Speciality Care (UK Lease Homes) Limited

Eden Court

Inspection report

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Date of inspection visit:
30 July 2019
06 August 2019

Date of publication:
21 August 2019

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

About the service
Eden Court is a care home providing personal and nursing care to 35 people aged 65 and over at the time of the inspection. The service can support up to 39 people.

The care home is purpose built. Bedrooms are situated on both the ground and first floor with communal lounges and a dining room on the ground floor.

People's experience of using this service and what we found
People and their relatives were positive about the service and the care provided. One person told us, "It's a fine place, clean, friendly and very professional. They become your family and you couldn't ask for better."

People told us they thought the food was good. People were cared for by staff who knew how to keep them safe and protect them from avoidable harm. There were suitable and sufficient numbers of qualified staff to support people in line with their assessed needs.

Staff were kind, caring and compassionate. The home was welcoming and friendly. It was clear people and staff had formed good relationships. People and relatives were involved in decision making. Staff respected people's privacy and dignity.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. People were involved in decisions about their care and support. The provider was working within the principles of the Mental Capacity Act.

The registered manager was proactive and people and staff knew them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was Good (published 6 February 2017).

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service remained well-led.

Details are in our well-led findings below.

Eden Court

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
One inspector, an assistant inspector and an Expert by Experience conducted the inspection on day one. Day two of the inspection was carried out by one inspector. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type
Eden Court 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.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
The first day of inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and five relatives about their experience of the care provided. We spoke with twelve members of staff including the registered manager, the deputy manager, quality improvement manager, nurses, senior care assistant, care assistants, activity co-ordinator, chef and maintenance.

We carried out observations in the communal areas of the care home. We reviewed a range of records. This included three people's care plans and multiple medication records. We looked at three staff files in relation to recruitment, staff supervision and appraisal. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found in relation to maintenance management.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

● People received their medicines safely and as prescribed. We found there were minor shortfalls in some record keeping. For example, one person's 'as and when required' medicine was not recorded as being administered on their medicine administration record, however, we saw it was recorded on the person's tablet register and a controlled drug stock check audit was not double signed as being accurate by one staff member. However, these had not impacted on people receiving their medicines as prescribed.

● Where people were prescribed medicines to take 'as and when required' detailed information was available to guide staff on when to administer them.

● Controlled drugs, which are prescription medicines controlled under Misuse of Drugs legislation, were stored securely, logged in a register and managed appropriately. A random sample we checked found the amount of medicine remaining was correct and tallied with the register.

● Oxygen cylinders were safely stored.

Assessing risk, safety monitoring and management

● Moving and handling plans were in place to provide staff with information to safely help people to move.

● The environment and equipment were safe and maintained. Equipment was used to help keep some people safe, such as pressure mats and bed rails. The associated risks were assessed and consideration was given as to whether the equipment was necessary to keep the person safe.

● The provider's maintenance processes did not include the calibration of weighing scales and we found this had not been carried out. We raised this with the registered manager who assured us they would take immediate action.

● Emergency evacuation plans were in place to ensure people were supported in the event of a fire.

Systems and processes to safeguard people from the risk of abuse

● Systems were in place to protect people from the potential risk of abuse. The provider had safeguarding policies and procedures. The registered manager had reported safeguarding referrals where necessary.

● Staff knew how to recognise abuse and protect people from the risk of abuse.

Staffing and recruitment

● The registered manager used a dependency tool to help determine the numbers of staff required and rotas showed the number of staff identified as being required, were deployed.

● We asked people and their relatives whether there were enough staff and received a mixed response. Comments included, "There are always carers [referring to staff] around to help", "I don't wait long" and "I have to wait 10 minutes before they answer." A relative said, "Sometimes, I feel they are short staffed. They

are busy." We fed back these comments to the registered manager who told us they would monitor.
● Staff we spoke with did not have any concerns around staffing arrangements; they told us there were enough staff to meet people's needs. One staff member told us, "Staff levels are good but it's hard when someone phones in sick. These are covered by agency staff." We did not observe people having to wait to be supported during our inspection.
● Recruitment practices were of good quality and suitable people were employed.

Preventing and controlling infection
● People were protected from the risk of cross infection as staff wore personal protection equipment (PPE).
● Staff we asked told us they had access to adequate supplies.
● The home was clean, tidy and odour-free. One person said, "The place is spotless, unbelievably good. You cannot get a better place."

