

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

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

Edwin Therapeutic unit is a residential care home providing personal for up to 3 people who have a learning disability, autistic spectrum disorder, mental health difficulties or an eating disorder. There were 3 young people aged under 18 living at the service at the time of the inspection.

Accommodation was provided over three floors. There were two communal lounges and a small garden and utility room to the back of the care home.

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

Feedback from a social care professionals and relatives were that young people were building positive relationships with staff. This helped to reduce young people's anxieties and build their confidence. They received weekly reports from the service, to help them understand their young people's care and support.

Improvements to the service had been made in the environment, in the employment of assistant psychologists and in the detail provided in young people's records. However, quality assurance systems were not robust enough in identifying shortfalls in service provision. Medicines audits were not fit for purpose, infection control procedures differed from practice and there was a lack of overview in the patterns of people's behaviours.

Young people's views were sought at keyworker meetings and service user meetings. Staff and relatives said they had approached the registered manager when they had concerns. Feedback was that their concerns had mostly been acted on.

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 guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People's independence was promoted through working towards individual goals. Staff spoke with people and about people, in a manner which promoted their positive characteristics.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The last rating for this service was Good (published 27 February 2019).

Why we inspected

We undertook this targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about infection control and staffing.

A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with risk assessments, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

The service was not always safe.  
Details are in our effective findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.  
Details are in our effective findings below.

**Requires Improvement** ●

# Edwin Therapeutic Unit

## 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.

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

The inspection was carried out by two inspectors.

#### Service and service type:

Edwin Therapeutic Unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (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 here

We sought and received feedback from the local authority. We reviewed information we had received about the service since the last 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with five staff members including the registered manager, two support workers, human resource manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We were unsuccessful in our attempts to speak to the young people at the service.

We reviewed a range of records. This included two people's risks assessments and medicines records. We looked at three staff files in relation to recruitment, staff training and staff rotas. A variety of records relating to the management of the service were reviewed including infection and control policies.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We required the provider to send information about infection control procedures, and risk management with regards to the use of personal protective equipment. The provider sent the information within the timescale required.

We telephoned two relatives to gain feedback about people's experiences of using 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 Good. At this inspection, this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Preventing and controlling infection

- We were not assured at the inspection visit that the provider was preventing visitors from catching and spreading infections. This was because there was no clear assessment of how the service had followed government guidance to exempt staff from wearing face masks in specific circumstances, such as when it caused people distress
- We were assured at the inspection visit that the provider was meeting shielding and social distancing rules. The provider had assessed that social distancing was difficult to achieve due to the small size of the service and was taking steps to minimise risks.
- We were not assured at the inspection visit that the provider was admitting people safely to the service. This was because there was no clear assessment of how the service had followed government guidance to exempt staff from wearing face masks in specific circumstances, such as when it caused people distress.
- We were not assured at the inspection visit that the provider was using PPE effectively and safely. This was because there was no clear assessment of how the service had followed government guidance to exempt staff from wearing face masks in specific circumstances, such as when it caused people distress. Assessments of risks and decision-making processes did not support this deviation from government guidance.
- We assured at the inspection visit that the provider was accessing testing for people using the service and staff.
- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. Cleaning of high touch areas was not always being carried out according to the frequency required in the provider's infection control protocols. Action had not been taken to address this shortfall.
- We were not assured at the inspection visit that the provider was making sure infection outbreaks can be effectively prevented or managed. This was because there was no clear assessment of how the service had followed government guidance to exempt staff from wearing face masks in specific circumstances, such as when it caused people distress
- We were not assured at the inspection visit that the provider's infection prevention and control policy was up to date. This was because although the policy was based on government guidance with regards to infection control, the guidance to wear face masks was not being followed.

We sought immediate assurances from the provider on their processes for effective control and prevention of infection. Two days after the inspection we received assurances from the provider that infection control protocols and procedures were based on young people's best interests and safeguards were in place to ensure their

safety.

#### Using medicines safely

- Checks on medicines were ineffective. There was a risk if medication errors occurred, they would go unnoticed affecting people's health and welfare.
- Weekly medicines audits only checked how many medicines were in stock. They did not ensure stock levels tallied with the number of medicines administered to a young person. One young person had been prescribed medicine for attention deficit hyperactivity disorder (ADHD) and an antidepressant. There were fourteen less ADHD tablets and 7 less antidepressant tablets in stock than the Medication administration record (MAR) indicated. Another young person was prescribed a medicine for ADHD had one tablet less in stock. This implied these young people may have had too much of their prescribed medicines.
- After the inspection the registered manager checked everyone's medicines and concluded they had all received their medicines as prescribed. They found that all the medicines checks for the first young person were not fit for purpose. The one missing medicine for the second young person had been disposed of, but this had not been recorded. The registered manager said that she and a senior member of staff would be responsible for medicines checks going forward.
- Medicines were stored individually and securely and there was clear information about what people's medicines were prescribed for.
- Staff completed training in medicines administration, their competency had been checked and they were clear about their roles and responsibilities.

#### Assessing risk, safety monitoring and management

- The environment and equipment were regularly checked to ensure they were safe.
- Potential risks to people's safety in their daily lives had been identified and strategies were in place to guide staff how to manage these risks. This included risks to people when bathing, taking medicines and when out and travelling by car.
- People presented behaviours that may challenge themselves or others. The type of behaviour was identified, together with any known triggers for the behaviour. Staff kept detailed records of what happened before, during and after the behaviour so staff actions could be assessed to see if they were effective in minimising risks to people and staff.
- Staff knew how to follow guidance to keep people as safe as possible. Feedback from social care professionals was positive. Comments included, "Given the level of support my young person needs there are frequent incidents where they can become heightened and aggressive towards staff, but these have been dealt with appropriately." And, "It is a positive placement. My young person is very challenging. Staff help them to manage their emotions so they can put the strategies they know into practice."

