

Hamberley Care FV (Edwalton) Limited

Edwalton Manor Care Home

Inspection report

Edwalton Manor
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Edwalton Manor is a residential care home providing nursing care to up to 84 people. The service provides support to older adults some of whom were living with dementia. At the time of our inspection there were 41 people using the service.

Edwalton Manor supports people in one large purpose-built building with a large accessible garden. The home comprises of large ensuite single bedrooms, multiple living areas, dining areas with kitchenettes, a cinema, pub and a hair and beauty salon.

People's experience of using this service and what we found

Systems in place safeguarded people from the risk of abuse and neglect. Environmental risks were managed well which protected people from the risk of harm. Staff were recruited safely. Staff completed training in medicine administration and had their competency assessed. This meant people received their medicines safely. Lessons were learnt when things went wrong. People were protected from the risk of infection as the home had robust infection prevention control processes in place.

People's needs were fully assessed and detailed care plans were in place to enable staff to support people effectively. A wide choice of nutritious food was on offer. People were supported in different ways to pick what they wanted to eat. People were supported to gain access to healthcare services when needed. The premises and environment had been designed and built to meet people's needs.

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's equality and diversity was fully respected. People and their relatives told us they felt staff were caring and treated everyone with kindness and respect. People were encouraged and supported to express their views. People were cared for by kind and compassionate staff who understood what was important to them.

People received personalised care and support tailored to their needs and preferences. People were fully supported to choose and engage in activities to ensure they lived fulfilled lives. Complaints and concerns were used to improve people's experience of care and support. Staff supported people sensitively to share their wishes in regard to end of life care and support.

The service was person centred, open and inclusive. The registered manager and management team understood their responsibility to be open and honest with people and had acted when things went wrong. Effective systems and processes were in place to continually improve and develop the quality of care provided. People told us they were fully involved in developing the service. The leadership team worked well

with health and social care partners to improve the care provided.

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

Rating at last inspection

This service was registered with us on 1 June 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Edwalton Manor Care Home

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector, a specialist nurse advisor and an Expert by Experience. 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

Edwalton Manor is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Edwalton Manor is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post. The provider had appointed a new manager who was due to start after our inspection. To ensure effective management was maintained in the interim period, an experienced interim manager was employed to assist the service alongside the providers' senior leadership.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and integrated care board who commission care with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the service on 8 August 2023 and 9 August 2023. We also made telephone calls to relatives of people using the service on 14 August 2023. We spoke with 13 staff members including the interim manager, clinical lead, registered nurse, senior care staff, care staff, kitchen staff, and housekeeping staff. We spoke with 17 people who used the service and 11 people's relatives. Not everyone living at the service was able to or wanted to speak with us, therefore we spent time observing interactions between staff and people. We reviewed a range of records. This included 8 people's care records and multiple medicine records. We looked at 6 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including incident and maintenance records were reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems in place safeguarded people from the risk of abuse and neglect.
- People told us they felt safe living at the home and were supported by kind and caring staff who knew them well. A person we spoke with told us, "The staff are very understanding and know my personal needs, they take time with me. I am not frightened living here."
- Staff received training in safeguarding and had knowledge in how to protect people from the risk of abuse and neglect. Staff told us, they reported any safeguarding concerns and the manager acted on any concerns without delay. The manager reported safeguarding incidents to the local authority safeguarding team and CQC without delay.

Assessing risk, safety monitoring and management

- Risks were assessed, managed, and monitored.
- Risks associated with people's nursing needs were fully assessed. For example, people living with diabetes had detailed risk assessments in place, this included instructions for staff in how to support people in the event of their diabetes becoming unstable. This meant staff had accurate information in order to support people safely.
- Risk assessments were reviewed monthly or as people's needs changed. For example, a person who suffered a fall had their risk assessment updated immediately, detailing the risk reduction measures implemented.
- Environmental risks were managed well. Water temperatures were monitored to ensure people were protected from the risk of burns and scalds. Staff undertook regular fire evacuation training and personal emergency evacuation plans (PEEPS) were in place for all people. PEEPS were updated weekly or when people moved in and out of the home. This meant staff had accurate information to safely evacuate people in the event of an emergency.

Staffing and recruitment

- There was enough suitably trained staff to safely meet people's needs.
- The provider had an innovative person-centred approach to staffing. Every person had a designated staff member each day to ensure all aspects of care and support were provided. This meant people received support from the same staff member throughout the day which included supporting with personal care, nutritional support, and domestic needs.
- People told us they never waited long for their call bells to be answered. A person told us, "I never have to wait for my call bell to be answered" and a relative said, "There is always enough staff all of which are very kind."

- Staff were recruited safely. All staff had essential safety checks such as a Disclosure and Barring Service check prior to starting employment. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely.
- Medicine administration records evidenced people received their prescribed medicines on time by trained staff. Staff completed training in medicine administration and had their competency assessed.
- Medicines were stored and disposed of safely according to manufactures guidance. For example, prescribed thickener was stored securely. This meant they were only administered and received by people they were intended for.
- Medicines audits were completed to ensure any issues with medicines were acted on without delay.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider facilitated visiting in line with current guidance. There were no restrictions in place and people received visits from friends and relatives as and when they wanted.

