Nellben Limited

The Eadmund

Inspection report

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Date of inspection visit:
28 June 2017
29 June 2017

Date of publication:
03 August 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

This inspection took place on 28 and 29 June 2017 and was unannounced. The Eadmund is a residential care service that provides housing and personal support for up to 15 adults who have a range of needs including learning disabilities. They also offer a short break service. The service consists of two semi-detached houses joined together by an internal door in the communal area allowing people to move freely around both buildings. There are facilities for people who need physical support and a quiet and sensory room. A lift to the first floor allows wheelchair access to bedrooms. At the time of our inspection 13 people were using the service; this included two people on a short respite break.

At our last inspection in May 2015 the service was rated as good.

At this inspection we found the service continued to meet the regulations and fundamental standards and remained good.

Relatives were confident people were safe at the service and told us their relatives were happy living at The Eadmund. Staff were aware of the risks people faced both in the service and in the community and they knew how to manage those risks to keep people safe while still encouraging people's independence.

There were enough qualified and skilled staff at the service. Staffing was managed flexibly to suit people's needs so that people received their care and support when they needed it. Staff had access to the information, support and training they needed to do their jobs well.

The registered manager and staff understood the relevant requirements of the Mental Capacity Act 2005 and how it applied to people in their care. People and where appropriate their relatives, were involved in decisions about their care, were encouraged to make choices in their everyday life and supported to be as independent as they could be. Staff understood people's individual needs and supported people with dignity and respect.

Care records focused on the person and were updated according to any changes in people's health and wellbeing. People were supported to have their health needs met. We saw that people's prescribed medicines were being stored securely and managed safely.

The provider had a number of audits and quality assurance systems to help them understand the quality of the care and support people received and look at ways to continually improve the service.

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 remains Good	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good	**Good**
Is the service responsive? The service remains Good	**Good**
Is the service well-led? The service remains Good.	**Good**

The Eadmund

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 took place on 28 and 29 June 2017. The inspection was unannounced and carried out by one inspector.

Before the inspection, 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. Prior to our visit we reviewed the information we held about the service. This included the previous inspection report and any safeguarding or complaints and notifications that the provider had sent to CQC. Notifications are information about important events which the service is required to tell us about by law.

We spoke with two people using the service, four relatives, six members of staff, the registered manager and a healthcare professional. Due to their needs, some people living at The Eadmund were unable to share their views and experiences. We observed the interactions between staff and people. We reviewed care records for four people who used the service.

We looked around the premises and checked records for the management of the service including staffing rotas, quality assurance arrangements, meeting minutes and health and safety records. We checked recruitment records for three members of staff. We also reviewed how medicines were managed and the records relating to this.

Good

Is the service safe?

Our findings

We observed people interacting with each other and with staff in the communal areas. People were comfortable with staff and approached them without hesitation. One person told us, "I'm OK." Relatives told us they were happy with the care their relatives received and were confident people were safe. One relative told us, "[My relative] is definitely safe, it's a load off my mind knowing they are there."

Staff we spoke with knew what to do if safeguarding concerns were raised and had received safeguarding training. There were procedures for ensuring allegations of abuse or concerns about people's safety were properly reported.

Risk management plans were in place to help keep people safe but also to promote their independence both at the service and in the community. Where possible people were involved in decisions about any risks they may take and we saw one person's individual risk plan had been signed by them to show their involvement and understanding. Staff we spoke with understood people's individual risk needs and how to best support them. We saw when people's needs had changed, their risk assessments were updated accordingly.

The provider had systems in place to promote a safe environment. The home was well presented and safely maintained and there were records to support this. People had their own personal emergency evacuation plan (PEEP) and copies were available for easy access by the emergency services should the need arise. An emergency on call system was in place so staff were able to access advice and assistance if the registered manager was not available. Health and safety and fire checks were routinely carried out at the premises.

The arrangements for the recruitment and selection of staff were thorough and helped ensure people were protected from unsafe care. Records showed the required checks had been carried out before staff started working at the service so that only suitably vetted staff was employed. Staff recruitment files were audited at frequent intervals by the provider and reported on to ensure that processes were robust.

Staffing levels were sufficient to meet people's individual needs. The registered manager explained the service was in the process of recruiting to existing vacancies and staff confirmed staffing levels were improving. We saw staffing numbers were flexible so people were able to attend activities and healthcare appointments.

