# Framework Housing Association

# Edwin House

## Inspection report

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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? | Requires Improvement |

# Summary of findings

## Overall summary

About the service
Edwin House is a residential care home providing personal and nursing care and accommodation for persons who require treatment for substance misuse. The home is registered for 63 people, 48 on residential care and 15 on the nursing unit which was not in use. There were 43 people living at the service at the time of our inspection.

The home spans over two buildings, one being for longer term residents and those who require nursing care. At the time of our inspection the service did not have anyone receiving nursing care.

The environment was safe, clean and suitable for people's needs. Medicines were managed, administered and disposed of safely. The electronic medicine monitoring system supported a good oversight of medicines management.
People's right to make their own decisions was respected. People were supported to access healthcare services if needed. Staff had appropriate skills and knowledge to deliver care and support in a person-centred care. People were supported to have enough to eat and drink.

Staff referred to people in a respectful manner. People were complimentary about staff and the positive relationships they had with them. Staff respected people's dignity and privacy and people were supported to be as independent as possible.

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. A range of quality assurance checks were carried out to monitor and improve the standards.

The provider had acknowledged improvements that were required and had put measures in place to make the required improvements. This was being implemented at the time of our inspection and we saw that new processes had been implemented to bring about positive change.

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.

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

Why we inspected
This was a first full comprehensive inspection for Edwin House since its registration on 12 February 2018. This inspection was scheduled in line with our timescales for inspecting newly registered services.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Good

The service 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?**

Requires Improvement

The service was Well-Led.

Details are in our Well-Led findings below.

# Edwin House

**Detailed findings**

## Background to this inspection

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

Inspection team
The inspection was carried out by one inspector and an assistant inspector.

Edwin House is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Notice of inspection
This inspection was unannounced.

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

During the inspection-
We spoke with four people using the service, we also spoke with 10 staff members, this included three senior managers who were supporting the service. We also spoke with the registered manager, kitchen manager, a senior. Three care staff and a domestic assistant.

We reviewed a range of records. This included four people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We also looked at policies and internal quality and health and safety audits.

Good

# Our findings

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

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

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe, one person said "I feel really safe here there's always someone around and I don't have to worry about remembering to take my tablets, the staff bring them like clockwork.''
- Staff received training in safeguarding and could tell us how they would report any concerns. Staff also knew about the whistleblowing procedures. We received notifications about safeguarding from the service in a timely manner.

Assessing risk, safety monitoring and management

- Risks to people's safety were assessed, recorded and updated when their needs changed.
- Risk assessments were completed and contained relevant updated information. However, these were kept in different places, some in a file, some with support plans and others in the kitchen. This made it difficult to find the information and keep track of current risk and updates. However, staff were aware of people's support needs and associated risks, and how risks can be mitigated. This was mentioned to the registered manager and senior managers at the time of our inspection and were told that they would be making changes. This was needed for new staff coming into the service.
- We observed a staff handover at lunchtime. This entailed staff giving detailed information on all of the people using the service, the information focussed on risk and what the incoming staff needed to be aware of to ensure that people were kept safe. The handover also included allocating a fire marshal from the staff coming on shift.

Staffing and recruitment

- Safe recruitment procedures were followed, this included taking references and checking criminal records to ensure that new staff were safe to work with vulnerable people.
- There were systems in place to plan staffing levels according to people's needs.
- Senior managers had observed that a different management structure was needed, and they were in the process of making changes. This was to achieve improvements in the management team which would better support the staff.

Using medicines safely

● Medicines systems were electronic and linked to the pharmacy. This meant that people received their medicine on time and could efficiently manage and monitor stock including ordering and disposing of medicines.

● Staff were trained in administering medicine and understood the importance of managing and monitoring people's medication.

● We observed the medication handover which including counting all controlled drugs and signing and dating when the handover had taken place.

Preventing and controlling infection

● Personal protective equipment (PPE) was readily available and we observed staff using it.

● Domestic staff were aware and followed best practise guidelines about the potential risks associated with cross contamination. They could tell us about different equipment and mops for each area and the importance of using the correct one. This prevents cross contamination from high risk areas such as toilets and bathrooms.

● Cleaning schedules noted each individual area and were ticked on completion with time and signature

Learning lessons when things go wrong

● Feedback from people using the service is sought and information is used to make changes and improvements.

● The service had systems in place to review, monitor and analyse all accidents and incidents. At the time of our inspection, they were moving to an electronic system which helped to better analyse information and also prompted if a safeguarding alert was required.