Learning lessons when things go wrong
● Accidents and incidents were recorded and analysed so any trends or patterns could be identified, which the registered manager used to inform their management of the home.
● Records showed appropriate actions were taken to reduce reoccurrences, such as changes to people's care plans.
● The management team were keen to develop and learn from events and use all opportunities to improve the service for people and for staff.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- The registered manager, nurses and care workers had competed MCA training. It was clear from our discussions with staff, people were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, from our review of one person's care record we established a person lacked capacity to consent to their care. An assessment of their capacity and evidence of best interest's decision making had not been completed. We discussed this with the registered manager and saw the shortfall had been rectified by day two of inspection.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Care records included a detailed pre-admission assessment. This included information about peoples wishes, choices and the support they needed. This helped ensure the home met people's needs. These assessments were used to develop care plans and risk assessments.
- Staff knew people well. They had access to up to date care plans and got to know people's changing needs through good communication with the staff team and at daily handover.
- People's care and support needs were reviewed monthly or when people's needs changed.

Staff support: induction, training, skills and experience

- New staff completed an induction programme, followed by a period of shadowing more experienced staff.
- Staff were supported to complete the care certificate. The care certificate is an identified set of standards that health and care professionals adhere to in their working life.
- People were supported by staff who had ongoing training. A relative told us, "I am confident staff are well

trained."
● Regular staff personal development reviews were held throughout the year with the management team to support staff to develop in their roles. Staff received annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet
● We found people's nutritional needs were met. Food was stored and prepared safely. The home had received a five-star food hygiene rating. Five is the highest score available.
● People told us the meals were good and there was always plenty to eat and drink. We observed a lunch time meal. People seemed to enjoy their meals and were given time to eat at their own pace. The lunch time food was home cooked and looked appetising
● Records about people who required modified diets had this specific information clearly recorded. Staff received information at 'handover' which detailed how people required their fluids to be thickened and they could carry this information around with them.
● We saw regular hot and cold drinks were served throughout the day. There were cold drinks available throughout the home for people to help themselves.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
● Care records confirmed people were regularly seen by healthcare professionals including doctors, dentists and chiropodists. The service had processes for referring people to other services, where needed. One person said, "They get the doctor in straight away."

Adapting service, design, decoration to meet people's needs
● The design and layout of the building was appropriate for the needs of the people who lived there.
● We saw that some bedrooms were personalised and contained pictures and photographs of things that were important to people.
● Outdoor spaces were accessible for people to use if they so wished.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
- People were treated with kindness by staff who knew them well. Staff were consistently polite and courteous and engaged and treated people respectfully.
- We observed warm and positive relationships between people and staff. Staff spoke to people at eye level and there was a good use of gentle touch to acknowledge and encourage people to engage.
- One person said, "The staff are all nice, they chat with you and are interested." A relative told us, "Staff are approachable, friendly, helpful and supportive."
- Our observations of staff, review of records and discussions with the registered manager and staff demonstrated that discrimination was not a feature of the service.

Supporting people to express their views and be involved in making decisions about their care
- People and their relatives told us they were able to talk to the registered manager and staff about anything they wished to discuss.
- People were involved in planning their care and staff worked with people and where appropriate, their representatives to update and review care records so that they reflect what support people needed.
- Staff supported people to make decisions. Care records accurately recorded discussions and how they had been conducted to support people's involvement as much as possible.
- The registered manager understood when advocacy services would be appropriate. We saw details how to access this in the home's 'welcome guide' in the reception area. An advocate is a person who can speak on another person's behalf when they may not be able to do so, or may need assistance in doing so, for themselves.

Respecting and promoting people's privacy, dignity and independence
- People were well-presented and cared for.
- People seemed relaxed and comfortable in the company of staff. We saw staff were caring and took a genuine interest in the people they supported. One person told us, "The staff treat you as an individual, not just a number." Another person said, "They are very professional. I don't feel embarrassed when they do personal care."
- People were encouraged to remain independent. One person told us, "Staff encourage me to walk as much as I can, so they will walk with me to the bathroom and then bring me back in a wheelchair."
- People's right to privacy was respected. For example, we observed staff knocked on people's doors and waited for a response before entering.

