Care Quality Commission

Selwyn Care Limited

Edward House

Inspection report

Matson Lane, Gloucester, GL4 6ED
Tel: 01452 316968
Website: www.selwyncare.com

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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?	**Requires improvement**
Is the service well-led?	**Good**

Overall summary

This inspection took place on 24 and 25 September 2015 and was unannounced. Edward House provides accommodation and personal care for up to 12 adults with a learning disability or autism spectrum condition in four individual flats and eight bedrooms with shared facilities. Twelve people were living at the home when we visited and they had a range of support needs including help with communication, personal care, moving about and support if they became confused or anxious. Staff support was provided at the home at all times and people required the support of one or more staff when away from the home.

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 and associated Regulations about how the service is run.

People were supported by a caring staff team who knew them well and treated them as individuals. Staff worked hard to understand what was important to people and to meet their needs despite the difficulties some people had communicating. Staff were patient and respectful of people's unique preferences.

Staff supported people to take part in activities they knew matched the person's individual preferences and interests. People were encouraged to make choices and

Summary of findings

to do things for themselves as far as possible. In order to achieve this, a balance was struck between keeping people safe and supporting them to take risks and develop their independence. Some people had complex needs and these were met by staff in collaboration with health and social care professionals.

Staff felt well supported and had the training they needed to provide personalised support to each person. Staff met with their line manager to discuss their development needs and action was taken when concerns were raised.

Staff understood what they needed to do if they had concerns about the way a person was being treated. Staff were prepared to challenge and address poor care to keep people safe and happy.

The registered manager received support and supervision from the provider. They conducted quality audits that were then checked by the provider. Learning took place following any incidents to prevent them happening again. Complaints were acted on but not recorded to allow future review and learning.

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?

Good

The service was safe. The risks people faced had been assessed and an appropriate balance had been achieved between keeping them safe and supporting them to take risks.

Sufficient staff with the relevant skills, experience and character were available to keep people safe and meet their needs. People were supported to take their medicines at the right time and to keep their money safe.

People were protected from preventable harm as learning and action took place following any incidents and staff had a good understanding of safeguarding requirements.

Is the service effective?

Good

The service was effective. People were involved in decisions about their lives as much as possible by staff who understood the law around mental capacity. People were supported to stay well and have a healthy diet.

Staff received the training and support they needed to provide safe and effective care for people. Their performance was monitored and feedback was provided to help them develop.

Is the service caring?

Good

The service was caring. People using the service and their relatives were happy with the care provided. Staff were prepared to challenge and address poor care.

People were treated with kindness and respect by staff who understood the importance of dignity and confidentiality. They were supported to maintain contact with family and friends.

People were supported to communicate by staff who knew them well and respected their individuality. They were encouraged to make choices and to be as independent as possible.

Is the service responsive?

Requires improvement

The service was responsive. Staff knew people well and people's support plans reflected their needs and preferences. Each person was treated as an individual.

People were supported to take part in a variety of activities in the home and the community. They were also helped to work towards goals that increased their independence.

Relatives had made complaints in the past and they had been addressed but not recorded for future reference. Staff monitored people's behaviour to identify if they were unhappy.

Summary of findings

Is the service well-led?

Good 

The service was well-led. The quality of the service was regularly checked and areas for improvement were addressed. People and their relatives were asked for feedback and their comments were acted on. Feedback from other agencies was also acted on to improve the service provided.

The registered manager was supported by the provider to manage the service effectively. The provider had clear expectations about the way staff should support people and staff understood and acted in accordance with these expectations. Staff understood their responsibilities and felt able to share concerns with the registered manager.

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 inspection took place on 24 and 25 September 2015 and was unannounced. An adult social care inspector and a specialist professional advisor with expertise in supporting people with an autism spectrum condition carried out this inspection.

Before the visit we reviewed previous inspection reports, notifications and enquiries we had received. Services tell us about important events relating to the service they provide using a notification. We gathered the views of two social workers

During our visits we spoke with the registered manager and nine members of staff. We had conversations with one relative and four people using the service and spent time observing the care and support provided by staff to eight people. We looked at five support plans, staff training records and a selection of quality monitoring documents.