● All incidents were reviewed immediately, and action taken to minimise the risk of reoccurrence.

Good

# 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 comprehensively assessed and regularly reviewed. However, the initial assessment of people referred to the service was not holistic and formed a simplistic overview. This was not fit for purpose when assessing if the service is suitable to meet a person's needs. The registered manager told us that this was on the improvement agenda which was being implemented.

● Care plans contained detailed information to support specific health conditions, dietary requirements and mental health support needs.

Staff support: induction, training, skills and experience

● People were supported by staff who had received a range of training to support their needs. Staff told us that they were supported by the registered manager during regular supervision meetings.

● People using the service were generally positive about staff supporting them, however one person told us "I see this place as my home and they (staff) don't.'' Other people who we spoke with were very positive about the staff telling us how caring they were.

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

● We spoke with the kitchen manager who told us "When people come in they have a dietary requirement assessment done and we write down everything that they like to eat. Twice a year we have a discussion regarding preferences to see if tastes or needs have changed.'' This kept food preferences and changing requirements up to date and kitchen staff were always flexible regarding altering menus and offering choice.

● Allergens were on every menu which is planned to ensure that needs are met, and any allergies were considered.

● Some people had difficulty in chewing, particularly meat due to poor dental health. Thought was given to serve a softer diet and also to have meats cut prior to serving. This avoided embarrassment and helped people to enjoy eating as a social event in the dining room with others.

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

● The service had a good relationship with drug and alcohol teams at the local authority who offered support and guidance to the service.
● The interim operations manager had forged good working relationships with two independent services who offered recovery programmes which supported people using the service. This was based on cognitive behavioural therapy where people were given tools to self-manage recovery.

Adapting service, design, decoration to meet people's
● The building was purpose built with wide corridors and clear signage. Corridors were wide to allow for wheelchairs and walking frames. Most of the people living at the service were mobile and could navigate through the building unaided.
● People could personalise their rooms and have what they wanted in them. We saw one person's room with a wall decoration celebrating their favourite sports team. Others had pictures of people they liked including friends and family.

Supporting people to live healthier lives, access healthcare services and support
● The work with recovery services was there to support healthier lives. The interim operations manager told us "People come here because they want to be healthier and reduce drug and alcohol intake, the other building supports people who abstain, they have done really well.'' One person told us "I feel much better now, we go swimming and it's really good.''
● The kitchen manager told us that some people forgot to eat, and they were monitored by staff. They had a list in the kitchen of people who required a fortified diet and they were encouraged to have alternatives if they didn't want the menu choices. Snacks and drinks were available.

Ensuring consent to care and treatment in line with law and guidance
The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

● The registered manager worked with the local authority to seek authorisation to have a DoL's in place. At the time of our visit there was one person who had a DoL's authorised. The condition was that the person was escorted if they went off the premises at all times and this was being adhered to.
● Staff understood the need to ask people for consent and we heard them do this during the inspection.

Good

# 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
● We saw staff interacting with people and talking with them. People spoke positively about the support they received. One person told us "Staff are always polite and respectful, they knock before coming into my room, they help me when I need it, they do a bit of shopping for me, I write a list and they fetch my things.''
● Staff understood the importance of treating people as individuals and referred to people in a respectful way. One person asked the registered manager about swimming being cancelled that day. The registered manager said, "There is no reason for it to be cancelled, there are staff to take you so don't worry.''
● We saw staff talking with people and they were kind and caring, taking an interest in what was being said and asking their opinion on things.

Supporting people to express their views and be involved in making decisions about their care
● People were involved in their support planning and were able to express their preferences in the way they liked to receive support.
● One person told us "If I'm not happy about something I can talk to the staff, they are always happy to listen, we have residents' meetings every two weeks.''
● Records showed that people were involved in meetings to discuss their views and make decisions about the care they received. This included choice of activities, food, celebrations and how they were supported.

Respecting and promoting people's privacy, dignity and independence
● People's confidentiality was respected. Guidance was in place to ensure that staff checked the content of shared information to support people's rights in this respect.
● People were encouraged to be as independent as possible and where some required additional support, this was done discreetly.
● At mealtimes people were offered choice of meal and portion size. One staff member explained that some people were put off by large portions and it was important that they had what they were comfortable with. One person was recovering from an eating disorder and staff were very discreet with supporting them around mealtimes.

