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Essendene EPH

Inspection report

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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?	Requires Improvement ●

Summary of findings

Overall summary

Essendene EPH is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Essendene accommodates 13 people in one building. At the time of the inspection, 8 people were living at the service.

There was a registered manager 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 had been in post since the 21 December 2017.

At the last inspection, the service was rated overall Good. At this inspection we found the service remained Good.

Why the service is rated Good:

People told us they felt safe and relatives felt very confident that their family members were well looked after.

The premises were clean and safe for people as regular checks of the environment and any equipment were undertaken.

People received safe care as any risks had been identified and action taken to reduce any risk of harm. However, improvements were required to the way in which these were documented.

Care plans for people new into the service were personalised but improvements were required to ensure that the care plans for long standing residents were as up to date and detailed in their content. There was a detailed monthly review that reflected peoples' current needs.

People remained protected from the risk of abuse as staff had received training and understood their safeguarding responsibilities and the reporting process.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were supported to have enough to eat and drink and received timely support to access healthcare professionals when their health needs changed. If people had particular wishes for end of life care these

were discussed and recorded.

There was a stable staff team many of whom had been at the service for a number of years. They were observed to be kind, caring and knew people well. People received care and support how they liked it and their independence was encouraged.

People's viewpoints were actively sought and the service responded positively to feedback and complaints. The home environment was warm and welcoming with lots of opportunities for activities, stimulation and social interaction that met people's needs and preferences.

Staff received training and support with learning to help equip them with the skills and knowledge required to support people effectively. Staff felt well supported through the supervision and appraisal process and the regular presence of the management team.

There was robust oversight of the service and clear lines of accountability at staff, management and provider level. The registered manager and provider were at the service on a daily basis.

Lessons were learned from accidents, incidents and complaints. These were recorded with actions taken to minimise the risk of re-occurrence.

The registered manager was new to this position, having previously been a member of the care team. They were in the process of reviewing and putting into place more formal quality assurance systems place to monitor the safety and effectiveness of the service and drive improvements.

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 has improved to Good.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains caring.

Is the service responsive?

Good ●

The service remains responsive.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

Improvements were required to ensure that there was a robust audit system in place that identified areas where the safety and effectiveness of the service could be compromised.

People who used the service and their relatives had confidence in the management team and felt that they were responsive to any concerns or ideas.

Staff were supported to improve and were involved in any decisions made about the service. They were kept up to date by the registered provider.

Essendene EPH

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 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 10 and 11 January 2018 and the first day was unannounced.

The inspection was carried out by one adult social care inspector.

Prior to the inspection we reviewed the information that we had received from or about the service. This included notifications, complaints, compliments and minutes of any safeguarding meetings. We also sought feedback from the local authority and commissioners which was positive.

During the inspection we talked to five people using the service, six relatives and friends or other visitors. We also observed staff interactions with people throughout the day.

We spoke to four staff and the registered manager and registered provider. We also reviewed records relevant to staff such as recruitment, training, supervision and appraisals.

We looked at the records relating six people who used the service which included their care plans, risk assessments, medication administration records and accident reports.

Is the service safe?

Our findings

People who used the service said that they felt safe at the service and that they were very well looked after. Comments included "I'd rather be at home but I would never be as safe as I am here" and "It is lovely here and I know that the staffs don't let you come to harm".

People and their relatives confirmed that support was provided promptly. There were sufficient numbers of staff throughout the inspection to meet the needs of the people at the service.

People said that they had their medicines on time and they were happy for the staff to assist with them. We spot checked the medicines available against the records of what had been administered and found them to be correct. We brought to the attention of the registered manager that one specific type of medicine was not stored in line with national guidance but this was remedied by the conclusion of the inspection. A number of people had medicines that were given as and when required (PRN) such as pain killers. We found that these had been administered safely in line with a person's needs and wishes. However, protocols in place to direct staff in how and when to offer and administer in a consistent way. The registered manager took immediate action and provided us with suitable plans following the site visit.

The registered provider ensured that all equipment and utilities were maintained and safe to use. Some windows on the upper floor were not fitted with the recommended type of restrictor but the registered provider had made arrangements to have this rectified before the conclusion of the inspection.

The premises were clean and warm. Staff had access to gloves and aprons to reduce the spread of acquired infection during personal care. We spoke to the registered manager about ensuring that paper towels and appropriate soaps were available to staff at the point of care delivery.

Relevant staff completed food hygiene training and correct procedures were in place and followed. A food hygiene rating of 4 * in place.