Learning lessons when things go wrong

- Lessons were learnt when things went wrong.
- Incidents and accidents were investigated and analysed to identify themes and causes. Staff told us outcomes of incidents were communicated effectively to ensure any changes needed were implemented.
- Accidents and incidents were discussed at a daily staff meeting. This meant timely action was taken, and people were protected from the risk of avoidable harm.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 fully assessed and detailed care plans were in place to enable staff to support people effectively.
- Care plans were updated as people's needs changed. For example, a person suffered a fall which resulted in a change in their mobility needs, this was clearly documented in their care record. This meant staff had accurate information to support the person safely and effectively.
- People and where appropriate; their relatives, told us they were fully involved in the care planning process. A relative told us, "I am very much included and have a good relationship with staff."
- People's needs were assessed in line with best practice guidance and the law. For example, nationally recognised screening tools were in place for pressure area care and nutritional monitoring.

Staff support: induction, training, skills and experience

- Staff completed an induction programme and undertook training relevant to their role. This ensured staff supported people safely.
- Training records we reviewed evidenced staff completed training in areas such as safeguarding, moving and handling, infection control and nutrition. Staff told us, the training they received allowed them to carry out their duties effectively.
- Staff carried out their duties with competence and kindness. We observed staff to respond to people quickly and with a caring attitude. For example, we observed staff to support people who required assistance with mobility in line with best practice moving and handling guidance.

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

- People were supported to eat and drink and maintain a varied healthy diet.
- A wide choice of nutritious food was on offer. People were supported in different ways to pick what they wanted to eat. We observed staff offering plates of different foods for people who did not understand verbally what was on offer.
- Kitchen staff spoke passionately about their role and recognised the impact good nutrition had on people's overall health and well-being. Kitchen staff completed specialist training and cascaded this training to all staff to ensure people received the correct diet. This meant staff were trained to support people who needed a modified diet due to a choking risk or malnutrition.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked in partnership with other healthcare professionals to ensure people's health needs were

managed effectively.

- Referrals to health and social care professionals were made when specialist advice was needed. For example, all people at risk of malnutrition had been referred to a dietician and their advice clearly documented in their care records.
- People were supported to gain access to healthcare services when needed. For example, one relative told us, "My relative is 100% safe, they call the GP at their request and have called an ambulance when needed without delay."
- Oral health assessments were in place for all people and support to access the dentist was provided.

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

- The premises and environment had been designed and built to meet people's needs.
- The home had been specifically designed to meet the needs of people with varying needs. Technology and lighting had been used to create calming environments for people with sensory needs. For example, bathrooms with spa facilities were available to all people living at the home. Furthermore, there were several different social areas designed for people with different likes to spend their time, this included a café, a pub, a library, a fine dining room, a cinema, and a beauty salon.
- People had access to a large well-kept garden. Access to the garden was flat and accessible for all people living at the service to use independently. Some people also had their own patio areas off their bedroom, people told us this had a positive impact on their well-being. A person told us, "I like that I have my own space inside and outside, it's really helped me."
- People were supported to personalise their bedrooms with items which reflected their tastes and preferences. Special attention had been made to create personalised life story boxes to the entrance of each person's bedroom, this included input from each person and their families. Staff told us, they were particularly helpful in starting conversations when people first moved into the home.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- Where restrictions were identified a DoLS application had been made to ensure these restrictions were lawful. Systems in place ensured that any DoLS in place remained lawful.
- Staff received training in the MCA and DoLS. People told us, staff respected their rights and encouraged them to make independent decisions. For example, a person told us, "We have meetings every month and the staff here are very respectful and they encourage me to make choices, I am never rushed."

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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's equality and diversity was fully respected; staff delivered care with respect, kindness and compassion.
- People's choices were fully respected. Care records demonstrated people had been given a choice of who they would like to help support them. Furthermore, subtle decoration in people's bedroom also gave clear direction to indicate who people wanted to support them.
- People and their relatives told us they felt staff were caring and treated everyone with kindness and respect. One relative told us, "The staff are angelic with my relative and really respect them."
- People's individuality, culture and lifestyle choices were respected and celebrated. For example, transport and appointments were specifically made around a person's prayer times. Another person's previous profession was extremely important to them and their identity, this was clearly reflected in their care records. We observed staff speaking to the person in a kind manner using their professional title.

