

Selwyn Care Limited

Edward House

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Edward House is a residential care home providing accommodation and personal care for up to 12 younger adults with learning disabilities and/or an autistic spectrum disorder. There were 12 people living at the service at the time of the inspection. Four people lived in separate flats, two located in the main house and two in the grounds, close to the main house.

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

The service had made improvements to ensure risks to people, such as those related to behaviour, epilepsy and choking, were managed safely. Support plans and emergency protocols were in place to guide staff in supporting people safely. People were supported to receive their medicines safely and as prescribed. There were enough staff to meet people's needs. Systems were in place to safeguard people and to protect people, staff and visitors from catching and spreading infections.

The provider and registered manager continued to improve the culture and quality of the service. Time was needed for the service and provider's monitoring systems to become fully effective in identifying all quality concerns in the service.

The staff spoke positively about the leadership provided by the new registered manager. The registered manager and locality manager had met with families to gain their feedback and this was being acted upon. Supportive meetings had been arranged for the staff team and their views and challenges were understood and responded to.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

Based on our review of safe and well-led, this service was able to demonstrate how they were currently meeting the underpinning principles of Right support, right care, right culture. People's feedback was used when planning their care and staff were working on new activity plans to support them to follow their individual interests and hobbies. People's independence was encouraged and they were involved in preparing their own meals where possible. People were supported to access facilities in their local community as these re-opened. The managers at the service and staff described their priority as being to deliver person centred care, that met people's individual needs.

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

Rating at last inspection:

The last rating for this service was Requires Improvement (published 4 November 2020) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 1 and 5 October 2020. Two breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment and the governance of the service.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from Requires Improvement to Good. This is based on the findings at this inspection.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Edward House on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service. 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 well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

Edward 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

Edward House is a 'care home' People in care homes receive accommodation and nursing or personal care as a 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 reviewed information we had received about the service since the last inspection. This included notifications about important events at the service and feedback shared directly with CQC. We used all this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We observed staff supporting people and reviewed the premises. We spoke with one person's relative about their experience of the service. We spoke with nine members of staff including the locality manager, registered manager, the provider's head of compliance and regulations, two senior support workers, three support workers and an agency support worker. We reviewed a range of records. This included three people's care records, records related to accidents and incidents and people's medicines. We looked at one staff file in relation to recruitment. A variety of records relating to the management of the service, including audits and safety checks were reviewed. We spoke with the GP who was carrying out their weekly visit to the service.

After the inspection

We continued to seek clarification from the provider to validate the evidence found. This included speaking with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with a further five people's relatives. We looked at staff training and supervision data and quality assurance records. We received feedback from a second professional who regularly visits the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

At our last inspection the service had not done all that was reasonably practicable to mitigate risks to people and people's medicines had not always been managed safely. This was a breach of Regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

Assessing risk, safety monitoring and management:

- People's epilepsy was managed safely. Improvements had been made to the guidance available to staff in relation to managing risk associated with epilepsy. Staff had received relevant training and information about people's seizures was available, enabling effective reviews by health care professionals.
- There were appropriate risk assessments in place for supporting people to eat and drink safely, to support people with behaviour resulting from anxiety and to manage risks related to COVID-19.
- Information from health and social care professionals was used to inform decision-making and to ensure a holistic review of people's care risks.
- Risks to people associated with fire and Legionella were assessed and action taken to reduce these. Safety checks had been carried out and staff knew how to respond to protect people in the event of an emergency.

Using medicines safely

- The provider had taken action to improve medicines safety. This included improvements in medicine storage, relevant staff training and competency checks. Plans were in place to further develop senior staffs' knowledge and skills in relation to medicines safety.
- People's medicine support needs had been assessed and staff were responsible for administering people's medicines as prescribed. Therefore, relevant support plans and guidance for the administration of medicines prescribed to be used 'as required' were kept updated. This included use of emergency medicines when people experienced seizures. Protocols and use of 'as required' medicines were monitored by the provider to ensure appropriate use of these medicines.

Systems and processes to safeguard people from the risk of abuse

- People's emotional and behavioural support plans identified triggers for behaviours that may challenge. Staff were alert to people's emotional needs and responded to signs of distress, frustration, and anger in a positive way when people expressed these emotions.
- Staff described the diversion and de-escalation techniques they used to positively support people's behaviours. Staff were trained in the management of anxiety related behaviours, including use of chemical

and physical restraint, which was accredited by the Restraint Reduction Network (RRN). The RRN standards focuses on reducing the need for restraint wherever possible.

- Staff completed training in protecting vulnerable adults. There was an appropriate safeguarding and whistleblowing policy. The service reported notifiable events to the local authority and kept appropriate records. The provider was carrying out an internal safeguarding investigation at the time of the inspection in accordance with the provider's safeguarding policy.
- One relative said, "I have got no worries whatsoever really". Another relative said, "I think [person] is safe."

