Mrs M Plumb and Miss K Bolt-Lawrence

Enbridge House Care Home

Inspection report

Church Road
Woolton Hill
Newbury
Berkshire
RG20 9XQ

Tel: 01635254888
Website: www.enbridgehouse.co.uk

Date of inspection visit:
07 March 2019
11 March 2019

Date of publication:
12 April 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?	Requires Improvement

Summary of findings

Overall summary

About the service:
Enbridge House is a 'care home'. People in care homes receive accommodation and personal care as a single package under one contractual agreement. The Care Quality Commission regulates both the premises and the care provided. Both were looked at during this inspection.

The service supported older people, some of whom were living with dementia. At the time of our inspection there were 14 people living in the service and one person attending the home for daily respite care.

People's experience of using this service:
● We received positive feedback about the service and the care people received. The service met the characteristics of good in four areas but was requires improvement in well-led.

● Medicines were stored and dispensed safely. However, audits of medicines records (MARs) were not completed. There were some unexplained gaps in people's medicines administration records and no record of actions taken by staff to address this.

● Systems and processes were in place for monitoring quality and safety in the service. However, these were not always effective, as they failed to identify errors and omissions, such as the gaps in MARs, lack of medicines audits and the lack of records of actions taken following accidents. We recommended that the service seek advice and guidance from a reputable source about auditing MARs and making records of actions taken to prevent accidents.

● There were enough staff to support people and keep them safe. People were supported by skilled staff with the right knowledge and training.

● Staff had respectful caring relationships with people they supported. They upheld people's dignity and privacy, and promoted their independence.

● People's care and support met their needs and reflected their preferences. The provider upheld people's human rights.

● There was a positive, open and empowering culture. Staff roles and responsibilities were clear. Staff worked in partnership with professionals to deliver care and support and maintained links with the local community.

Rating at last inspection:
● At the last inspection the service was rated good overall with a rating of requires improvement in safe. At this inspection the service was rated good overall with a rating of requires improvement in well-led.

Why we inspected:

● This was a planned, comprehensive inspection of the service.

Follow up:

● We did not identify any breaches at this inspection. We will therefore re-inspect this service within the published timeframe for services rated Good. We will continue to monitor the service through the information we receive.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was effective. Details are in our effective findings below.	**Good**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was not always well-led. Details are in our well-led findings below.	**Requires Improvement**

Enbridge House Care Home

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
● The inspection was completed by one inspector and an expert by experience. An expert by experience is a person who has experience of using services, or of caring for someone who uses services. The experts area of experience was care of older people using services.

Service and service type:
● This service is a care home. It provides care for older people, some of whom are living with dementia.
● 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:
● We did not give the service any notice of our inspection visit.

What we did:
● Before the inspection the provider sent us a Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

● We reviewed information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

● During the site visit we spoke with six people, the registered manager, the owner and the chef. We also observed people receiving care and support in communal areas.

● We reviewed three people's care plans and medicines administration records. We also reviewed the provider's quarterly audits, development actions, the staff rota, the accident log, infection control policy and the provider's fire safety file.

● After the site visit we spoke with two members of care staff. We also reviewed additional evidence sent to us by the provider including the staff training matrix and end of life care plans.

Good

Is the service safe?

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

● At the last inspection we found the provider was not taking sufficient action to protect people from risks in the environment. Hot water tanks had been installed and they were not covered. People were at risk of burns or scalds due to the uncovered tanks. No harm had occurred because of this.
● At this inspection we found the provider had acted to address this risk by installing locking doors so the hot water tanks were not accessible to people.
● People's care plans contained individualised risk assessments. Staff we spoke with confirmed these were regularly reviewed.
● Risk assessments in care plans covered areas such as helping a person to move and the risk of a person developing a pressure sore.
● The home's fire safety records included a detailed evacuation plan and procedures for staff to follow in case of a fire. Staff had also completed fire safety training in their induction as well as refresher courses.
● Records showed the service had received regular fire inspections from the local fire service who had completed audits. Evidence showed actions raised in audits had been completed by staff.