- Confidential information was stored securely in offices.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care and support records were personalised and detailed how people should be supported with each task. For example, we saw one care record detailed staff needed to ensure the person was sat up well and supported with pillows. This meant staff had clear information on the person's individual preferences.
- Staff were knowledgeable about people's likes and dislikes. For example, we observed a staff member offering to make a person their favourite sandwich when they saw the person had not eaten much lunch.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager was not aware of the AIS. However, we found the principles of the standard were followed in some areas of the home, for example, large print magazines were available for people to read in the lounge. We discussed the requirements of the AIS and will check that this has been progressed at the next inspection.

Supporting people to develop and maintain relationships to avoid social isolation

- People were involved in a wide range of activities in the home such as games, sing-a-longs, laundry therapy and doll therapy. The home had recently opened a new 'garden room' which provided a private space for people and their visitors to use and enjoy. The room was decorated with art work created by people who lived at the home.
- The home provided a 'social lunch' experience which all people could participate in if they so wished. On a daily basis, lunch was provided for a small group of people away from the dining room in the quiet lounge.
- People's care records contained life histories and information about what their interests and hobbies were. The activity co-ordinator told us, "I look in people's records to learn about their life so I can chat about something that interests them."
- Older children from a local secondary school visited the home every week during term time and spent time playing games, arts and crafts and singing with people. The registered manager told us it had been a new initiative and feedback from people had been positive. They further said it was hoped to continue and strengthened the relationship with the school at the start of the new school year.

Improving care quality in response to complaints or concerns

- The provider had a complaint policy in place which was available for people and visitors. There had been

two formal complaints this year. We saw these were investigated appropriately and responded to.

● People and their relatives told us they felt could raise concerns with the staff and senior management team if they had anything they wanted to complain about. They also said they felt they would be listened to and any concerns would be addressed appropriately.

● People and a relative told us people sometimes had to wait for staff to respond to call bells. We did not observe any concerns during our inspection, however, we raised this with the registered manager who assured us they would monitor.

End of life care and support

● People were supported to make decisions about their practical preferences for end of life care. However, we found some care plans recorded limited person-centred information relating to end of life wishes. We discussed these findings with the manager and regional manager who were receptive to working towards respectfully gathering information to enable person centred care to be provided at the end of a person's life.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was clear about their roles and responsibilities, they were supported by an experienced deputy manager.
- A programme of regular audits took place, however, these checks had not identified a concern we found about the non-calibration of weighing scales. The registered manager assured us the provider had put systems in place to ensure this omission would not occur again.
- The registered manager undertook a daily walk-round of the home and records evidence areas identified as requiring attention were actioned.
- The registered manager had notified CQC of significant events such as safeguarding concerns.
- It is a requirement that the provider displays the rating from the last CQC inspection. We saw that the rating was displayed in the home and on the provider's website.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Staff were positive about the registered manager. They said, "Very, very supportive", "She is brilliant and easy to talk to. If I've got any problems to go to her straight away" and "Supportive - yes, if I need anything I can go to her."
- The registered manager showed leadership. There was an 'open door' management approach which meant the registered manager was easily available to staff, residents and relatives.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the requirements of Duty of Candour. Duty of candour is to ensure that providers are open and transparent with people who use services and other 'relevant persons' (people acting lawfully on their behalf) in general in relation to care and treatment.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered provider sought the views of people, their relatives and staff. Feedback was used to continuously improve the service. We saw survey actions detailing identified weaknesses, action required and how this would be maintained.
- Resident meetings and staff meetings were held regularly. Meetings were used to provide information,

such as introducing new members of staff, the opening of the summer house, a health and safety audit and care record reviews.

● Staff demonstrated a passion for their roles and worked well as a team. They told us they enjoyed working at Eden Court and felt valued. One staff member said, "We all think about the residents. I think it's quite uplifting and jolly. A nice place for residents to live in." Another staff member told us, "We gel and work well together."

Continuous learning and improving care

● Accidents and incidents were monitored by the registered manager to ensure any triggers or trends were identified. This helped ensure they could identify good practice and where improvements were needed to be made.

● The registered manager told us they attended good practice events provided by the local authority.

Working in partnership with others

● The registered manager continued to work in close partnership with other agencies, including social care professionals, healthcare professionals and Kirkwood Hospice.

● The registered manager had forged good links for the benefit of the service within the local community. For example, annual events such as open days, whereby the local community and schools were invited to join in with the programme of events