

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: 30 August 2013

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We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

Respecting and involving people who use services	✓ Met this standard
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Care and welfare of people who use services	✓ Met this standard
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Safeguarding people who use services from abuse	✓ Met this standard
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Staffing	✓ Met this standard
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Supporting workers	✓ Met this standard
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Details about this location

Registered Provider	Elder (UK) Limited
Registered Manager	Mrs. Susan Hutchinson
Overview of the service	<p>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'. At the time of this inspection a new manager was in post and the previous manager whose name is on this report was in process of de-registering.</p>
Type of service	Care home service with nursing
Regulated activities	<p>Accommodation for persons who require nursing or personal care</p> <p>Diagnostic and screening procedures</p> <p>Treatment of disease, disorder or injury</p>

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	7
Safeguarding people who use services from abuse	8
Staffing	9
Supporting workers	10
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 August 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service and talked with staff.

What people told us and what we found

We gathered evidence of people's experiences of the service by talking with people who lived in the home and visiting relatives. We observed how people spent their time and noted how they interacted with other people and with staff. We saw that people were comfortable with staff and others who lived in the home and that there was a relaxed atmosphere.

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.

We saw that staff received appropriate training some of which was specific to the needs of people using the service.

People 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.

We saw that staff were knowledgeable about the needs of people who lived in the home, treated them with respect and provided care in ways that people preferred and that met their needs.

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

On the day of our inspection we saw that 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.

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plans. These showed us that an assessment of the person's needs was carried out and their care plans were developed from the information gathered through the assessment process. We saw care plans relating to nutrition, personal care, moving and handling, falls, hobbies and interests.

Care plans were well organised and the information was clear. They recorded what the person could do for themselves and identified areas where the person required support. The care plans had sufficient detail to ensure staff were able to provide care consistently.

There were risk assessments in place which identified the risks for the individual and how these could be reduced or managed. We saw risk assessments relating to falls, malnutrition, pain and pressure areas.

The care plans identified any health issues and people were referred to health professionals according to their individual needs.

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 prevent abuse from happening.

Reasons for our judgement

People that we spoke with 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.

There were policies and procedures in place that provided guidance to staff about their responsibilities around keeping people safe, such as complaints and whistle blowing.

During our inspection, staff were able to demonstrate to us that they had awareness of what constituted abuse or poor practice and 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.

Staffing

✓ Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough trained, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The acting manager told us that all direct care staff were now working within designated units in the home to ensure consistency and continuity of care.

We reviewed the staffing rotas over a two week period and saw that the care team were working a long day shift pattern which ensured that there were a minimum of 10 care staff and 2 qualified nurses on duty within the home during the daytime. Night support was being provided by seven care staff and one qualified nurse. Activities were provided by two staff, who between them cover seven days a week. These staffing levels were currently in place to meet the needs of the thirty-four people in residence.

The acting manager told us that the staffing levels would be reviewed as and when further people moved into the home. In addition to the above care hours there were a number of ancillary staff employed in the home including; kitchen staff, domestics and laundry assistants.

Staff that we spoke with told us that they felt the staffing levels were sufficient to enable people's assessed needs to be met. At no time during our inspection were we aware of call bells going unanswered for extended periods. This indicated to us that people's needs were being met by the staff numbers available to them.

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 the management team and records reviewed we saw that there was a robust process in place for supervising and supporting staff. Formal supervisions were carried out on a one-to-one basis every month and we saw that all staff had completed a supervision in August 2013.

Staff that we spoke with were positive about the training provided and said they felt well supported by the management team.

The training matrix showed us that the service had a programme of mandatory training which all staff had completed, this programme included training in; manual handling, food hygiene, infection control, first aid, safeguarding of vulnerable adults, health and safety, safe handling of medicines, deprivation of liberties and mental capacity act, non violent crisis intervention and dementia awareness.

In addition to the programme of mandatory training the manager explained that the service was also part of the local training consortium through which they were accessing further training in; assertiveness, chair based exercises, constipation/dehydration, continence awareness, wound management, sexual health, dysphagia and dysphasia.

Further training to staff was being accessed through distance learning. This training included; management of diabetes, control of infection in healthcare, mental health awareness and a certificate in equality and diversity.

During our inspection we saw that staff followed good care practices and communicated well with the people who lived in the home. This showed us that people were supported by staff who had the skills and knowledge to provide appropriate care.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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