

Foundation of Edward Storey

Edward House

Inspection report

Albion Row
Cambridge
CB3 0BH

Tel: 01223 316776

Website: www.edwardstorey.org.uk

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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



Overall summary

Edward House is registered to provide accommodation and personal care for up to 18 people. There were 18 people living in the home when we visited. Accommodation is provided over two floors. All bedrooms are for single occupancy and have ensuite facilities. There are communal areas, including a lounge area, a dining room and an enclosed patio area for people and their guests to use.

This unannounced inspection was carried out on 21 April 2015. The last inspection took place on 01 October 2013, during which we found the regulations we looked at were being met.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us that they felt safe living at the home. Staff were knowledgeable about the procedures to ensure that

Summary of findings

people were protected from harm. Staff were also aware of whistleblowing procedures and would have no hesitation in reporting any concerns. People received their medicines as prescribed.

There were sufficient numbers of suitably qualified staff employed at the home. The provider's recruitment process ensured that only staff who had been deemed suitable to work with people at the home were employed following satisfactory recruitment checks had been completed.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We found that the registered manager and all staff were knowledgeable about when a request for a DoLS would be required. The registered manager told us that there were no applications currently submitted to the relevant local authority's but they aware of who to contact should they need to submit an application.

Staff respected and maintained people's privacy at all times. People were provided with care and support as required and people did not have to wait for long periods of time before having their care needs met. This meant that people's dignity was respected and that their care needs were met in a timely manner.

People's assessed care and support needs were planned and met by staff who had a good understanding of how and when to provide people's care whilst respecting their independence. Care records were detailed and up to date so that staff were provided with guidelines to care for people in the right way.

People were supported to access a range of health care professionals. These included appointments with their GP, hospital services and care from district nurses. Risk assessments were in place to ensure that people could be safely supported at all times.

People were provided with a varied menu and had a range of meals and healthy options to choose from. There was a sufficient quantity of food and drinks and snacks made available to people at all times.

People's care was provided by staff in a caring, kind and compassionate way. People's hobbies and interests had been identified and were supported by staff in a way which involved people to prevent them from becoming socially isolated.

The home had a complaints procedure available for people and their relatives to use and all staff were aware of the procedure. People were supported to raise concerns or complaints. Prompt action was taken to address people's concerns and prevent any potential for recurrence.

There was an open culture within the home and people were able to talk and raise any issues with the staff. People were provided with several ways that they could comment on the quality of their care. This included regular contact with the provider, registered manager, staff and completing annual quality assurance surveys. The provider sought the views of healthcare professionals as a way of identifying improvement. Where people suggested improvements, these had been implemented promptly and to the person's satisfaction.

Summary of findings

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.

People were safely supported with taking their prescribed medicines. Medicines were stored, recorded and managed by competent staff members.

People were cared for by a sufficient number of appropriately trained staff who were knowledgeable about safeguarding procedures.

Only staff who had been deemed to be suitable to work with people living at the service were employed.

Good



Is the service effective?

The service was effective.

People made choices as to their preferences and were supported with these. Staff were skilled in meeting people's assessed needs.

The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). This meant that when needed, staff could take appropriate actions to ensure that people's rights were protected.

Referrals were made to appropriate health care professionals in a timely manner.

People had access to a regular supply of sufficient quantities of nutritious food and drink. People were supported to eat a balanced diet.

Good



Is the service caring?

The service was caring.

People's care was provided with warmth and compassion and in a way which respected their independence.

Staff had a good knowledge and understanding of people's support needs and what was important to them. People's privacy and dignity was preserved by the staff at all times.

Good



Is the service responsive?

The service was responsive.

People, including their relatives, were involved in their care assessments and reviews of their care.

People were supported by staff to pursue their interests and hobbies and to access the local community.

Regular reviews were completed to ensure that people's care needs were being met. Action was taken swiftly in response to people's suggestions and concerns before they became a complaint.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There were strong links with the local community and people's independence was promoted by the staff and registered manager.

The provider and registered manager had an open management style and were aware of the day to day needs and culture in the home.

Staff were supported and were aware of their responsibilities and the standards expected of them when providing care and support to people living at the home.

Edward House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection took place on 21 April 2015 and was carried out by two inspectors

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We also spoke with two health care professionals and two GPs from local practices.

During the inspection we spoke with eight people living in the home, three relatives, the registered manager and four care staff. We also observed people's care to assist us in understanding the quality of care that people received.

We looked at four people's care records, quality assurance surveys, staff meeting minutes and medicines administration records. We checked records in relation to the management of the service such as quality assurance audits, policies and staff records.