#### Staffing and recruitment

- There were enough staff available to support people's needs. Recruitment practices ensured people were protected from the risk of receiving care from unsuitable staff.
- People's staffing support needs were jointly assessed and reviewed with people's social worker. Staffing rotas evidenced that people's one to one and two to one staffing needs were provided by the staff team. Agency staff were not used, and agreements were in place for staff who had opted out of working up to 48 hours per week.
- Appropriate checks were carried out on potential staff which included obtaining a person's work references, full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.



### Learning lessons when things go wrong

- A record was made of any accidents or incidents, detailing what had occurred and the action taken in response to the situation.
- Weekly reports were sent to people's social workers, which gave an overview of young people's well-being and the occurrence and outcomes incidents.
- Since the last inspection, the provider had reassessed the role of support workers/practitioners in providing a therapeutic environment. As a result, they had employed assistant psychologists to provide clinical support for young people under the guidance and supervision of the nominated individual, who was a qualified clinical psychologist.

### Systems and processes to safeguard people from the risk of abuse

- Feedback from a social care professional and relatives was that the service was safe. One relative told us, "I feel (Person) is physically safe and secure."
- Staff knew how to recognise and report potential abuse. They felt confident any concerns they raised would be acted on by the registered manager. They also knew how to "blow the whistle" and contact people's social workers at the local authority. "Blowing the whistle" is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith.
- The nominated individual had undertaken training in their responsibilities as the lead designated safeguarding officer at the service. A safeguarding consultant had been appointed who could be contacted for advice and guidance when required.

# 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 Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's programme of checks and audits were not always effective in identifying and addressing shortfalls in the quality of the service. The registered manager had a lack of oversight in relation to some aspects of the service.
- Medicines audits had been delegated to staff, but there were no checks to ensure they were carried out correctly. The registered manager was only aware these audits were ineffective when the inspectors brought this to their attention.
- The provider was not proactively monitoring their compliance with infection control practices and government guidance. Infection control practices had been changed at a management meeting in February 2021. This change was the non-wearing of face masks due to the adverse effects it had on a young person's anxieties and behaviours. Staff had been informed, but related policies, procedures and assessments of risk to each young person had not been carried out to ensure their safety.
- Staff wrote detailed records of incidents relating to young people's anxieties and associated behaviour. They included any triggers and outcomes. However, there was no overview of these events to identify any patterns or what staff support was the most effective in minimising young people's anxieties and behaviours.

Systems to assess, monitor and improve the quality and safety of the service were not always effective. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager understood their roles and responsibilities to notify the Care Quality Commission of important events that took place in the service.

Continuous learning and improving care; 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 employed an external consultant who undertook additional auditing processes. These visits were on pause due to the pandemic, but they continued to provide training, information and guidance to the provider and staff.
- Since the last inspection there had been improvements to the environment and in record keeping. A separate utility room had been built to house the washing machine which helped to minimise the spread of

any infection. Staff used handheld devices to input daily information about the care and support they provided. This information was recorded in a timely manner and had improved in content to give a clear picture of young people's care and treatment.

- The nominated individual planned to improve staff's knowledge of first aid, which was particularly important as some young people displayed self-harming behaviours. First aid training was currently provided online, and the nominated individual said he planned to roll out mental health first aid training to the staff team.
- The nominated individual understood the Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to care and support.

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

- The registered manager and staff were clear about the aim to provide therapeutic service. Since the last inspection, assistant psychologists had been employed in addition to support workers/practitioners. This was to help explore the reasons for people's behaviours and provide them with additional clinical support.
- There was a positive culture which resulted in staff treating young people respectfully, supporting them to continue with learning and to develop social skills. Feedback from relatives was that young people were encouraged with their independence. One relative told us about their young person, "The care provided is what [person] needs. They are happy to be a bit more independent."
- Feedback was that staff delivered person-centred care which promoted people's wellbeing. One social care professional told us, "My young person has been able to begin to build good relationships with staff members. Staff show good resilience when dealing with challenging behaviour." Another social care professional said, "Staff are friendly, and relationships have developed with my young person in a small amount of time. I have not seen them so relaxed in staff's company and I have known them for such a long time." A relative told us, "Staff have had a few issues with their behaviour. It has been a learning curve."

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

- Young peoples' views were sought through service user meetings where topics included house activities and where people wanted to go when covid-19 restrictions eased. Keyworker meetings involved conversations about how people were feeling and about their goals. When people did not want to engage this was recorded. These meetings had also been adapted for people who had limited verbal communication to involve them as much as possible in the exchange.
- Feedback from relatives was the service's communication with them did not always meet their expectations. One relative told us, "There have been a few hiccups in staff letting me know about things, but it seems to be working better now." They knew their young person's keyworker and to contact them or the registered manager if they had any issues or concerns.
- Staff were supported through supervision and staff meetings and said the registered manager was available at other times when they needed them.
- Feedback forms were given to visitors to the service. Two survey forms had been completed in the last year and both were positive about their experience.

Working in partnership with others

- The provider worked in partnership with other agencies to enable people to receive joined-up care.
- Relationships had been established with social and health care professionals such as GP's, mental health workers and social workers. A social care professional told us there had been effective liaison established with mental health services with regards to their young person.
- Daily communication had been established with teachers when young people attended school or college.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems to assess, monitor and improve the quality and safety of the service were not always effective.  17 (1) (2) (a) (b)