

Independence-Development Ltd

Edwin Therapeutic Unit

Inspection report

82 Edwin Street
Gravesend
Kent
DA12 1EJ

Tel: 01474323891

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected this service on 14 June 2016. The inspection was announced. The provider was given one working days' notice because the location provides a care service to a small number of people and we needed to be sure that someone would be available at the location to see us.

The Edwin Therapeutic Unit is registered to provide accommodation for young people who need a high level of therapeutic care and supervision due to learning disabilities, autism, mental health needs or behaviour that challenges themselves or others. The location is registered to provide personal care for a maximum of three people. At the time of our inspection, only one person lived at the service but another person was moving in that week.

At the time of our inspection the unit manager had been in post since the previous registered manager had left in August 2015. The unit manager had applied to the Care Quality Commission to become the registered manager. 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.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care services. At the time of the inspection, the unit manager had applied for DoLS authorisations for some people living at the service, with the support and advice of the local authority DoLS team. The unit manager and staff understood their responsibilities under the Mental Capacity Act 2005. Mental capacity assessments and decisions made in people's best interest were recorded.

People told us they felt safe. Staff had received training about protecting people from abuse, and they knew what action to take if they suspected abuse. Risks to people's safety had been assessed and measures put in place to manage any hazards identified. The premises were maintained and checked to help ensure people's safety. However, the fire risk assessment was due to be reviewed. We have made a recommendation about this.

People received their medicines safely and when they needed them. Policies and procedures were in place for the safe administration of medicines and staff had been trained to administer medicines safely.

There were enough staff with the right skills and knowledge to meet people's needs. Staff received the appropriate training to fulfil their role and provide the appropriate support. Staff were supported by the unit manager and the provider who they saw on a regular basis. Recruitment practices were safe and checks were carried out to make sure staff were suitable to work with people who needed care and support.

People were treated with kindness and respect. People's needs had been assessed to identify the care they required. People's care plans were person centred and gave staff the information and guidance they

required to give people the right support. People were encouraged and supported to be as independent as possible. Detailed guidance was available for staff to follow to support people who displayed any behaviour which caused a risk to themselves or others.

People had access to the food that they enjoyed and were able to access drinks when they wanted to. People's nutrition and hydration needs had been assessed and recorded. Staff supported people to meet any specific dietary needs. People were supported to remain as healthy as possible with the support of healthcare professionals.

People were supported to participate in a range of activities they enjoyed within the unit and in the local community. People were supported to complete educational courses to develop their skills and confidence.

Processes were in place to monitor and improve the quality of the service being provided to people.

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.

People felt safe and staff received appropriate training and support to protect people from potential abuse.

Medicine management was safe. People received their medicines as prescribed by their GP.

There was enough staff to provide people with the support they required. Recruitment procedures were in place to ensure staff were suitable to work with people.

Is the service effective?

Good ●

The service was effective.

Staff were trained to meet people's needs. Staff received support training and guidance to fulfil their role.

Staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS) and used these in their everyday practice.

People were supported to remain as healthy as possible.

People were provided with a suitable range of nutritious food and drink.

Is the service caring?

Good ●

The service was caring.

People were treated with dignity and respect. Staff ensured they maintained people's privacy.

People had access to and were supported by advocates.

People's personal preferences were recorded. Staff knew people well and were aware of their likes, dislikes and personal histories.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed, recorded and reviewed.

People were included in decisions about their care.

People participated in a range of activities of their choice.

Detailed plans were in place to support people with the transition to move into the service.

The complaints procedure was available and in an accessible format to people using the service.

Is the service well-led?

Good ●

The service was well-led.

There were effective systems for assessing, monitoring and developing the quality and safety of the service.

There was a positive and open culture within the service.

The provider had a clear vision and values which staff followed.

The management team were visible and available to offer staff support and guidance.

Edwin Therapeutic Unit

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 the 14 June 2016 and was announced. The inspection team consisted of one inspector. The provider was given 24 hours' notice because the service provides a care service; we needed to be sure that the manager was available and someone would be in.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the home, what the home does well and improvements they plan to make. We also looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law.

We spoke with people about their experience of the service. We spoke with the unit manager, the deputy manager and the provider to gain their views. We asked three health and social care professionals for their views.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at the persons' care files, two staff record files, the staff training programme, the staff rota and medicine records.