Good

# 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 were supported by staff who knew them well and understood their preferences. Staff listened to people and there were regular meetings and opportunities for people to express their views.
- People had care plans which were personalised and detailed. The registered manager explained that the paper care plans they used before the electronic one was much more person centred. They were planning to go back to the old-style plans for that reason. We looked at one of the old-style plans and they were easier to navigate and had more of a narrative provided.
- The provider told us that they aimed to be a service which provided a safety net for those who would otherwise fall through. The service provided support for vulnerable people with very different needs which were assessed, and each person was valued as an individual and given choice and control of their lives. One person had moved into the service because they wanted to get healthier but wasn't ready to give up alcohol. The service supported a healthier lifestyle and are now helping with an alcohol programme.

Meeting people's communication needs

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

- People's communication needs were assessed, and it was clear how people wanted to be communicated with. Information could be accessed in other formats where needed. This showed that the service was meeting the accessible information standard. Staff told us that they did have one person who was unable to speak English well, they used a translator off the internet. They had found that this worked well and enabled them to have conversations about their care and also wider interest.
- Two members of staff had communication needs. The service had tried various methods to ensure they had all of the information they needed in an accessible format which worked for them.

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 supported to take part in activities which they enjoyed doing.
● The service supported people to attend a gym, they had bowls sessions, quizzes, cooking and pool tournaments. There are also activities aimed at peer support and motivating people with their goals.
●Visitors were welcome in the service and friends and family were made to feel welcome.

Improving care quality in response to complaints or concerns
● Complains and concerns were taken seriously and there was a robust policy in place which was displayed throughout the home.
●One person told us "The manager is lovely, you couldn't wish for a nicer person, we have forms to complete if we want to complain about something, if you give them to the manager they come and discuss it with us.''
● The registered manager told us "I try to address complaints with minimum delay due to people's anxieties and memory problems.''

End of life care and support
● End of life care was planned sensitively taking into consideration cultural and spiritual needs. Not all of the planning had been completed but it had all been started so that everyone had an end of life plan in place.
● There was a full end of life care plan audit. This included all aspects of having a pain free, dignified death and included questions on loved ones, alternative therapies and art therapy. It also had more practical considerations on professionals involved, wills and power of attorney. This document had recently been written and was being implemented.

Requires Improvement

# 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 requires improvement. This means that service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The service had lost its way prior to our inspection. They were receiving support from the local authority to bring about improvements. During this inspection we could see that changes were being implemented, advice was being adhered to and there was a sense of purpose. However, this needs to be embedded into the service and the changes made to see the improvements required.
- The problems with the service should have been picked up by internal quality monitoring. Senior management should have had sufficient oversight of the service to implement improvements prior to the local authority highlighting concerns.
- The service was located in smaller premises up to 18 months prior to the inspection. When they had moved and the service had grown significantly and this was when problems arose. This included managing the growth and having the resources to do so. This was being addressed prior to our inspection and continues to improve with support from the local authority and CCG. They have also used additional resources from within the organisation to bring about required improvements.
- Senior management were present during the inspection and they were open and honest about the service. They were keen to make changes and improvements in line with their charitable aims to ensure that the service was fully meeting the needs of people living there. Changes have been implemented but this needs to be embedded into the service for improvements to be realise.

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 provider was very open and honest regarding the problems with the service and how they were planning to address them.
- The registered manager understood their regulatory requirements and consistently ensured that they notified us about events that they were required to by law.

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

● Management and staff were very clear about their roles and worked together as a team to provide appropriate support for people.

● Management had recognised areas of the service which required improvement and had been working closely with the commissioners and the CCG to implement change. These changes need to be sustained and embedded into the service as they were only just implemented at the time f our inspection.

● The registered manager had a very clear vision regarding improvements they wanted to make to the service. It was clear that improvements were already being made.

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

● People living at the service were given opportunities to give their views on all aspects of their care and support. They are regularly consulted with and their views are taken into consideration.

● The service worked with local authority specialist teams and also some private drug and alcohol services in order to be able to best support people using the service.

● The kitchen manager told us that they had regular events for people to have different types of food. These have been Jewish day, Chinese day and a special menu for Halloween. We saw different areas of the kitchen were kept specifically to ensure that contamination was mitigated for those who were vegetarian or who's cultural needs demanded it such as kosher or halal.

Continuous learning and improving care

● The provider told us that they were keen to make improvements and are keen to engage with other services for the benefit of people there.

● The staff we spoke with said that they would feel confident to report accidents and incidents and that learning or recommendations from incidents were shared with them. We observed this in handover.

Working in partnership with others

● The service worked with two other services who offered different methods of supporting people with recovery.

● The provider was keen to engage with services who they felt would improve the lives of those living at the service. They had already forged good working relationships with two such organisations.