After our visits we spoke with two further relatives and two health care professionals.

Good

Is the service safe?

Our findings

People were supported by staff who had access to training and guidance about safeguarding to help them identify abuse and respond appropriately if it occurred. Staff used a template to record safeguarding concerns and this template provided a step by step process to follow to make sure the right actions were taken and the correct agencies were informed. Staff knew the correct sequence of actions to follow if they suspected abuse was taking place. They said they would report abuse and were confident the registered manager would act on their concerns. Staff were aware of the whistle blowing policy and the option to take concerns to appropriate agencies outside the home if they felt they were not being dealt with effectively.

Some people would be unable to alert others verbally if they were being abused so staff monitored their behaviour for unexpected changes and recorded marks or bruises. Following guidance from the local authority, staff now recorded whether there was a known explanation for any injuries and how they may have occurred. This made it easier to identify concerning trends or unexplained injuries that needed further investigation.

The risks people faced were being managed by staff. A risk assessment had been completed for each person that took into account their level of independence, strengths and disabilities. The risk assessment considered the various activities and situations the person was likely to be involved in. The risks that were identified were then addressed in the relevant support plans. There was a healthy balance between keeping people safe and allowing them to make choices and take risks. For example, until recently the external doors of the home were kept locked at all times. Staff had been asked to review this decision and a less restrictive alternative had been implemented. There had been no incidents as a result of this change.

The risk of people suffering preventable harm or distress was reduced because learning and action took place following any incidents. A system was being introduced to monitor more effectively when, how and why people became very anxious or upset. The registered manager explained that by analysing when incidents occurred they had already identified that one person became distressed when staff were exchanging information between shifts. As a result, these meetings now took place away from the person's flat and they seemed much calmer.

People received their medicines when they needed them from trained staff who had access to the information they needed to administer them safely. Medicines were stored safely and staff disposed of medicines at the right time. Medicines administration records and medicines support plans were up to date and recorded how each person liked to have their medicines administered. The administration and storage of medicines was audited on a monthly basis by the registered manager or area operations manager. Where problems were picked up, they were addressed. For example, medicines carried over from one month to the next were now being correctly recorded.

Arrangements were in place to make sure people's money was safely managed. This included auditing financial records and making sure two staff signed each entry on a person's financial record. The provider was the financial appointee for some people and a clear system was in place for withdrawing money and accounting for the money spent.

There was an emergency evacuation procedure for each person that identified the help they would need to safely leave the building in an emergency. The plans were tested during evacuation drills every three months. Fire alarms and fire equipment were regularly tested to ensure they were in working order.

Some people caused damage to their home when they were very upset. Staff said repairs were completed quickly. One person's room had been significantly adapted to protect them from harm. Whilst it was clear that time and effort had been put into achieving this, some areas needed further repair. The laundry was not accessed by the people using the service. The floors and walls had porous areas that made them hard to keep clean. The registered manager told us they would both issues. A cleaning rota was in place to make sure all areas of the home received the necessary attention. The cleanliness of the building was checked during the monthly health and safety audit.

There were enough staff on duty to meet people's needs. The number of staff needed for each shift was calculated by taking into account the level of care commissioned by the local authority and knowledge of the activities to take place that day. Staff confirmed that the required number of staff were on duty for each shift. Agency staff were not used as people needed staff that knew them well. Where necessary,

Good

Is the service safe?

permanent staff worked extra hours to provider the support needed. Some relatives said they often saw new staff which could be distressing for their relative, particularly whilst the new member of staff was getting to know them.

People were supported by suitable staff because safe recruitment procedures were in place and managed by the provider. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to establish whether the applicant has any convictions that may prevent them working with vulnerable people. Any gaps in an applicant's employment record were followed up to ensure a full history was obtained.

Good

Is the service effective?

Our findings

People's rights under the Mental Capacity Act 2005 (MCA) were being met. The MCA is legislation that provides a legal framework for acting and making decisions on behalf of adults who lack the capacity to make particular decisions for themselves. Staff had a good understanding of the need to help people make decisions and what to do if they did not have the capacity to make a decision.