Our observations and feedback we received from people evidenced that the service supported people in a way that was safe but not restrictive. We saw people moving freely around the home environment with support from staff available if needed.

Where risks had been identified, such as those associated with falls, weight loss or pressure care, staff were able to tell us clearly what they were doing to minimise the risks of further harm. For example: additional checks were put in place where a person was at risk of falls and equipment such as a falls sensor mat was available for use. However, not all records reflected this assessment of risk or the measures that had been put in place. The registered manager took immediate action to address this. For example, they sent to us a detailed assessment of people's ability to use a call bell and a risk management plan to address concerns where this could not be used.

Some people had behaviours that challenged the service and others. Staff had sought to understand, prevent and manage these behaviours in order to keep the person and others safe. They supported people

in the least restrictive manner and sought appropriate professional advice.

There were processes in place to ensure the recruitment of staff was safe. There were references, identity documents and clearance checks from the Disclosure and Barring service in place. The DBS checks help employers make safer recruitment decisions in preventing unsuitable people from working with vulnerable people. Staff were asked to complete a disclaimer in regards to caution and convictions on an annual basis. This helped to reduce the risk of the registered provider employing a person who may be a risk to vulnerable people.

Is the service effective?

Our findings

At this inspection, we found people continued to be supported effectively and the rating remains good.

People and relatives told us staff were competent and they received a good service. A person told us, "You only have to ask you'll get help; whatever you want." A relative said, "The staff definitely know what they are doing

The service assessed people's needs. Consideration was given not only to people's physical needs but also emotional, psychological, spiritual and social needs.

People were able to access all areas of the home such as the gardens. They were given privacy to see and look after their visitors in their own rooms or in the communal spaces. Rooms were personalised and people encouraged to bring their own belongings.

One person said, "The food is great, whatever you want they do for you; they put themselves out." People were supported to have enough to eat and drink that met their needs and preferences. Mealtimes were relaxed and people encouraged to sit at the dining tables. Snacks and drinks were readily available and encouraged throughout the day.

People supported to have a balanced diet that promoted healthy eating and specific requirements were catered for. Where there were concerns around a person's intake or weight loss, staff described how they followed a number of steps to try to promote weight gain before they referred to the dietician.

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 found that the service was working in accordance with MCA legislation and appropriate authorisations for DoLS had been submitted. The registered manager kept a DoLS tracker which gave them effective oversight of applications which ensured that people's rights and freedom was upheld. The registered provider and registered manager were aware of those persons whom had appointed a Lasting Power of Attorney and a copy requested of the document.

Staff had received training in the MCA and understood the importance of gaining consent. We saw that staff supported people to make decisions and choose what they wanted to do. Staff were aware that, where a person could not make a specific decision for themselves, that they were acting in their best interest. For

example: where people refused essential medication and it had to be given hidden in food or drink (covertly), a mental capacity assessment had been undertaken and a best interest decision made and recorded following discussion with the GP and family members.

A local GP visited the service once a week to address any health concerns and to advise the service in regards to specific issues. This ensured that concerns were addressed in a timely manner and referrals made to seek the advice of other professionals such as the dietician, district nurses, speech and language therapists, physiotherapists, chiropodists and dentists. Relatives were kept informed of changes in people's health and involved in decisions regarding care and treatment.

Staff had received regular training, supervisions and appraisals to ensure they had knowledge, skills and support to be competent in their work. The training provided was tailored to meet the needs of people who used the service.

Staff told us they felt very well supported by their colleagues and management. Staff respected each other and told us that they worked as a team and supported each other. This good practice extended to external agencies and health professionals.

Is the service caring?

Our findings

At this inspection, we found people continued to be supported in a caring manner and the rating remains good.

People told us that staff were extremely caring towards them. Relatives confirmed this view and said that all staff was "Undoubting kind and considerate" and another said, "The carers have been brilliant, they have patience when [relative] is short-tempered and they know them really well."

The service kept a record of compliments made these reflected the views expressed to us on the visit. Comments included "The care here is marvellous, the love and affection shown by staff is sincere" and "Staff here have the time to listen and to treat a person with kindness".

The home operated a key worker system. A keyworker was a member of staff who ensured the person had all they required and built up a relationship with the person and their family and friends.

Many of the staff working at the service had been there for a very long time and knew people well. People told us they felt listened to and included in decisions about how they would like their care and support. One person said, "They are all very good here; they are lovely; I can have choices and they accommodate my wishes and needs." We observed that staff offered people choice throughout the day such as what they wished to do, what they wanted to eat or drink and when they wished to take a rest in their rooms.