Systems and processes to safeguard people from the risk of abuse

● People living at Enbridge house received safe care. One person told us they felt safe. They said, "There's always someone here, even at night."
● Staff had a good understanding of abuse and knew what to do if they suspected someone was being abused. Staff we spoke with understood their responsibilities to keep people safe and told us if they identified concerns they would report them to the registered manager.
● We reviewed staff training records which showed staff had completed safeguarding training as part of their induction and received regular training updates.

● The registered manager told us they understood their responsibilities to report any safeguarding concerns to us and the local authority. There had been no safeguarding incidents in the 12 months before the inspection.

Staffing and recruitment

● There were enough staff on duty, with the right mix of skills and knowledge, to support people and keep them safe.
The registered manager reviewed people's needs regularly to make sure there were enough staff to meet

people's needs . Rotas we reviewed for the four weeks before the inspection showed there were enough staff on duty to provide care and support for people.

● The registered manager used safe recruitment practices to ensure only suitable care staff were employed.
● Staff recruitment files we reviewed contained evidence that the appropriate checks had been completed and references sought from previous employers.
●

Using medicines safely

● People's medicines were stored and dispensed safely.
● People's allergies were recorded and medicines records contained procedures for administering 'homely remedies' such as laxatives. These had been signed by people's GPs.
● Staff are required to initial people's medicine administration records (MAR) when they administer a person's medicine. We found some unexplained gaps in three people's records where staff had failed to initial to confirm their medicine had been administered . We asked the registered manager if staff had taken action to address this. They told us they checked people's MARs daily but there was no documented evidence of this.
● There was no adverse impact on people as a result of this. The registered manager told us they would take action to ensure they recorded regualr checks of people's MARs and actions taken to address errors.

Preventing and controlling infection

● People were protected from the spread of infection by staff who had completed the provider's infection control and prevention mandatory training.
● Staff used appropriate infection control techniques such as hand washing to prevent the spread of infection.
● The provider had an infection control policy in place. Staff had signed this to confirm they had reviewed it.

Learning lessons when things go wrong

● The registered manager and staff maintained a record of accidents and incidents. However, records did not show actions staff had taken to prevent further accidents.
● One person had a history of falling at home and had fallen since coming to Enbridge House; staff had used more frequent checks and a sensor mat to support the person and prevent falls. The registered manager told that as the person was waking frequently at night, staff ensured they stayed with the person to reassure them and keep them safe. These actions had not been documented by staff. We raised this with the registered manager who agreed to ensure that any further accident records contained evidence of actions by staff to prevent reoccurrences.
● The registered manager had policies and arrangements in place which gave specific guidance for staff in case of incidents. These included the missing person's procedure and events which stopped the service, such as a power supply interruption. Staff had initialled these policies to confirm they had read and understood them.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

● People's needs were thoroughly assessed before they moved to the home. Each person's care plan contained an assessment of their needs in areas including mobility, mental health and continence.
● Staff completed assessments which started with a home visit. A senior staff member told us, "I chat to them with family and friends around them. [It's about] what they tell you and the family tell you. We then do our full assessment sheet, [talk about] how they perceive what they can and can't do."
● Assessments were based on nationally recognised tools such as the 'Waterlow' score, which determines a person's risk of developing a pressure sore. If people were identified as being at risk of developing a pressure sore, staff put preventative measures in place such as encouraging the person to move regularly. This was documented in people's care plans.

Staff support: induction, training, skills and experience

● People were supported by staff who had completed a thorough introduction to their role. This included the provider's mandatory training and shadowing shifts.
● Staff training was regularly refreshed and staff were supported with regular supervisions and appraisals.
● The registered manager was passionate about learning and staff development. They supported and encouraged staff to complete qualifications. Records showed staff were had completed level two and level three national vocational qualifications in health and social care.
● The deputy manager was a qualified moving and handling trainer who provided training to staff.

