

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Edensor Nursing and Residential Home

3-9 Orwell Road, Clacton-on-sea, CO15 1PR

Tel: 01255423317

Date of Inspection: 20 December 2012

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Management of medicines	✓ Met this standard
Safety and suitability of premises	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Elder (UK) Limited
Registered Manager	Mrs. Susan Hutchinson
Overview of the service	Edensor is a care home with nursing, providing accommodation for up to 52 older people who may also have physical disabilities, dementia or sensory impairment. Edensor is also registered to provide the regulated activities 'treatment of disease, disorder or injury' and 'diagnostic and screening services'.
Type of service	Care home service with nursing
Regulated activities	Accommodation for persons who require nursing or personal care Diagnostic and screening procedures Treatment of disease, disorder or injury

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We carried out a visit on 20 December 2012, observed how people were being cared for, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with staff.

What people told us and what we found

People were complimentary about the care and support that they received from the staff at Edensor. They told us that staff were very nice and supportive. They also told us that staff understood their care needs very well and always supported them in ways that were respectful and polite.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. Their views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment where they were able to do so. We saw from the care records that people living in the service were involved in planning their care.

Where people were unable to take an active part in care planning relatives were consulted. Staff were able to demonstrate an understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). We saw that people were encouraged to make decisions where they could and areas where they were unable to make an informed decision were identified so that they could receive appropriate support. This ensured that people were encouraged to make decisions where they could. People's care records set out how staff should support the individual in ways that maintained their dignity.

During the course of our inspection we saw that people were encouraged to express their views in whatever way they were able. Members of staff consulted with people about their wishes and preferences and it was evident that staff knew people well and understood their individual ways of communicating.

In general we saw members of staff interacting with people in a caring and respectful manner. This ensured that people living in the home had a positive experience of the care they received.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People are supported to receive their care in ways that they wish and that meets their individual needs.

Reasons for our judgement

We looked at six people's care plans and found they contained a substantial amount of information to guide staff who were providing care so that people received the support they needed in ways that they wished. There was comprehensive background information in the assessment of needs that covered all aspects of the person's well being including emotional well-being, day-to-day needs, health care and assessment of risks.

Each of the care plans that we looked at included a life history which provided staff with information about people's past hobbies and interests. Each of the care plans also provided staff with information about people's personal likes and dislikes.

There was evidence throughout the care plans that they were updated regularly as the person's needs, likes or wishes changed. Care plans were written in a way that concentrated on the individuality of the person, using positive language and recording people's strengths as well as areas where they needed support.

Staff told us that the care plans provided them with the necessary level of information that they required to enable them to support people to meet their assessed needs.

During our inspection we saw polite and respectful exchanges between members of staff and people living in the home. The atmosphere was relaxed and people living in the home were at ease with staff.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People that we spoke to told us that they felt safe living at Edensor and were confident that if they had any concerns they would be listened to and addressed.

Edensor had policies and procedures in place that gave guidance to staff about their responsibilities around keeping people safe, such as complaints and whistle blowing.

During our inspection, staff were able to show us that they had awareness of what constituted abuse or poor practice and demonstrated that they knew what to do if they saw or suspected abuse. Staff knew the processes for making safeguarding referrals to the local authority and we saw that the local authority's guidelines were readily available.

These processes ensured that staff had the skills and knowledge to support people safely.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the arrangements in place for managing medicines. We found that medicines were handled safely and given to people appropriately.

We saw that there were appropriate processes in place for obtaining, storing, administering and recording medication.

We examined the medicine administration record (MAR) sheets and saw that they contained the individual's photograph to reduce the risk of mistakes. The MAR sheets examined on the day of our inspection were completed appropriately.

Records relating to medication were in order and there were audits to check that procedures around ordering, storing and administering medication were carried out safely.

These processes helped reduce the risk of mistakes so that people living in Edensor could be confident they were being supported to take their medication safely.

Safety and suitability of premises

✓ Met this standard

People should be cared for in safe and accessible surroundings that support their health and welfare

Our judgement

The provider was meeting this standard.

People who use the service, staff and visitors were protected against the risks of unsafe or unsuitable premises.

Reasons for our judgement

The provider had taken steps to provide care in an environment that was suitably designed and adequately maintained.

On our inspection we saw that Edensor was spacious with sufficient room to accommodate the people who lived there. The furnishings throughout the home were traditional, older style but were clean, comfortable and well maintained. There were ample communal living areas throughout the home. This range of communal areas meant that people had a choice of where they could spend their time.

People's bedrooms were all individualised and we saw that people had a wide variety of personal possessions in their rooms including photographs, ornaments and other personal memorabilia. People told us that they were happy with their rooms. We saw that the home was generally well decorated and maintained and continued to be in the process of an on going programme of refurbishment. There were processes in place for reporting any maintenance issues and we saw that issues reported were dealt with promptly.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with people using the service but their feedback did not relate to this standard. We saw during our inspection that people were relaxed with staff and there were good interactions between staff and people living in the home.

From discussions with staff and records examined we saw that there was a robust process in place for supervising and supporting staff.

Staff told us they felt well supported and the manager had 'an open door policy' so they could discuss any concerns.

We saw from personnel records that formal supervisions were carried out with staff on a one-to-one basis every month.

Staff files confirmed that people had received a wide range of training. This included 'core' training such as manual handling, infection control, fire safety, food hygiene, first aid and communication. Staff were trained in safeguarding of vulnerable adults (SOVA) and had a good understanding of what constituted abuse or poor practice.

This showed us that people using the service had their health and welfare needs met by staff who received training to enable them to do their job.

Staff told us that they received the training to enable them to meet people's needs. They said that they had regular supervision and found the management team supportive.

This showed us that people using the service had their health and welfare needs met by staff that were suitably trained to do their job.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

People's opinions are sought and are taken into consideration to ensure they receive a safe and good quality service.

Reasons for our judgement

Edensor had a system in place for assessing the quality of the service for those people who used the service and for involving them to seek their views. We saw in the care plans that we examined that people's views and wishes were recorded.

As part of the quality assurance process we saw that the manager had developed surveys to seek people's opinions of the service.

We saw from records that the manager had a range of quality assessments in place to assess standards in the service. These included assessments of the environment, whether activities were working well and how to develop people's interests.

As part of the quality assurance process there were a number of health and safety checks carried out. These included checks on the home's fire systems such as emergency lighting and fire fighting equipment. Portable appliance testing was carried out to ensure that electrical appliances were safe and there was a comprehensive COSHH (control of substances hazardous to health) assessment of products used in the home. We saw from records that the manager and senior staff also carried out audits of people's care plans and medication procedures.

These checks enabled the manager to identify any areas for improvement and put measures in place to improve the quality of the service.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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