Some people had been assessed as not having the mental capacity to make certain decisions. The assessments identified how staff had supported the person to be involved in the decision and what elements of each decision they were able to contribute to. As a result, people were supported to be as involved in decisions as possible. When restrictions were put in place, such as using a sound monitor to check if a person was having a seizure at night, and the person did not have capacity to agree to the restrictions, a mental capacity assessment was completed.

People's ability to choose where to live had been assessed and appropriate steps had been taken if they could not make this decision. Staff respected people's legal rights under the Deprivation of Liberty Safeguards (DoLS). The DoLS provide a lawful way to deprive someone of their liberty, provided it is in their own best interests or is necessary to keep them from harm. Applications to deprive people of their liberty had been made to the local authority when needed.

People were offered a healthy diet and appeared to enjoy the food prepared for them. One person told us they liked the food. One relative said staff were more conscientious about providing a healthy diet than they were at home. They said their relative's weight was carefully managed and staff encouraged healthy eating whenever possible.

People were encouraged to make choices about what they ate. Staff used pictures to offer choices or encouraged people to show them what they wanted. Staff suggested options based on people's known preferences and tried to encourage people to try new foods where possible. Whilst people were encouraged to eat healthy options staff respected people's preferences. Staff watched how people responded to each meal to check if they liked it as some people could not verbally express a preference.

People's immediate health needs were addressed quickly by staff. People's health needs had been assessed and were recorded in their health action plan. People also had a hospital passport in place to guide professionals if they needed to be admitted. Where possible, staff ensured people understood the care and treatment offered to them. One social care professional told us staff contacted them for guidance as needed and accessed other support in a timely fashion. Other health care professionals mentioned that staff were very caring but appeared disorganised.

People were supported by staff who had received the training they needed to keep them safe. A summary training record was sent to the local operations manager weekly so she could monitor the training each member of staff needed. The uptake of training had improved over the last six months and most staff had completed all training identified as mandatory by the provider. Staff training needs were discussed at each supervision meeting. Staff told us they felt competent and could ask for additional training when they needed it.

Staff also received training specific to the needs of the people they supported. For example, staff had completed training on supporting people who have epilepsy or autism or who could become very distressed. One person could only be supported by staff who had completed training on the use of physical restraint. Staff without this training confirmed they were not asked to support this person.

People were supported by staff who had regular opportunities to discuss their progress and had their performance observed by senior staff. Staff met with their line manager every other month and were observed at work every other month. New staff told us they had worked with a more experienced member of staff before supporting someone alone. A member of staff said they had asked for extra time before working with one person and this request had been supported by their line manager. They said they found the induction course very helpful, particularly the section on supporting a person with autism.

Good

Is the service caring?

Our findings

One person told us they were "happy to live here" and another person smiled when we asked them if they were happy. People's body language showed they were confident in their environment and they clearly enjoyed spending time with staff.

Most relatives gave positive feedback saying, "the place feels warm, safe and caring" and describing staff as "extremely supportive and caring". One relative said staff saw their relative "as a person and not a client" and went on to say that, "staff went the extra mile". Two relatives raised concerns about specific issues. We confirmed with the registered manager that these issues were being addressed. One social care professional described the person they visited at Edward House as "settled" and felt their relatives were happy with the support provided.

Staff behaved in a caring and professional manner and interacted well with people. Each person was treated as an individual by staff who knew them well and people looked comfortable with the staff supporting them. Staff understood the different ways people liked to communicate and gave them time to express themselves. Visual communication aids were used to help people make choices and to make their feelings known. One health care professional felt some staff could learn to be more proactive in engaging people whilst spending time with them in their room or flat.

Concerns had been shared with us prior to the inspection that some staff struggled to communicate effectively as they did not speak English well. We saw no evidence of language barriers impacting on the support provided. New staff spent time with more experienced staff learning what different sounds or movements may mean for people who could not use words to communicate. Staff said people responded differently to each member of staff so spending time getting to know people was crucial.

