

Home Group Limited

Edendale House

Inspection report

2g Edendale House
Dene View Drive
Blyth
NE24 5PT

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26 May 2021

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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

About the service

Edendale House is a supported living service providing personal care to people living in their own homes. The service supports people who have a learning disability and/or mental health needs. At the time of our inspection the service supported five people with personal care. People lived in their own flats or bungalow. These were in keeping with neighbouring properties and had access to local amenities and transport.

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

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.

This service was able to demonstrate how they were meeting the underpinning principles of Right Support, Right Care, Right Culture. For instance, people led meaningful lives that included control, choice, and independence. Support was person-centred support, appropriate and inclusive.

People were safeguarded from the risk of abuse. Staff liaised openly and proactively with external safeguarding professionals.

People's support focused on them having opportunities to gain new skills and become more independent.

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.

People told us staff were kind, caring and interested in them. People were involved and listened to in the care planning and review process; their preferences informed care plans and communication strategies.

There was a positive culture amongst the staff at the service. People were valued as individuals and encouraged to play a part in how the service was run.

There were comprehensive systems in place to assess, monitor and improve the quality of care being provided.

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

Rating at last inspection

This service was registered with us on 29 April 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our approach to 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 reinspection 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?

Good ●

The service was well-led.

Details are in our well-led findings below.

Edendale 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

One inspector carried out this inspection.

Service and service type

This service provides care and support to people living in a number of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

We gave the provider 24 hours' notice of the inspection. This allowed the provider time to let people know we would be visiting and provide us with records for review as part of the inspection.

What we did before the inspection

We reviewed information we held about the service, including the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send us within required timescales.

We sought feedback from the local authority and professionals who work with the service.

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.

During the inspection

We spoke with two people and five relatives about their experience of the care provided.

We reviewed a range of records. This included three people's care records. We spoke with three members of staff, including the registered manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We emailed five further members of staff for their feedback, as well as two further health and social care professionals. We reviewed training information, recruitment information, policies, surveys, newsletters, and quality assurance records.

Is the service safe?

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 good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to safeguard people from the risk of abuse. The registered manager took appropriate action where there were any concerns and staff understood their safeguarding duties well.
- People felt safe and secure, without feeling restricted in any way. Risk assessments were positive and encouraged independence.
- Risk assessments were regularly reviewed and updated to ensure staff had accurate information to support people safely and effectively.

Staffing and recruitment

- Systems were in place to ensure staffing levels met people's needs. This included staff support required to help enable people's greater independence, for instance trips to a local allotment or fishing.
- Staff were safely recruited, ensuring that only people who were suitable to work with vulnerable adults were employed.

Using medicines safely

- Medicines were safely administered, stored and recorded by staff who had the required knowledge and skills.
- People received their medicines as prescribed. Where 'when required' medicines were prescribed, this was supported by detailed guidance for staff and non-medicinal strategies to apply in the first place. Medicines were reviewed regularly and there were detailed support plans in place.
- Checks and audits were regularly carried out by staff to make sure the quality and safety of medicines administration was maintained.

Preventing and controlling infection

- People were supported by staff to keep their homes safe and clean. People took pride in keeping their flats tidy and were encouraged to do so by staff. People were supported to remain well informed regarding the pandemic and to help keep themselves safe.
- Staff had received appropriate training on infection prevention and control and used personal protective equipment (PPE) when this was needed.

Learning lessons when things go wrong

- The provider had a comprehensive system in place to identify incident types and trends across different locations. The registered manager demonstrated an in depth understanding of this and had helped roll out the system for the provider, including delivering training.
- Appropriate action was taken in response to individual incidents and there was clear evidence of

management and staff reflecting on incidents in a way that encouraged learning rather than blame. A 'Lessons Learned' bulletin shared learning with all staff.

Is the service effective?

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

- Staff assessed people's needs before they were supported by the service. They worked closely with people, relatives and external clinicians to ensure people felt supported and included in the move to the service. Relatives gave positive feedback about how staff took the time to get to know people in depth before supporting them.
- People's needs in relation to equality and diversity were considered during the assessment and care planning process, such as age, disability and religion.

Staff support: induction, training, skills and experience

- People were supported by well trained, competent and confident staff. New staff were appropriately inducted into their role and supported by senior staff during this process. Staff consistently praised the induction and felt confident in their roles.
- Staff undertook regular training to ensure they had the knowledge and skills to meet people's needs. Staff gave us positive feedback about the training available to them. Some felt the focus on online learning made it more difficult to consolidate learning. The registered manager acknowledged this and confirmed there was more face to face training planned as lockdown easing continued.
- Staff were well supported to overcome initial concerns around a new electronic records system to gain confidence and competence in it. The system contained detailed care and risk assessment information and was up to date and accessible.
- Staff felt well-supported in their roles with regular supervisions, informal support, daily handovers and annual appraisals.

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

- Staff supported and encouraged people to maintain a healthy and balanced diet. People had explored baking and making other meals with staff support and enjoyed being in control of recipe planning and shopping.
- People's care plans gave staff clear information about people's preferences. Staff demonstrated a sound awareness of these, for instance, one person's vegetarian diet.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access healthcare services when needed to maintain their health and wellbeing. Links with clinicians were strong and people confirmed they accessed dental and eye care regularly. Staff supported people to access a local gym.