A previous inspection took place on 14 January 2015; the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People told us they felt safe with the staff that supported them and said "It's alright living here." The unit manager had taken steps to protect people from the risk of abuse. There was an up to date safeguarding policy in place which informed staff how to protect people. Staff received training about safeguarding adults and children from harm and abuse. This was confirmed on the staff's individual training matrix. Staff were able to describe the potential signs of abuse and what they would do if they had any concerns such as contacting the local authority safeguarding team, the unit manager, the persons advocate or the police.

Staff told us they were confident that any concerns they raised would be taken seriously and fully investigated by the unit manager or the provider to ensure people were protected. Staff were aware of the whistle blowing policy and knew they could take concerns to agencies outside of the service if they felt they were not being dealt with properly.

The premises were maintained and checked to help ensure the safety of people, staff and visitors. Records showed that portable electrical appliances, gas safety inspection and the general electrics were properly maintained and tested. Regular checks were carried out on the fire alarm, smoke detectors and emergency lighting to make sure it was in good working order. A system was in place to monitor and record any maintenance issues that were found within the service. These were acted on and completed quickly once they had been identified. A fire risk assessment was in place and an evacuation plan which was to be followed in the event of an emergency. However, the fire risk assessment stated it was due to be reviewed by August 2015. This had not been reviewed at the time of our inspection. The provider told us they had recently arranged for a company to complete all of the organisations fire safety checks.

We recommend that the provider uses a suitability qualified person to review and update the fire risk assessment.

Potential risks to people in their everyday lives had been assessed and recorded on an individual basis. For example, risks relating to the use of public transport, management of behaviour and kitchen hazards. Each risk had been assessed to identify the groups of people at risk, hazards involved and a score for the severity and likelihood of occurrence. Control measures were then put into place to reduce the risk to people and inform staff how to reduce the risk. Environmental risks relating to staff were assessed and recorded, for example, infection control and legionella risks. A system was in place to ensure these were reviewed on a regular basis. Staff completed training in how to complete risk assessments and the various stages involved in assessing risks. Accidents and incidents were recorded, with the details of the incident, who was involved, the immediate response and then any managers comments following their investigation. People could be assured that any potential risks to them or others had been assessed and reduced following the control measures.

Staff were trained in how to manage medicines safely and were observed administering medicines on three separate occasions by the unit manager before they were 'signed off' as competent. Some people had "As and when required" PRN medicines. Guidance was in place for staff to follow which included the dosage,

frequency, purpose of administration and any special instructions. An annual audit by a local pharmacy had been completed in September 2015. This had not identified any actions for the provider to complete.

There was enough staff with the right skills on duty to meet people assessed needs. Staffing was planned around people's social and educational activities and records showed that there was a consistent number of staff on duty at all times.

Recruitment checks were completed to ensure staff were suitable to work with people who needed care and support. These included obtaining suitable references, identity checks and completing a Disclose and Baring Service (DBS) background check. These check employment histories and considering applicant's health to help ensure they were safe to work at the service. Staff completed an application form, gave a full employment history, showed proof of identity and had a formal interview as part of their recruitment. Written references from previous employers had been obtained.

Medicines were managed safely and staff followed a medicines policy. People's medicines were stored securely within the office. Systems were in place for ordering, recording, administering and disposing of prescribed medicines. Clear records were kept of all medicines that had been administered. The records were up to date and had no gaps showing and all medicines had been signed for. Any unwanted medicines were disposed of safely. Medicine audits were carried out on a monthly basis by the unit manager. These processes gave people assurance that their medicines would be administered safely.

Is the service effective?

Our findings

People told us they enjoyed living at the service and received the support they required. Their comments included, "There is a good atmosphere here. There is nothing I don't like about living here."

Staff were trained and supported to have the right skills, knowledge and qualifications necessary to give people the right support. A staff member said, "The training offered is really good. I have recently completed a therapeutic child care course which was really good." The provider told us they continued to invest in training after staff had completed the mandatory courses to develop staff's knowledge and skills further. Staff we spoke with confirmed they had been able to develop and progress within their career by completing additional qualifications to further their knowledge. For example, all staff were supported to complete a therapeutic diploma course. One member of staff said, "We can suggest any courses of interests, for example I have asked to complete sign language which (provider) is looking into." The training matrix and staff files we looked at confirmed that staff had received the mandatory and specialist training for their role which would ensure they could meet people's individual needs. Staff were trained to meet people's specialist needs such as disengagement and physical intervention.