Staffing and recruitment

- There were enough staff with the right skills and experience to meet people's needs. The provider was actively recruiting care staff. Vacancies were covered by agency staff who were inducted within the service and allocated to people whose routines they were familiar with.
- Safe recruitment processes were followed, and staff performance was managed to ensure only suitable staff remained employed by the service.
- Rotas were arranged to ensure a balance of existing staff members and agency staff. An agency staff member said, "[Staff] come to help me. I've never found it difficult."
- Staffing numbers were determined by people's needs and dependency. When people required one-to-one support, to ensure they were always supervised and risks to them and others were reduced, this was provided.

Preventing and controlling infection

- The provider had improved infection control practice around the correct use of personal protective equipment (PPE) by staff. One relative told us, "They were really good in the pandemic." Another relative told us, "[Locality manager] was wonderful throughout lockdown (COVID-19 outbreak). [Locality manager] was amazing, supportive, reassuring."
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- 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 accessing testing for people using the service and staff.
- 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.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

Learning lessons when things go wrong

- Incidents and accidents were reported and recorded. Behaviour incident forms were completed following incidents. The provider was taking action to improve the quality of incident recording.
- Action was taken by management team members to investigate any matters of concern.
- The service was transparent with their approach to learning when things went wrong. They notified relevant parties including the local authority, commissioners and the CQC.



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.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same. This meant the service leadership and governance was still working to embed consistency. Leaders were working to establish a service which would always support the delivery of high-quality, person-centred care.

At our last inspection the provider's systems to monitor and improve the safety and quality of the service had not always been operated effectively. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17. However, further improvement was needed in monitoring behaviour related incidents, identifying recording gaps in medicines records and in provider oversight and support.

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

- The service had made significant improvements in operating the provider's quality assurance systems. The registered manager and senior staff completed quality checks in health and safety, management of medicines, handover and shift planning and review of accidents. Audits were in place as per the provider's policy and procedures.
- Time was needed to ensure monitoring systems would always be effective in identifying shortfalls and driving improvement. For example, the monthly behaviour incident analysis had not always been completed. There were some gaps in behaviour incident and medicine records which had not been reviewed to ensure staff always followed the provider's recording policies.
- The registered manager and provider were clear about their role and responsibilities in monitoring and improving the quality of the service to ensure regulatory requirements were met. The registered manager knew what further improvements were needed and could describe the action being taken to drive improvement.
- The service had received good support at locality (local) level. Support and oversight at provider level had been limited at times due to changes in the senior management team. The provider had acted to ensure there was effective leadership at the service. The nominated individual told us how they would personally monitor and support the service going forward. Time was needed for provider oversight to become well established.
- Staff spoke positively about the current leadership of the service and considered the changes in management to have had a positive impact. A staff member said, "[Registered manager] is always respectful and will give staff time even when [registered manager] is busy." Another staff member said, "[Registered manager] seems to be making positive changes and progressions."

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

- The registered manager was fully aware of the service culture and continued to improve it through initiatives which the provider supported. This included training and development of the staff team, ensuring staff views were heard and the introduction of 'live supervision'. Feedback from staff and relatives reflected this. 'Live supervision' gave staff on the spot feedback about their performance, what they did well and what they could do better.
- Staff demonstrated a caring approach when supporting people. Staff were aware of the support people needed, people's behaviour triggers and how to provide care in a person-centred way. One staff member said, "I know [person] is calm as [person's] breathing returns to normal, [person] will start to smile and [person's] body relaxes". One relative told us they give Edward House, "A lot of A stars". Another relative said, "Staff genuinely have affection for [person]."
- People had an allocated staff member (key worker) to oversee their care and support needs. Staff understood their role as a key worker. Managers were working with one person's relatives to ensure their keyworkers met expectations in assisting their relative to live as full a life as possible. Staff were working with another person to reduce restrictions which had been previously authorised under deprivation of liberty safeguards.

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 promoted and encouraged candour through openness and honesty. The management team had notified CQC of all significant events and were aware of their responsibilities in line with the requirements of the provider's registration. No duty of candour incidents had occurred.

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

- We received mixed feedback about the service from families which mirrored the feedback the service had received. The registered manager met with families to gain feedback and told us how they were acting on this. This included providing monthly financial statements and improving communication between the service and relatives. The locality manager said, "[Relatives] do not ask for anything that we should not be providing."
- Staff meetings were organised by the registered manager and the locality manager. Action was being taken to improve staff attendance at meetings which had been poor.
- The provider identified the support staff required and provided appropriate assistance. One staff member told us, "I love my job." Another staff member said, "I feel supported, just last week, for first time ever we had a [staff member] from HR come."

Continuous learning and improving care

- The service reviewed and learned from feedback given to the provider's other services. The provider had pulled together a provider wide service delivery plan. This was as a result of recent inspections we carried out in some of the provider's other services.
- The service adopted lessons learned from COVID-19 outbreaks such as safe deployment of staff and correct use of personal protective equipment. The service had consulted and involved external agencies appropriately.
- Following feedback from our last inspection, managerial oversight of the support people received during seizures had significantly improved. This had ensured staff followed the protocols in place and people were kept safe.

Working in partnership with others

- The service worked closely with the GP and other health care professionals to ensure people's health needs were met.
- Behaviour support plans were created with advice from the provider's positive behaviour support specialist. The service worked closely with the community learning disabilities team (CLDT) to review people's behaviour support and medicines needs.