People received their prescribed medicines as and when they should. People's prescribed medicines were stored appropriately. We found no recording errors on any of the medicine administration record sheets we looked at. There were detailed protocols in place for 'as required' medicine giving guidance for staff on how they should recognise when people needed them. For example, the hand gestures and facial expressions people may use when they were unable to verbalise pain. During our inspection we had a query about the quantity of one persons 'as required medicine, the manager was able to quickly answer this using records available and clearly showed us how the process worked.

Good

Is the service effective?

Our findings

Records showed that staff had undertaken training across a number of areas to give them the skills and knowledge they needed. Training including safeguarding adults, manual handling, fire safety and food hygiene. Staff training was monitored so the registered manager could identify those staff who had completed their training and those who required refresher training.

Staff confirmed they had received one to one supervision with their manager and that training was a discussion point during these meetings. Staff explained how they were supported to undertake additional qualifications and given opportunities to develop their skills.

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 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). 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.

People's consent and ability to make specific decisions had been assessed and recorded. Where people lacked capacity, relevant healthcare professionals and those close to the person were involved to make sure decisions were made in the person's best interests. Staff understood their responsibilities in line with MCA and DoLS and had completed recent training. Additional guidance was given to staff when people's capacity fluctuated and we saw an example of a check list designed to help staff make a decision about one person's capacity in these circumstances.
The registered manager had assessed where people may be deprived of their liberty and relevant DoLS applications had been submitted to the supervisory body. Authorisations were in place for some people and others were awaiting approval.

People were supported to have a balanced diet and were involved in decisions about their food and drink. A menu was clearly displayed in the dining room in easy read and pictorial format, staff told us most people were happy with the meals each day but alternatives were always provided for those people who wanted something different. We spoke to the cook who told us they knew people well, their likes, dislikes and if people had special dietary requirements. They told us, "I have learnt what food purees well and what people like…I will walk around and see what they enjoy eating and what they don't. Yesterday I made an alternative for [person's name] because I knew they didn't like a certain food."

People were supported to access the healthcare services they required. Care records confirmed that there were good links with local health services and the GP. There was evidence of regular visits to GPs, and appointments with the dentist, optician, chiropodist and other healthcare professionals. Records contained

hospital passports which included personal details about people and their healthcare needs. Information was regularly updated and the document could be used to take to hospital or healthcare appointments to explain to healthcare professionals how people liked to be looked after.

Good

Is the service caring?

Our findings

We observed staff were kind and caring towards people who used the service. People appeared happy and relaxed. One person told us, "This place is the best place ever, I just thought you should know." Relatives comments included, "Staff are very good, very caring", "The staff are very good, very amenable" and "[My relative] is well looked after. Staff are very good; they couldn't do any more for them."

Staff had a good knowledge of the people they were caring for and supporting. They were able to tell us about peoples likes, dislikes and history. They spoke about people with kindness and compassion and explained how they supported people while promoting their independence. Comments included "I enjoy my job, the best thing are the residents", "I love it, the atmosphere, the staff and the clients…everything is geared around the clients", "I like helping people, it's so rewarding…I enjoy it" and "It's just like one big family." We observed interactions between staff and people using the service were familiar and friendly and staff clearly knew how to work positively with people to help ensure their wellbeing.

Care records were centred on people as individuals and contained detailed information about people's history, their strengths, interests, preferences and aspirations and how staff could support them to achieve their goals. Person centred support plans gave information about what people were like, their strengths and the things that were important to them. Pictures and other visual displays were used to illustrate the plans and each gave good information about how people liked to be supported. One person had prepared their support plan in a power point presentation with pictures and photographs about their life.

A range of easy read and pictorial information was available to help give people the information they needed when they needed it. For example, to help explain visits to the hospital, GP and dentist and why personal hygiene is important. There was information available to explain how people could vote in the general election and the manager told us how one person had been particularly interested in this.

A dignity champion was in place and had started to engage with other staff and people in the service to help promote and maintain standards. Staff told us how they respected people's dignity and privacy and helped support people to make choices in their everyday life. People had chosen how they wanted their bedrooms and the way they were decorated. The bedrooms we viewed contained pictures, photographs and personal items that were special to that person. Relatives confirmed they were encouraged to visit the service at any time and there were no restrictions on visiting times. One relative told us, "I can go whenever I want, there are no restrictions."

The registered manager had started to work with the local hospice to help people and if appropriate, their relatives, discuss and record their wishes for end of life care. This was to ensure people had a choice about what happened to them in the event of their death and that staff had the information they needed to make sure people's final wishes would be respected.

Good

Is the service responsive?

Our findings

People's relatives told us they felt involved in the care their family member received. One relative told us, "They phone me once a week and always let me know when things are going on." Another said, "I am involved in [my relatives] care as much as I am able to."