Supporting people to eat and drink enough to maintain a balanced diet

● People ate a variety of freshly cooked meals. People we spoke with told us the food was enjoyable. One person said, "The cook is nice and a brilliant cake maker."
● Staff knew people's likes and dislikes. They provided people with their preferred foods. This was confirmed by people we spoke with. One person said, "I don't eat meat so they offer me something else. They go to a lot of trouble."
● We observed a meal time session. People were calm and relaxed and those who chose to, were enjoying a glass of wine. People had chosen to eat with others or alone. This was respected by staff who offered help when people asked for it or needed it.

Staff working with other agencies to provide consistent, effective, timely care

● When people needed visits from healthcare professionals staff made the appropriate referrals.
● During our inspection people received visits from the district nursing team and a community physiotherapist.
● Records of these visits were documented in people's care plans and staff had signed care plans to show they had reviewed instructions and updates from health professionals.

Adapting service, design, decoration to meet people's needs

● The building was light and spacious with communal areas that were decorated in a homely way.
● People's rooms had en-suite bathrooms. People had decorated their rooms with their own possessions.
● The home had large, attractive gardens which people could access with staff support.

Supporting people to live healthier lives, access healthcare services and support

● People were supported to access appointments with dentists and other professionals as needed. Evidence of referrals and appointments with health professionals were documented in people's care plans.

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 with appropriate legal authority. 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, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● People received support from staff who understood the principles of the MCA and applied them in their practice. This was confirmed by staff we spoke with. One staff member told us, "[We gather] their permission – [have] a discussion - constantly chatting and laughing – we're there to support them but it's what they would like us to do."
● The registered manager had submitted appropriate applications under the Deprivation of Liberty Safeguards. They had notified us of these applications in line with legislation.

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

Good: 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 we spoke with told us staff were caring. One person said, "Nothing is too much trouble."
- People were treated with genuine kindness, compassion and sincerity.
- We observed many instances where staff had caring, trusting interactions with people. Staff responded to people immediately when they displayed any anxiety or needed emotional support. Staff also laughed and joked often with people.
- People appeared to be genuinely happy living in the home as they were relaxed and talkative.

Supporting people to express their views and be involved in making decisions about their care

- People were frequently consulted about their preferences for how they wanted to receive their care. During our inspection we saw staff continuously speaking with people to ask if any changes needed to be made or if people needed anything.
- People we spoke with were satisfied with the care provided. One person said, "I think we're very lucky to be in a place like this. It's as near like home as possible. They try to make it just like home."
- When people did have concerns, people told us they felt these would be addressed. One person said, "I'd speak to [staff member] - they would sort it out."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who protected their privacy and dignity and upheld their independence.
- Staff told us how they protected people's privacy and dignity when helping people to wash. One staff member said, "We'll make sure the door is closed, call bell to hand, towel over their lap, curtains pulled."
- Staff told us understood the importance of upholding people's independence to promote their skills. One staff member said, "[Support them to] do as much as we know they can – we're not taking that away from them. It's very quick for us to do but it doesn't help in the long run - in a situation where they can't do anything."

Good

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People received individualised care because staff had detailed knowledge of people's needs and preferences. The owner and the registered manager took a 'hands-on' approach and were often on the floor delivering care.
● Care was planned in partnership with people and their families and people's transitions from their own homes to Enbridge House were sensitively managed. Staff told us people who attended the home for respite care had become permanent residents. Staff said this phased transition had helped people to feel more settled as they were familiar with the home and staff before moving in.
● During our inspection visit we observed one person attending the home for respite care. Staff spent time with the person, supporting them and orientating them in the home.
●People were supported to maintain important relationships with family and friends. During our inspection we observed people received visits from loved ones. Staff welcomed and encouraged visitors to the home.
● The service identified people's information and communication needs by assessing them. Staff understood the Accessible Information Standard.
● People's communication needs were identified and recorded in their care plans. These needs were shared appropriately with staff.
● We saw evidence that the identified information and communication needs were met for individuals. For example, for a person with sight loss, staff had included strategies and aids such as ensuring appropriate light conditions to support the person to continue to read and pursue their hobbies. The care plan stated that large print newspapers were also available to the person.