Staff had detailed knowledge about the people living at Edward House. Staff explained what could upset people, what helped them stay calm and what people were interested in. This closely matched what was recorded in people's support plans. We saw staff applying this knowledge during our visit. Staff responded quickly if people showed signs of distress and spent time with the person to find out what the problem was.

Staff encouraged people to be as independent as possible. They gave people the time they needed to complete tasks themselves and did not intervene too soon. During mealtimes people were encouraged to eat as independently as possible. Each person's support plan clearly identified what the person could do independently and where help should be offered. People were encouraged to make choices, for example about what they drank, when they got up or where they spent time. Staff patiently explained choices to people and then waited for a response. The choices were offered at the appropriate level and ranged from selecting from two objects to discussing plans for the day.

Staff were aware of the need to protect people's dignity, particularly whilst helping them with personal care. Dignity and privacy were mentioned in people's support plans to give staff practical guidance. Staff ensured people had privacy when they wanted it and were careful to hold confidential conversations away from other people. Care records were stored securely to make sure people's personal information was kept confidential. Staff always spoke about people and to people in a respectful way.

Each person's support plan described the support they needed to maintain family contacts and friendships. They also included information on their beliefs and religious views. Staff described how they had consulted with relatives about the best way to support people, particularly when they were new to the service. Most relatives felt involved in their relative's care planning and felt staff had listened to them. Some people did not have family or friends that could regularly be involved in helping to make decisions in their best interests. As a result, advocates had been arranged to ensure these people's views were taken account of fully.

The risk of people experiencing poor care was reduced as staff and the registered manager were prepared to address problems as they arose, either through staff development or disciplinary action. The way staff supported people was checked during observations to make sure they were following company policy and people's support plans. Staff received feedback to help them improve the way they worked with people. If necessary, disciplinary action was taken when performance dropped below the expected standards. This decisive approach prevented people being exposed to poor care once it was identified.

Requires improvement

Is the service responsive?

Our findings

The service had a complaints procedure and guidance for people and their families on how to make a complaint. Most people living at the home would be unable to make a complaint in writing or verbally so staff monitored their behaviour for changes. If someone's behaviour changed, staff tried to find out if they were unhappy and address the cause.

The registered manager told us they had not received any complaints since our last inspection. Some relatives told us they had made verbal complaints or raised concerns to the service. One relative did not feel their concerns had always been fully addressed and referred to "making complaints till they were blue in the face". The complaints and the resulting actions had not been recorded by the registered manager as they were not submitted in writing. The registered manager confirmed he now understood that all complaints, including verbal concerns, needed to be recorded along with the resulting action for transparency and to allow learning to take place.

People were supported by staff who could explain their needs and preferences in detail. One relative said staff "study people and report on patterns. They observe more than we did as parents". A comment card from one relative said, "Good understanding of complex needs".

Two social care professionals said staff knew the people they visited well and had robust support plans to follow.

Staff spoke knowledgably about each person they supported and described the importance of consistency and routine for most people. Staff got to know each person with the help of their relatives and the support provided was built around their unique needs. Staff monitored how people responded to different situations and used this to build up a picture of their likes and dislikes. When changes occurred and new information came to light, the person's support plan was updated. Changes to people's needs and preferences were shared using a communications book and at meetings between each shift.

Each person using the service had a support plan which was personal to them and gave others the information they would need to support them in a safe and respectful way. There was a summary of how involved each person had been in developing their support plan and where possible people had been asked about their preferences, such as the gender of staff caring for them, whether they preferred baths of showers and whether they wanted to get a job. Support plans included information on maintaining people's health, their daily routines, how to support them emotionally and how they communicated and made decisions. It was clear what the person could do themselves and the support they needed. Information on the person's known preferences and personal history was also included. Where people could become very anxious, there was clear information about how to support them to manage their anxiety. We observed staff using these techniques.