Staff told us they felt supported by the unit manager, provider and staff team. Staff received regular supervision meetings with their line manager. These meetings provided opportunities for staff to discuss their performance, development and training needs. The unit manager also carried out annual appraisals with staff to discuss and provide feedback on their performance and set goals for the forthcoming year. New staff worked alongside more experienced staff within the service before working unsupervised. Staff completed an in-house induction plan with the unit manager which was then 'signed off'. The provider was a psychologist who provided the clinical support to the staff and people using the service on a weekly basis.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. People living at the service were constantly supervised by staff to keep them safe. Because of this, the provider with the support of social services had applied to local authorities to grant DoLS authorisations. These applications are assessed by the DoLS team to ensure that the constant supervision was lawful.

The unit manager and staff were aware of their responsibilities under the Mental Capacity Act (MCA) 2005, and the Deprivation of Liberty Safeguards (DoLS). Staff had been trained to understand these and use them in their everyday practise. Records showed that the process had been followed when assessing a person's capacity which included a best interests meeting. Staff explained how they supported people to make choices and how they offered people choices. For example, choices about food options and what activities they wanted to participate in. People told us staff asked their consent before offering them any support. Staff knew people well with many working at the service for a number of years.

Staff supported people to manage behaviour that could challenge themselves or others. Detailed guidelines

were in place for staff to follow to support people with any emotional or behavioural needs they had. Behavioural strategies were completed on an individual basis recording the control measures that were in place. For example, reading short stories as a distraction technique. Daily debriefing sessions took place with people and staff. These meetings gave people the opportunity to talk about their day and what they were looking forward to for the next day. At times when people's behaviour put themselves or others at high risk as a last resort the use of restraint was used for the person's safety. Staff received support and annual training in the use of restraint and personal safety. Staff understood the difference between lawful and unlawful restraint practices and, kept detailed records of any restraint that had taken place.

People were supported to maintain a balanced diet. People living at the service told us they chose what they wanted to eat on a daily basis and staff offered support when they asked for it. A weekly meal planner was in place which was chosen by the person and included a variety of healthy options. Edwin Therapeutic Unit's health physiologist had been working with people and supporting them in making healthy choices to reduce their weight and improve their health. This had been the person's choice and staff were supporting them to follow the guidelines that had been suggested. For example, recording the food and fluid intake to monitor people's sugar intake. Staff supported the person to attend a local gym.

People's health was monitored and when it was necessary health care professionals were involved to make sure people remained as healthy as possible. All appointments with professionals such as district nurses, opticians, dentists, psychiatrist and psychologists had been recorded with any outcome. Future appointments had been scheduled and there was evidence that people had regular health checks. People had been supported to remain as healthy as possible, and any changes in people's health were acted on quickly.

Is the service caring?

Our findings

People told us the staff were kind and caring. Their comments included, "The staff are very friendly. They listen when I want them to." People told us that staff respected their privacy and dignity and always "Knocked on the bedroom door before coming in." People understood that there may be times when their privacy would be infringed. For example, if they were at risk to themselves or others.

People's individual therapeutic care plan's contained information about their preferences, likes, dislikes and interests. Staff knew people well with many staff having worked at the service for a number of years. Staff had supported people to complete an achievement file which was used to celebrate people's successes. At the time of our inspection staff were supporting people to develop and record a 'life story book'. People living at the service had access to an advocate, this was a person who was independent from the provider and the local authority. Regular meetings took place between people and their advocate.

People were supported and encouraged to remain as independent as they wanted to be. For example, staff observed mealtime preparation and only offered assistance when the person requested it or was at risk. The purpose of the service was to offer people the opportunity to develop and 'build on their social skills, team spirit and personal development.' People had been supported by staff to set goals for themselves. One person's goal was to learn and further increase their independence skills. People living at the service had their own space and facilities which enabled staff to support people with their independent living skills.

