not keen on the activities they are all the same." Another said, "I stay in my room I prefer my own company." During the inspection the inspector did not observe any communal activities being offered in the lounge areas within the home. The manager had consulted with people in the home and their relatives about the activities they may like to participate in. A meeting with the co-ordinator had been arranged to review the activities the provider offered.

People we spoke with told us they were aware of how to make a complaint and were confident that if they raised a concern with any of the staff it would be listened to. One person told us, "I would speak to the nurse. I know they would listen to me." Another said, "I would speak to the new manager, they would sort out any concern I have." A copy of the organisations complaints procedure was placed on the notice board. This meant that both people using the service and their relatives had direct access to this information.

We saw evidence to demonstrate that all complaints were reviewed and monitored on a regular basis and that the manager for the service checked any complaints received as part of their regular quality audit.

Good

Is the service well-led?

Our findings

People said the home was well managed. There was a management structure in the home which provided clear lines of responsibility and accountability. The manager had overall responsibility for the home and they were supported by nurses and senior carers. The provider's nurse manager also supported the manager and staff at the home. They provided advice, guidance and helped to assess the quality of the service.

We observed that the registered nurse their deputy and nursing staff all took an active role in the running of the home and had a good knowledge of people and the staff. We saw that people appeared very comfortable and relaxed with the management team. We saw members of the management team chatting and laughing with people. Staff told us, and duty rotas seen confirmed, there were always nurses on each shift. Staff said there was always a more senior person available for advice and support. One staff member said "There is always someone to go to for advice if needed." The manager told us, "If the staff ever need any help or advice I can be contacted whether I am in the home or not."

The manager had only recently been appointed and had identified several areas for improvement. For example, staff recruitment to reduce use of agency staff. Introducing a named nurse/key worker system to ensure care plans were regularly reviewed and updated. Ensuring all staff had regular supervision and annual appraisals. The manager showed us they had developed their own action plan with completion dates for all the areas of improvement they had identified. We saw evidence that these were actively being worked on to improve the service the home offered.

The manager said they had a very good staff team who worked well together to meet people's needs. Care staff were honest and open; they were encouraged to raise any issues they had and put forward ideas and suggestions for improvements. One staff member told us "If you need to raise anything they do listen." Staff were very positive about the manager. One staff member said the manager was, "Supportive and encouraging far more visible than other managers we have had." The manager was also described as having high standards and had certainly changed things for the better.

There were systems in place to share information and seek people's views about the home. Staff spoke with people informally every day. Regular relative's meetings were held. People told us they could discuss things important to them such as the meals served in the home or activities provided. Records we looked at showed people were kept informed of developments, such as the regular newsletter. Where people had made suggestions their views were acted upon.

The service had quality assurance systems in place to monitor and improve the quality of the service. Records showed the audits covered various aspects of support which included medicines, records, training, infection control and complaints. The audits identified shortfalls in the service and the action required to remedy these. All accidents and incidents which occurred in the home were recorded and analysed for themes and trends. Action points were recorded as an outcome and we saw evidence of these being completed.