● People's social histories and lives were celebrated by staff. Some people had completed records of their life histories. This was an ongoing piece of work to help capture significant details about people's lives and social histories. One person had written about their life, career and travels.
● Staff had planned to complete these with each person. If people were unable to verbally communicate about their past, staff held conversations with family members to gather people's life histories.
● People told us they chose how to spend their time and staff supported people to pursue their interests. One person said, "In the summer I go into the gardens. We have a good gardener who keeps the house supplied with flowers. We've had snowdrops and daffodils. At Christmas we had lovely holly and ivy." Another person said, "Someone comes every week and does exercises with us."

Improving care quality in response to complaints or concerns

● People told us they were supported to raise any questions or issues regarding their care and support. One person said, "If I see something that worries me I find someone and speak to them, but I don't see anything."

● The provider's complaints policy gave clear instructions for staff on how to deal with concerns or complaints.
● The home had not received any complaints in the 12 months since the last inspection.

End of life care and support

● People were supported by staff when they reached the end of their lives.
● Training records showed staff had completed a nationally recognised qualification in end of life care.
● Care plans we reviewed contained specific instructions for staff about people's treatment care and support and where people chose to remain in their last days. This helped ensure people received individualised care.

Requires Improvement

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

RI: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

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

- Systems and processes were in place to monitor quality and safety in the service. However, these were not always effective in identifying errors and omissions.
- The registered manager told us they did not regularly audit people's medicines administration records (MARs). This meant there was no record of staff identifying errors or of acting to address gaps in MARs.
- The registered manager completed a quality review every three months to maintain an oversight of service improvements. As this had not identified all the shortfalls in the service we could not be assured this was effective in assessing and improving quality and safety in the home.
- We recommended that the registered manager seek advice from a suitably qualified professional such as a pharmacist, to ensure they followed best practice in completing regular checks of people's MARs to ensure gaps and errors were identified and explained to prevent future errors. The registered manager agreed to do this.
- Staff responsibilities were clear. Records we reviewed showed staff had reviewed the provider's policies and procedures.

Continuous learning and improving care

- The registered manager maintained a record of accidents. However, records we reviewed did not contain evidence of actions taken by staff to prevent reoccurrences. The registered manager told us following incidents such as falls, preventative safety measures were put in place including more frequent checks and supervision for people who were at risk of falling.
- No harm had occurred as a result of this. However, we recommended the registered manager take action to record safety measures put in place by staff to protect people from further accidents. The registered manager agreed to take action to address this.
- The registered manager submitted statutory notifications to CQC appropriately. These are notifications about significant events that providers must send us by law.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The registered manager and staff team displayed a passion for and commitment to providing

individualised, sensitive care for people.
● Responsibilities were understood and shared by staff who anticipated people's needs to provide highly responsive care and support.

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

● People, the public and staff were involved in the service.
● The registered manager maintained links with the community to benefit people at the home. They invited ministers from a local church into the home to visit people and share religious services. This was confirmed by people we spoke with. One person said, "We have communion every four to six weeks. Last time we had eight people in here. The staff moved the furniture round, it was lovely."
● People were also supported to access the community as the registered manager had contacted volunteers to support them with travel. They said, "We organise a voluntary car service with the community."
● The home also received visits from a primary school and a children's beavers group at Christmas.

Working in partnership with others

● Staff worked effectively in partnership with agencies such as the NHS and private healthcare providers to ensure people's needs were met.
● The home's head of care met regularly with a local GP surgery to share home updates and learn about any changes within the surgery team. They also attended a care home manager's forum and worked with the clinical commissioning group to keep up to date with best practice.