People had an opportunity to discuss their support needs with staff on a monthly basis. People were asked what they wanted to do and if they were happy with the support being provided. Meetings resulted in specific tasks for staff and there was evidence of progress against these tasks. For example, one person wanted to be more independent when they went shopping. Their daily notes showed they were now being supported to scan their own items at the supermarket. They also wanted to take part in a cookery course and this had been booked with the local college.

Each person had been supported to identify two goals they wanted to work towards. These goals focussed on increasing the person's independence. These were regularly reviewed and new goals were identified if the current ones were achieved or no longer applicable. A plan was in place to show how the goal would be achieved which was detailed and practical. Members of staff knew the goals people were working towards and where the relevant records were kept.

People were supported to take part in activities within the home and in the community. Some people had historically only been willing to take part in a limited range of activities. Staff had started encouraging them to try new hobbies. For example, one person was trying to find a voluntary job working with animals and had just enrolled on a cookery course. Each person had a weekly schedule that identified their planned weekly activities and made suggestions for activities at other times. These schedules were not kept in people's main support planning files and were not easy to locate during the inspection. Most people were involved in planning their activities to some extent and had a visual planner that showed the next activity planned for them.

Two social care professionals told us there was scope for staff to be more creative about the activities they

Requires improvement

Is the service responsive?

supported people to take part in but acknowledged some people could be difficult to motivate. At a recent quality visit the local authority had also identified that some people seemed to take part in very few activities. The registered manager had since identified that staff were not recording activities that were offered but not completed and was trying to address this. A relative told us their loved one went out frequently and took part in activities such as swimming, discos and meals out.

Good

Is the service well-led?

Our findings

The provider's philosophy was to put people at the centre of planning, help people to be as independent as possible, involve relatives in planning care and encourage choice. The registered manager and staff understood this philosophy and work was ongoing to make the service more focused on the preferences of the people being supported. The registered manager understood there was scope to make the support more personalised.

Staff were committed to improving the service by listening to people's views and the views of the people important to them. Some people could not express their views using words so staff gathered feedback by monitoring people's mood and behaviour. People had an opportunity to discuss concerns at monthly meetings with staff. A quality survey was sent out annually to relatives and the results from the most recent survey were being collated. The registered manager had sent out comment cards at the beginning of the year and had received positive comments back such as "Excellent care". One relative had identified problems with the environment and these had been addressed.

The registered manager and other senior staff completed audits and checks each month to make sure the service was safe and effective. This included identifying any areas requiring maintenance or cleaning and making sure staff working at night were acting professionally. In December 2014 the provider reviewed the quality of the service and developed a service improvement plan for the registered manager to work on. This included actions to reduce the restrictions placed on people, to increase evening activities and to ensure staff had the training they needed. Each action was signed off by the provider when completed.

The local authority had visited the home in April 2015 following some concerns about the quality of the support being provided and produced an action plan of required improvements. The registered manager described some of the improvements that had been made as a result including providing additional staff training, monitoring the quality of record keeping and changing the way people's behaviour was monitored. The impact of the improvements on the support people received was clear. For example, the behaviour monitoring had resulted in new staff being introduced more slowly to one person who found this stressful.

The local authority had raised concerns about the quality of the daily notes made by staff. The lack of information had made it difficult to track how people had responded to activities and this meant the notes did not help staff plan future activities. The registered manager was auditing the quality of the notes on a weekly basis and was providing guidance to staff to help them improve the content. Daily notes still varied in quality but did routinely show what people had done and how they were feeling.

The registered manager met with his line manager to monitor his performance and discuss concerns and plans to develop the service. The registered manager had not attended the local care provider's meeting but a representative from the company had attended the last meeting. He had the opportunity to share good practice with other managers at away days arranged by the provider. Edward House had been accredited by the National Autistic Society (NAS) which provides an autism-specific quality assurance programme. They had been certified as having met the standards required following an inspection by the NAS.

Staff felt able to share concerns or suggestions at team meetings or during meetings with their line manager. Staff were positive about the support they received to do their jobs and said they understood their roles and responsibilities. At each handover meeting, the senior member of staff identified the tasks that each member of staff would be responsible for so they knew what was expected of them for the shift.