People were involved in the planning and delivery of the service they received. People were supported to take part in regular house meetings within the service and debriefing sessions with staff. This gave people the opportunity to discuss any areas for improvement within the service or to plan for the goals people wanted to achieve. For example, at the monthly keyworker meeting one person had requested to go on holiday. An action was recorded for the staff to talk to the unit manager. Another example, recorded that the person had requested daily debriefing sessions with their staff. People confirmed and records showed that this was now taking place.

Is the service responsive?

Our findings

People told us they were supported to participate in a range of activities which they enjoyed. They said, "I can go out when I want to. I go to the farm every week, I like the horses best." People were supported to follow their interests and take part in social activities of their choice. For example, visiting the local library, going for local walks and bowling.

People were supported to take part in supported employment opportunities. These gave people the opportunity to develop skills including social skills as well as building their confidence. People told us they enjoyed their work and were completing a qualification in animal care. A health and social care professional told us that the service supported people to "Lead an active life engaging in activities both in and out of the home."

People's care plans had been developed with them from the initial assessments from the local authority and the assessments completed by the provider. People had the opportunity to look around the service and meet other people who lived there prior to making a decision to move in. A transition plan was developed for someone who was moving in from a school setting. Detailed records were kept of visits to the unit that had taken place. A health and social care professional said, "I can say that they have been very responsive to need and have helped with the transition for this young person into their service."

Care plans contained detailed information and clear guidance about all aspects of a person's health, social, behavioural and personal care needs, which helped staff to meet people's needs. They included guidance about people's daily routines, communication, life histories, health condition support and any social and leisure needs. Staff knew about people's needs, their backgrounds and the care and support they required. People's care plans were person centred, they detailed what people could do for themselves and what support they required from the staff. People were able to maintain as much independence as they wanted to.

People's care plans were reviewed with them and their circle of support on a regular basis, changes were made when support needs changed, to ensure staff were following up to date guidance. People were fully involved or supported by staff to be involved in the development and review of their care plans. People's healthcare plans had been reviewed with the relevant healthcare professional. For example, a review of people's healthcare needs had been completed with their psychologist and psychiatrist.

The provider had a complaints policy and procedure in place which outlined the process people could follow and the stages any complaint would go through. There had not been any formal complaints made in the last 12 months. People using the service had opportunities on a regular basis to discuss any concerns they had with the staff that supported them. These were acted upon and resolved quickly. For example, debriefing sessions were increased to daily.

Is the service well-led?

Our findings

The service had a unit manager in place who had applied to become registered with the Care Quality Commission and who was supported by a deputy manager. Between them they managed the practitioners (staff). Staff understood the management structure of the service, who they were accountable to, and their role and responsibility in providing care for people.

The unit manager used team meetings as a way to give staff the opportunity to make suggestions about how the service could improve. These meetings discussed working practices, training, policies and procedures and safeguarding. Staff told us they felt involved in the development of the service and felt their ideas were listened to and acted upon. Everyone we spoke with felt the staff worked well together as a team and offered support to one another.

Staff felt there were clear visible leadership and an open culture within the service. The provider spent time at the service on a weekly basis and was available to speak to people and staff. The provider was the clinical lead for the unit offering support and guidance to the unit manager and the staff team. The unit manager understood that they were required to submit information to the Care Quality Commission (CQC) when reportable incidents had occurred. For example, if a person had died or had had an accident. There had not been any notifiable incidents within the past 12 months prior to our inspection.

The provider had a set of aims and objectives for the unit which were outlined in their ethos and philosophy. These were described in the service user guide, outlined on the provider's website and within the staff handbook. There were a range of policies and procedures in place that gave guidance to staff about how to carry out their role safely and to the required standard. Staff knew where to access the information they needed.

Systems were in place to monitor the quality of the service that was being provided to people. Audits were completed by the unit manager on a monthly basis, including medicines management and an audit of the daily reports. An 'internal audit of quality' was completed by the unit manager on a quarterly basis. This audit followed a 'mock inspection' style system which covered auditing of all systems, files and records. These audits generated action plans which were monitored and completed by the unit manager and the provider. Feedback and actions from the audits were used to make changes and improve the service provided to people. Records were up to date stored securely and were located quickly when needed.