We observed that care was provided in a calm and patient manner. People were not hurried and staff supported them with dignity and compassion. A relative told us that staff encouraged people to be independent and described how their relative had become continent again due to staff interventions and encouragement. This was important for their dignity.

Staff told us that they had time to spend with people aside from providing personal care. They felt that this was important and helped them to understand and respond to a person's emotional as well as physical care needs. At all times a person's privacy was upheld with carers speaking quietly to people about personal issues and ensuring that doors were closed during personal interventions.

People and relatives told us that they were involved in their care planning and held a regular review with the care staff to ensure that their needs were met in line with their wishes. Staff spoke to us about the importance of valuing difference and not treating everyone in the same way. They had taken the time to get to know people, their personal history and their preferences.

Confidentiality of information was maintained with records being stored securely and available to only those that required them. Records kept in peoples rooms were kept to a minimum and people could lock their doors should they wish to do so.

Is the service responsive?

Our findings

At this inspection, we found people continued to be supported in an effective manner and the rating remains good.

Prior to admission an assessment of people's needs was completed which covered details of the person's physical and social needs. The registered manager told us that this assessment process was essential to ensure that they could meet someone's assessed needs prior to agreeing to a placement being provided.

Care plans for people who had recently come to live at the service were personalised and provided staff with good information about how the person's needs should be met. Some care plans, however, had not been updated since the person had been admitted, in some cases as far back as 2011. All care plans were reviewed on a monthly basis by senior care staff. These reviews were detailed, thorough and provided staff with an up to date assessment of a person's needs. We spoke with the registered manager about ensuring that care plans were updated and where necessary revised to ensure that they reflected all changes detailed in the monthly review.

People were supported to pursue their individual hobbies and interests. For example, we saw some people were reading newspapers and magazines that were ordered on a daily basis. Staff had a good understanding of what people like to do and supported them in this.

End of life care was thoughtfully considered. Staff, wherever possible, discussed people's last wishes and recorded any preferences. We saw that where appropriate Do Not Attempt Cardiopulmonary Resuscitation (DNACPR) forms were held in people's care records and were completed in consultation with people or their families and the medical practitioner.

Feedback from relatives reflected the good quality end of life care people had received.

There was a complaints policy place that people were aware of. Family members explained they had no concerns or complaints about the service and they were confident that any complaints would be dealt with.

Is the service well-led?

Our findings

At our previous inspection we found the service was well-led. On this inspection, we found that some improvements were required.

There was a registered manager in place who was registered with the CQC on the 21 December 2017.

Staff were valued and well supported which encouraged staff retention and sustainability of the service. The service recognised staff for their contribution. One staff member told us that this was the only place of employment where they were praised for work and supported with on-going development. Staff said that they had constructive feedback about their performance. Where any concern had been raised in regards to the actions, behaviours and performance of staff these were openly addressed.

Staff said that they had regular opportunities to meet with each other due to them working together on a frequent basis to discuss key matters. They were also given "link roles" such as infection control, continence care or tissue viability which required them to develop a specialised area of interest. Staff also attended local meetings facilitated through a local care homes forum where they could discuss best practice in a learning and supportive environment with other providers in the area.

The registered manager was part of the team and was hands on. People and staff spoke highly of the registered manager and told us that they were very supportive, caring and easy to talk to. People at the service and their visitors told us that the registered manager and provider communicated in an open and transparent way which promoted an environment where they and the staff felt able to express any concerns they had and know they would be dealt with fairly and promptly.

Staff at the home had a good working relationship with health and social care professionals from the local authority and the GP surgery. They held regular meetings to review people's care needs and explored different ways of working to ensure people received the care they needed.

There were processes and audits in place to monitor the premises, the environment, and matters relating to staffing. The registered manager had only been in post since December 2017 and was in the process of reviewing the quality assurance systems in place. For example, although there was a medication audit in place it did not cover all aspects of medication management in order to be robust enough to highlight issues. The registered manager had already identified this and showed us a number of tools they were going to introduce.

We made a recommendation that the registered provider put in place a formal monitoring process that to ensure that its policies, procedures, and business processes are operating effectively

The registered manager understood their responsibilities to provide notifications to the Care Quality Commission (CQC) regarding significant events such as; serious injuries and deaths.

The previous CQC report and rating was displayed in the communal area of the home as required by the regulations. The registered provider had a website that was in the process of being updated but they were aware of the requirement to ensure it displayed the latest CQC rating.