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

- People were encouraged and supported to express their views.
- Meetings were held for all people living at the home. This gave people the opportunity to give feedback and express what changes they would like to see. Staff spent time with each person daily to ensure people had the opportunity express their views without delay.
- People told us they were fully involved in planning their care. A person we spoke with told us, "We have gone over the care plan 3 times since moving in." Records we reviewed supported what people told us. All care plans detailed people's wishes clearly.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Promoting people's right to privacy and independence was at the heart of the service, and staff carried out their duties in line with this ethos.
- People were cared for by kind and compassionate staff who understood what was important to them. A relative we spoke with told us, "Staff are kind to my [relative], they have a very definite sense of what they want, and they can be sometimes dismissive of staff, but staff can't do enough for my [relative]." Another relative told us, "My [relative] was very poorly when they first moved in and now, they are back up on their feet, they have given them their independence back, I will be eternally grateful to the staff here."
- Privacy and independence were promoted throughout the service. Staff consistently knocked on people's doors regardless of whether they were open or closed and waited prior to entering people's bedrooms.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People received personalised care and support tailored to their needs and preferences.
- People's care plans were reviewed regularly or as people's needs changed; health and social care professionals were contacted, and their advice implemented. For example, a person living with a complex health condition had detailed information from the medical team within their care plan. This meant staff had accurate information in how best to support this person.
- People and their relatives told us they felt staff knew their likes and dislikes well. For example, a relative told us, "I think they look after my relative really well, they know my relative and what they need."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and documented within care plans. For example, a care plan detailed how staff should effectively communicate with a person who had hearing difficulties.
- Information such as safeguarding information, and food menus were available for people in alternative formats such as picture format. This ensured information was accessible to all people who lived at the service.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were fully supported to choose and engage in activities to ensure they lived fulfilled lives.
- Staff displayed a passionate approach to ensuring people's social needs were fully met. For example, staff told us, "The impact some of the events we have done has been amazing, people who were quiet before, now have firm friendships, to hear people laughing and joking is just lovely."
- Staff supported people to follow their hobbies, cultural and religious interests. For example, records we reviewed evidenced staff supported people on day trips to areas of importance to them.
- Activities on offer were developed with people living at the service. For example, people told us, "I really like the wine and cheese afternoon, but I did ask for a baileys as well, so now it's wine, cheese and baileys afternoon but really we can have whatever we like."
- People were fully supported to maintain relationships with those important to them. All relatives were

invited to accompany their loved ones to social events. A relative we spoke told us, "My [relative] enjoys the social side of things, I often go and watch the singers that come in, they also have animals come in, they even had a miniature pony which was just brilliant."

Improving care quality in response to complaints or concerns

- Complaints and concerns were documented and investigated.
- All concerns were used to improve people's experience of care and support. For example, we reviewed a complaint relating to food, this was addressed and resolved immediately.
- People told us staff informed and supported them to make complaints when needed. A person we spoke with told us, "I know how to complain and when I did staff put me in touch with the right person. They apologised as well."
- Complaints and concerns were responded to in line with the providers complaints policy.

End of life care and support

- Staff supported people sensitively to share their wishes in regard to end of life care and support. Care plans in place were detailed and person centred.
- End of life discussions were clearly documented and reflected peoples cultural, religious, and physical needs. This ensured people would receive the support they require or want at the end of their lives.
- Staff received training in end-of-life care and policies were in place to support staff.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The manager, clinical lead and provider's management team ensured the service was person centred, open and inclusive.
- Staff told us they enjoyed working at the home and the positive impact they had on people's lives. For example, staff told us, "I really enjoy my job, it is a very high standard of care, the care here is what I would want for my own relative, we are a new team, but we are good team."
- Staff and people told us the management team were honest and approachable. A person told us, "I would go to [name] straight away if I had any bother, they are lovely, they would tell me straight away what they would do to make anything right."
- Staff were confident the manager would address any issues raised with them immediately.

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 manager and management team understood their responsibility to be open and honest with people and had acted when things went wrong.
- Records we reviewed, and people told us incidents had been communicated to both them and their relatives. For example, a relative told us, "There was one incident involving my [relative] and straight away they phoned me."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The manager was aware of their legal requirement to inform CQC of certain incidents.
- The provider had effective systems and processes in place to continually improve and develop the quality of care provided. All areas were audited to ensure the high quality of care was maintained. For example, an audit of call waiting times had been developed and implemented to ensure nobody waited long periods of time for care and support.
- The interim manager and clinical lead fed back incidents and results of audits in daily 'flash' meetings. This meant timely action was taken in order to drive service improvement.
- All accidents and incidents were monitored and analysed by the management team to identify trends.

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

- Staff meetings were held regularly to give staff the opportunity to raise issues and share ideas. Staff also received regular supervision sessions.
- Feedback was obtained from people using the service and changes made where required. Residents' and relatives' meetings were held, and daily feedback was sought. A person told us, "We have residents' meetings, and we talk about anything there, [name] is very good they come round most days to make sure I am happy with everything." A relative we spoke with said, "There are meetings, my [relative] goes I don't need to go because it's really good, people here have freedom and choice."
- People were fully supported and empowered to take active and meaningful roles within the community. For example, people were supported to partake in a sponsored walk and raise funds for a cancer charity named 'Maggies.' People told us, 'I am really enjoying the walk we are doing for 'Maggies', I could never have done anything like this before living here.'
- Staff received training in equality and diversity. Policies in place included all protected characteristics.

Working in partnership with others

- The interim manager and clinical lead worked well with health and social care partners to improve the care provided.
- Care plans were detailed and included how staff worked with health care professionals such as, dieticians, GPs and specialist nurses.
- The provider welcomed feedback from the local authority and integrated care board and was receptive to any suggestions made to improve the quality of care.