Is the service safe?

Our findings

None of the people we spoke with had any concerns about their personal safety. One person said, "I couldn't be better looked after anywhere." A relative we spoke with told us, "This is a very caring and good home and I know that [family member] is always in safe hands."

Staff we spoke with showed an understanding about safeguarding reporting procedures and their responsibilities in raising any concerns with the local authority to protect people from harm. A person told us, "I do not worry about anything and the staff are really very helpful and kind." One staff member said, "I have received training in safeguarding and I would never hesitate in reporting any concerns to my manager." Another member of staff told us that they were aware of how to raise a safeguarding concern and knew that the safeguarding procedures and information file were kept in the staff office. We also saw a poster displayed in the home which gave the telephone contact details of the local authority safeguarding team.

Staff told us that they were confident that if ever they identified or suspected poor care standards or harm they would have no hesitation in whistle blowing. Whistle-blowing occurs when an employee raises a concern about a dangerous or poor practice that they become aware of through work. Staff said that they felt confident that they would be supported by the registered manager to their raise concerns. One staff member said, "We are a good team if there was any bad practice this would be reported to the manager and acted upon without any hesitation or delay."

We saw that people's individual risk assessments had been completed and updated. These risk assessments included falls, moving and handling and nutrition. During our inspection we observed staff supporting people safely in accordance with their risk assessments. This showed us that staff took appropriate steps to minimise the risk of harm occurring.

The care records we saw demonstrated that individual risk assessments had been completed and regularly updated. Examples included falls, manual handling, the risk of developing pressure ulcers and nutrition. We saw that staff responded appropriately to risk. For example, when a weight loss was identified nutritional supplements were

considered and a more regular check of the person's weight was recorded. Staff also told us that they had received annual manual handling training to ensure people were safely assisted at the home.

We observed care staff safely administer people's medication. We saw that only staff who had been trained and had received competency checks by members of the management team administered medication at the home. For their safety each person's medication administration record (MAR) was stored with a photograph of themselves and details of any allergies they had. The records showed that medicines had been administered as prescribed. The temperatures in the medication room and refrigerator, used for the storage of medication, were recorded daily to ensure medicines were kept at the correct temperature. People told us that, "Staff give me my medicines when I need them and I can ask for painkillers at any time." At lunchtime we observed that people using the service were not rushed to take the medicines offered. This meant that people were provided with the support they needed with their prescribed medication in a safe way.

People told us, and we saw that there were sufficient numbers of staff available. The registered manager told us staffing levels were monitored on an ongoing basis and that additional staff would be brought in if a particular care and support need was identified. For example, when a person became poorly and needed additional support overnight the sleep-in staff were asked to be a waking member of staff for that shift. One person said, "There are always enough staff on duty to come and see what I want." We observed that staff were readily available to people and answered call bells promptly.

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. We looked at two recruitment records and we saw that appropriate checks including criminal record checks and references had been carried out prior to the person starting work in the home. This showed us that the provider had only employed staff who were suitable to work with people living at the home.

We saw records of fire safety checks, water temperatures, refrigerator and food temperature checks that had been completed. This helped ensure that the home was a safe place to live, visit and work in.

Is the service effective?

Our findings

One person told us, “The staff look after us really well here,” and another person said, “I dreaded the idea of moving into a home but the staff have made this move very easy and comfortable for me and they have all been lovely and I couldn’t have been looked after better.” Relatives of people we spoke with told us that they had been encouraged to be involved in reviews of their family members care and support. One relative told us that they were involved in discussions and decisions about her family member’s care. Another relative told us that, “The staff are very good in letting me know how things are and they are always good at keeping me informed.”

Staff told us they had regular supervision and ongoing support. One staff member said, “There is lots of good training and we get refreshers throughout the year.” We saw that forthcoming dates for training sessions were displayed in the office. This ensured that staff were kept up to date with any changes in current care practice. The staff we spoke with told us that they received an induction to ensure they were aware of their responsibilities when they had commenced working in the home.

Staff confirmed that they received Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) training. DoLS apply when people who lack capacity have restrictions on their freedom where this is in their best interests to keep them safe. The registered manager told us that there were no applications currently submitted to the relevant local authority but that they aware of who to contact should they need to do so.