Care records gave staff important information about people's care needs. Most people at the service were unable to verbally communicate and we saw some good examples of how staff could support these people. There was clear guidance for staff on how to interpret people's facial expressions and body language with advice for staff on what action they should take in response to each gesture. For example, there was information about what staff should do if one person's mood changed or they became anxious or upset. Staff told us this guidance was really useful for people's day to day care but they also found it helpful to share this information with healthcare professionals when they visited so they could better understand what the person was trying to tell them.

Staff helped to ensure people received continuity of care by attending daily handover meetings, and recording information in people's daily notes and in the communication book .This helped share and record any immediate changes to people's needs.

People were supported to take part in social activities. On the first day of our inspection we saw some people leaving for a trip to Legoland, they were very happy and excited about their day. We saw other people that remained at the service were listening to music channels on the television. During our observations of the day we noted there was very little variation in this, there was little staff interaction with people and very few in house activities. Although people did not appear unhappy we mentioned our observations to the registered manager. The registered manager told us that Wednesdays was an outing day so normally quiet at the service. They had two members of agency staff working that day and thought that may have had an impact on the activities going on at the service. Later we were shown bags that every person had individually decorated. The registered manager explained they were planning to put objects of interest in each bag that was relevant to that person. For example, one person liked to have their nails painted so nail varnish would be in their bag and another person liked puzzles. This would enable all staff, including bank or agency staff, to engage with people and carry out one to one activities with people during quiet periods of the day. The registered manager was aiming to have all the bags in place within two weeks of our inspection.

Relatives told us there was always something going on and told us how they felt involved in events organised by the service. We met one person had just returned from holiday and staff were asking them if they had enjoyed themselves, we also heard how other people were looking forward to their holidays over the summer period. We saw people at the service enjoyed regular visits from a reflexologist and aromatherapist. The service also ran activity mornings at the local church where people from other services in the area were invited to join them. Activities included arts and crafts, music and cooking. On the second day of our inspection we observed a musical activity at the church hall where people were encouraged to join in with various instruments.

Relatives told us they knew who to make a complaint to, if they were unhappy and they were confident their concerns would be addressed quickly. The manager took complaints about the service seriously with any issues recorded and acted upon. Information on how to make a complaint was available for people in the reception area. The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. All complaints were logged and were regularly monitored.

Good

Is the service well-led?

Our findings

An experienced registered manager was in post. 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 and her staff team made sure that people using the service were valued and at the heart of the service. Relatives were complimentary about the way the service was run by the registered manager. They told us they knew who she was and were confident speaking with her about any issues. One relative told us, "[The manager] is on the ball she is an exceptional manager…I would recommend this service to other people…from 0-10 the service is a 10 plus."

Staff spoke positively about the registered manager and her deputy, comments included, "The manager is excellent, accommodating and approachable", "They [the managers] are really good, they are approachable and I feel supported", "The manager is has been wonderful if you need her she comes down, everything else is second to the client's needs" and "The managers are very good, I can ask things if I'm not sure…I know they are there if I have any problems."

People were asked about their views and experiences. Stakeholders including staff, people who use the service and their families were sent yearly surveys. Feedback was used to highlight areas of weakness and to make improvements. We looked at the summary of results from the most recent surveys sent during the last 12 months noted that feedback was positive. Where areas for improvements had been suggested the registered manager had recorded the actions taken. Feedback was actively encouraged from people who used the service and their families. A feedback form was available in the main reception area for any visitors to complete with their views and suggestions for improving the service.

Staff meetings were held regularly and helped to share learning and best practice so staff understood what was expected of them at all levels. Minutes included discussions about people using the service and any changes in their care, maintenance issues, training and guidance on the day to day running of the service.

Any incidents or accidents were investigated, recorded and dealt with appropriately. Where any learning was taken from accidents or incidents, this was shared through regular supervision, training and relevant meetings. Our records confirmed appropriate notifications were made to the Care Quality Commission in a timely way.

There were arrangements in place for checking the quality of the care people received. These included weekly and monthly health and safety checks, reviews of fire drills and daily inspections such as fridge and freezer temperature checks. Some fridge temperature checks had not always been recorded, we spoke with the manager who explained that issues with staff recruitment had resulted in some of these records not being kept, but more recent checks had taken place. Records confirmed this and we will make sure these checks are continuing during our next inspection. The provider also carried out regular reviews of the service including checks on care records, risk assessments, medicines, staff files, supervision and training. This

helped to ensure that people were safe and appropriate care was being provided.