- Staff worked openly and proactively with external health and social care professionals confirm to ensure people's needs were met.

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. Where people may need to be deprived of their liberty in order to receive care and treatment an application can be made to the Court of Protection who can authorise deprivations of liberty. 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.

- People's consent was sought and obtained in line with the principles of the MCA.
- Applications and authorisations for people who had restrictions placed on their liberty were effectively monitored and managed. There were some good examples where staff had considered in detail how to ensure restrictions to people's liberties were as limited as possible, whilst also keeping them safe.
- Staff understood their responsibilities under the principles of the MCA and ensure people's rights were protected.

Is the service caring?

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.

Supporting people to express their views and be involved in making decisions about their care

- People were involved in the care planning process and in deciding how staff would support them.
- Staff respected people's choices about their care and other things, such as lifestyle choices.
- People were involved in making decisions about their care and support. Prior to lockdown the service had involved people in recruitment events so they could meet prospective staff. One person and their relative had completed a significant proportion of the job advert for their care team to ensure it was as person-centred as possible. The registered manager planned to reintroduce recruitment events when lockdown easing allowed.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were kind, caring and listened to people. One person said, "The staff are lovely" and a relative said, "Communication from staff is excellent and some are exceptionally nice." People interacted in a relaxed, trusting manner with staff. They shared jokes and reflected on shared experiences.
- Staff were extremely knowledgeable about the people they supported and their needs. They worked proactively with people to ensure they were comfortable and empowered with greater levels of independence.
- People's equality and diversity needs were appropriately considered and met. For example, one person who valued spending time with a relative and visiting a place of worship was supported to do so regularly.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. They interacted with people in a respectful and dignified manner. One relative said, "They treat (person) with dignity and respect - they let them take the lead, don't force things and are tuned in to them."
- Staff respected people's privacy and encouraged their right to be independent. Where people preferred to spend time alone staff facilitated ways in which they could pursue their own interests. For example, helping them source writing materials and setting up a creative writing space.
- People's confidential information was stored securely.

Is the service responsive?

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 received person-centred care, which met their needs. People's care plans were regularly reviewed and detailed. They gave staff and visiting professionals the information they needed to safely and effectively support people.
- People were actively involved in setting their own goals and aspirations and were helped to meet these by a proactive staff team.

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 were given information in a way they could understand. People's communication needs were identified through initial meetings with people and through working with relatives and multidisciplinary teams. Care plans reflected how staff could communicate well with people. Communication passports were detailed and ensured people could more easily have their voice heard when accessing other services.
- Staff used alternative methods of communication to help people explain their choices and feelings where needed, such as visual cards and a person's favoured internet sites.

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's social needs were met. The registered manager and staff had worked proactively and imaginatively to ensure people had opportunities to socialise and to avoid isolation. This was particularly challenging during lockdown and staff were mindful of the potential negative impacts on people's wellbeing, should they become isolated. Innovative events included outdoor games, a mobile cinema and access to an allotment.
- People enjoyed getting to know staff and other people. They were looking forward to planned individual outings, such as to the Yorkshire Show, fishing and swimming. One relative said, "The staff always have new ideas and are enthusiastic." For instance, when people were unable to take any trips staff put on 'themed' nights for people.
- Staff supported and encouraged people to maintain relationships with friends and family.
- Staff encouraged people to access their local community and to pursue their hobbies and interests. One person spoke passionately and with a smile about how they were going fishing again, which staff had helped them to plan.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively by the service and responded to appropriately. Reflections on complaints formed part of the registered manager's regular lessons learned bulletins.
- People and their relatives felt comfortable raising any concerns with staff. Where they had raised any issues, these had been resolved appropriately. One relative said, "There was an early misunderstanding around medicines but they improved very quickly and no problems since - we were very happy with how they responded."

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. This is the first inspection for this newly registered service.

This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- The service had systems in place to ensure people's individual support needs were met, including a detailed and person-centred approach to care planning.
- There was a positive culture amongst the staff at the service, which valued people as individuals and aimed to encourage and develop people's independence.
- People's achievements were celebrated.
- The registered manager understood their responsibilities regarding the duty of candour; openness was encouraged when mistakes were made to ensure learning and improvement was a key part of the culture.

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

- The provider had a clear management structure in place. The registered manager was on site regularly and was supported by two experienced service leads. Staff told us they understood their roles and worked well together as a team.
- The registered manager had notified CQC of all significant events which had occurred in line with their legal obligations.
- Policies and procedures were up to date and informed by national best practice and relevant legislation.

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

- Feedback from key stakeholders was used to improve the service. People and relatives were able to give their feedback about their care and support in a variety of ways, such as regular meetings with staff and surveys.
- Staff were well supported in their roles. Staff were positive about the registered manager, commenting that they were passionate about people achieving positive outcomes. Likewise, staff development was encouraged and supported, with staff vocational achievements being celebrated.
- The provider had a range of systems in place to monitor, assess and improve the quality of service being provided. These were effective and well understood by those who had oversight of them.

Working in partnership with others

- Staff worked in partnership with other health and social care professionals, such as GPs, community nurses and social workers, to ensure people's health and wellbeing was maintained.

- The registered manager worked well with local partners to share best practice.