We observed that lunch time was a very sociable occasion, with lots of cheerful interaction between the staff and people having their lunch together in the dining room. People told us they had the opportunity to speak with the cook and were able to make alternative choices if they did not like the menu option. One person said, “The food is very good and I can always have something else if I want.” Another person told us that, “The food is good, the meals are nice and the food is always hot.” We saw that jugs of drinks and bowls of fruit were available in all communal

areas. We saw that staff encouraged and supported people to have drinks outside of meal and snack times. Staff recorded fluid and food intakes and were aware of the amount of fluid a person should have. We saw that people’s weights were recorded and the registered manager told us that when any changes to their normal weights occurred advice from the person’s GP and a dietician was sought where necessary.

We spoke with the cook who told us that they were informed of any special diets required, including meals for people with particular dietary needs. We saw that the cook regularly spoke with people living in the home to gather views about the meals and to ensure that individual preferences and favourites were included. One person told us, “Food is always good and we have something different each day.” Another person said, “The food is excellent and I tell them so. I can always have more if I want.”

We saw that people’s care and support records were reviewed and daily care records were completed to record the care and support received. We saw documented any significant events that had occurred during the person’s day including any appointments with health care professionals. This showed that people could be assured that their health care was monitored and appropriate referrals and actions were taken when necessary.

There were records in place regarding visits and support that people received from external health care professionals. We saw that people had regular appointments with GPs, chiropodists, opticians and community nurses which demonstrated that people were supported to access a range of health care professionals as required. A relative told us that the staff always kept them informed of any health care issues affecting their family member.

We spoke with two GPs visiting the home and they were positive about the way staff dealt with people’s health care issues and that they were knowledgeable and provided good quality information to them when required. This showed us that people’s health and care needs were well monitored and effectively responded to by staff at the home.

Is the service caring?

Our findings

People told us that the home was very comfortable and that staff were very caring and sensitive in the way that care and supported was provided. One person said, “The staff are very good and very kind and caring and I couldn’t wish for better.” Another person said, “My neighbour in the room next door is like a friend.” We observed staff interactions with people and found they spoke to people and supported them in a warm, kind and dignified manner which promoted people’s independence at all times. Staff engaged meaningfully with people. For example, they participated and helped with the organised craft activity in the dining room.

We saw that staff knocked on people’s bedroom and bathroom doors and waited for a reply before entering. Relatives that we spoke with were very positive about the care their family member received and one relative said, “All of the staff are so caring I would not hesitate to come here to live if I needed care.” Another relative said, “The staff always keep me aware of anything that affects or could affect my [family member] The care is top class and they give my [family member] a lot of attention.” Another relative told us that, “The atmosphere is really lovely and the home is always cheerful and very homely.”

People were supported to take part in interests that were important to them and included board games, crafts and visits from music entertainers. We saw a glass painting session being held in the dining room which people and their relatives were enjoying.

During our inspection we saw a lot of warm, positive and gentle interactions between staff and people living at the

home. We noted any requests people made for assistance were responded to quickly by staff and we saw staff gently assisting people to an organised activity and to go for their lunch. We observed that when people requested a drink, it was made as soon as possible. We also saw that people were assisted to the bathroom as soon as they requested assistance and were not kept waiting for long periods of time. One person told us, “I have nothing to complain about at all, the staff treat me very well and make sure I have everything I need.”

We observed staff treating people with dignity and respect and being discreet in relation to personal care needs. People were appropriately dressed and all personal care was provided in private. We observed that staff positively engaged with people throughout the day and enquired whether they had everything they needed. We saw a member of staff helping a person to go to their bedroom in a gentle and reassuring manner. One relative told us that, “This place has a very happy atmosphere and the staff are kind and helpful.”

People were able to see their friends and relatives without any restrictions. One person said, “My family and friends visit often and there are no time limits on visits.” A relative told us that, “The staff are always welcoming and offer me a cup of tea when I visit.”

The registered manager told us that people were provided with information as to how to access advocacy services when necessary. Advocates are people who are independent of the service and who support people to make and communicate their wishes

Is the service responsive?

Our findings

We spoke to people about the planned activities in the home which they said were good and varied. People were provided with a wide range of activities. The programme for the week included table tennis, glass painting, music hall show and singing for fun. People were assisted to attend church services and trips to the seaside were organised during the warmer months. We were told by the registered manager that staff had arranged for a person near to the end of their life to fulfil a wish to go to the zoo to see the big cats. This had resulted in them feeding the lions after the staff made contact with the zoo and explained the person's wishes.

We spoke with the activities coordinator who arranged a variety of activities in the home in consultation with people living at the home. People said that they went out regularly in the local town with their friends and relatives if they wished. One person said, "There are some wonderful things arranged here. It is a busy life." We observed that people were free to use the communal areas and were able to spend time in their bedroom if they wished. We saw that people could have appointments with the hairdresser who regularly provided services in the home. There were 'Film and curry nights organised in the home and people said they had also enjoyed Greek and Chinese food nights where meals had been prepared by the cook to celebrate other cultures.

We saw that the people living in the home and the visitors interacted in a friendly and positive manner with the registered manager and staff. A relative said, "We can visit whenever we like, and we are always made to feel very welcome. One member of staff described the home as, "One big happy family." Throughout our visit we saw positive interaction between the staff and the people using the service. We observed that people were free to use the communal areas and were able to spend time in their bedroom if they wished.

We looked at four care plans. These had been written in detail and had been amended and updated as people's care needs changed. There was sufficient information for staff to be able to provide the care. One person said, "They ask me about my life and how I want things done I feel involved." Care plans included information about people's preferences, including how they wanted to be addressed;

the times that they wanted to get up or go to bed and what was important to them. We saw that guidelines for staff regarding people's personal care needs were in place along with details regarding people's daytime and nighttime routines.

Daily records showed that people made choices about their care to ensure that their personal care needs were met. People told us the staff involved them and spoke with them about their care. We saw that people had signed their care plans as an agreement to the care provided. The care plans we looked at all included information about people's end of life wishes.

People told us, and we found from records reviewed, that an initial assessment of their care and support needs had been completed prior to them coming to live at the home. This ensured as much as possible, that each person's needs were able to be met. People we met said that they felt they were treated as individuals. One person said, "I feel that they know me and the things that I like and dislike."

Staff had access to a shift handover and communication book to ensure that any changes to people's care were noted and acted upon. People could be confident that their care was provided and based upon the most up to date information.

People's care plans had been reviewed regularly and changes had been made to people's care needs where this was required. We saw that nutritional assessments were recorded along with monthly weight records. This demonstrated to us that the staff monitored and understood what helped to maintain a person's health and care and support needs.

We saw that the provider had an effective complaints process and managed complaints to the satisfaction of the complainant. There were no complaints currently being investigated. There was a complaints policy displayed in the entrance hall which told people how to make a complaint and the response they should expect. People and relatives we spoke with told us that any concerns they raised were promptly dealt with to their satisfaction by the registered manager and staff at the home. One relative said, "If I ever had to raise a concern I would be confident that they would sort things out straight away for [family member]."

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager in post. People and relatives we spoke with told us they knew who the registered manager was and that they frequently saw them around the home and regularly spoke with them during the day. One person said, "I feel I can talk to the staff and the manager any time and they respond quickly if there is anything I am not happy about." Another person said, "The manager is very attentive, She makes visits to check that we are all okay during the day." A relative also confirmed that if they raised any issues or concerns these were always promptly dealt with by the staff and the registered manager.

We saw that there were arrangements in place to ensure that the day to day management tasks were being completed including staffing, care planning and liaison with healthcare professionals. . We looked at files that confirmed the service had a continuity plan in place should there be an incident which threatened the service. This plan included what staff would need to do to keep people safe, and professionals and people to call.

There was an open team work culture and staff told us they enjoyed their work and caring and supporting people who lived at the home .All staff we spoke with told us that they felt very well supported by the registered manager and that they were readily available to them for any advice or guidance. Staff told us that their suggestions for improvements were always considered and that they felt valued and listened to by the provider and registered manager.

Staff told us that they had been supported and mentored by a more experienced member of staff when they

commenced working in the home. They said they found this to be very helpful and reassuring. Many of the staff we spoke with had worked at the home for a number of years and one member of staff told us, "I love my job and working here - it's like a big family and everyone works very well together as a team."

Records viewed and staff we spoke with confirmed that regular checks and audits were completed in relation to medicines administration, care planning and staff training. Daily schedules for cleaning had been completed and bathrooms, bedrooms and communal areas were kept in a clean and hygienic condition. One relative said, "The home is always clean and tidy. My [family member] bedroom is always kept clean." This demonstrated to us good management as well as infection control and hygiene standards.

People told us that they felt confident that staff knew how to provide care in the way that they preferred. One person told us that, "I am very happy living here." All staff told us they enjoyed working at the home that they were supported by the registered manager and their colleagues. The registered manager and members of staff were able to provide everything we requested in a timely manner during the inspection which showed that they were aware of their roles and responsibilities

People, relatives, visitors and staff were provided with a variety of ways on commenting about the quality of the care provided. We saw a copy of the summary of the annual survey that had been carried out which included positive comments about the care and support provided in the home. We also saw a survey that had been carried out in 2014 which particularly focussed on the meals provided. We saw that the responses from people had been positive.