

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Edward House is a care home, which is registered to provide care (without nursing) for up to 12 people living with autistic spectrum conditions and learning disabilities. 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 home is a detached building which is situated on the outskirts of Gloucester, easily accessible to local amenities and with links to public transport. Each person using the service had their own bedrooms and access to communal areas.

The care service has been developed and designed in line with the values which underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen- CQC Registering the Right Support policy.

The service had a registered manager, as required. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 registered manager was present during the course of our inspection.

At our previous inspection on 9 and 10 October 2017, we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were in relation to safe care and treatment, and good governance. The overall rating for the service was 'Requires Improvement.' As a result of this inspection, we imposed conditions on the provider's registration. The provider was required to submit monthly reports to us, setting out how they were monitoring the quality and safety of care provided.

At this inspection, we found the provider was no longer in breach of these Regulations and the rating had improved to Good.

Why the service is now rated Good:

The provider had made changes to the management structure at the home and a new registered manager was in post. Staff welcomed the new structure and spoke of its benefits. Relatives, staff and healthcare professionals gave consistently positive feedback about the running of the service and the improvements introduced by the registered manager.

People's independence was encouraged. Where people had relied on staff for daily living skills, they had now developed and were able to actively do more for themselves.

A range of communication aids were used so that people were able to express their views and be involved in

decisions about their day-to-day care.

The registered manager and the staff team saw people's potential and continually found ways to help people to progress and develop. People had a renewed interest in their individual hobbies and interests.

People received their medicines safely and in line with the prescriber's guidance. De-escalation methods were exhausted in the first instance before using medicines to stabilise people's mood, and there had been a reduction in the use of antipsychotic medicines.

People were part of their local community. People were supported to maintain relationships with those important to them, and to develop new relationships also.

People's rights were protected, in line with the Human Rights Act and the Mental Capacity Act. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff received ongoing training and development in their roles. Bespoke training was arranged to enable them to meet people's individual care and support needs.

Complaints, concerns and feedback were captured and responded to and were used as a way to continually improve the quality and safety of care provided.

Staff understood people well, including their health conditions and needs, as well as their personalities and preferences. Support plans and risk assessments were reflective of people's needs, and were reviewed to ensure they were up-to-date.

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 had improved to Good.

Accidents and incidents were monitored to ensure action was taken to prevent people from further harm. Staff were trained in upholding people's human rights and in recognising harm or abuse.

People received their medicines safely and their medication needs were kept under review. The provider followed safe recruitment procedures.

Is the service effective?

Good ●

The service had improved to Good.

Staff received the ongoing training, development and supervision needed to enable them to effectively meet people's needs. People were supported to maintain their health.

People's rights were protected in accordance with the Mental Capacity Act 2005.

Is the service caring?

Good ●

The service was Good.

People's communication styles and preferences were known by staff. People's independence was promoted and people had been able to develop new skills.

People enjoyed positive and respectful relationships with staff, and saw Edward House as their home.

Is the service responsive?

Good ●

The service had improved to Good.

People received personalised and responsive care. Staff knew people well as individuals and how to support them. People were able to enjoy their individual hobbies and interests.

Complaints, concerns and feedback were used as a way of continually improving the service.

Is the service well-led?

Good ●

The service had improved to Good.

Systems were in place to monitor the quality and safety of people's care. Feedback was used as a way of continually developing the service. People were involved in the running of the service as much as possible, including staff recruitment.

There was a clear management structure in place. Relatives, staff and healthcare professionals had seen considerable improvements to the running of the home, and in people's quality of life.

Edward House

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 4 December 2018. It was unannounced and was carried out by one inspection manager.

As part of the inspection process, the local authority were contacted to obtain feedback in relation to the service. We used information the provider sent us in the Provider Information Return (PIR). 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. Prior to the inspection, we looked at the PIR and all the information we had collected about the service. This included previous inspection reports, information received and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with the registered manager, the deputy manager, the locality manager and three members of care staff. We communicated with four people who lived at Edward House and spoke with three relatives. We also received feedback from four healthcare professionals.

We looked at three people's care plans, which included risk assessments, healthcare information and capacity assessments. We looked at medication administration records, accident and incident records, feedback received, staff meeting and service user meeting minutes, and the registered manager's "positive stories" file. We reviewed a number of other documents relating to the ongoing quality assurance and monitoring of the service.

Is the service safe?

Our findings

At our previous inspection in October 2017, we found the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Accident and incident forms were not always reviewed or analysed, which delayed taking action to ensure people were safe. At this inspection, we found the necessary improvements had been made and the provider was no longer in breach of this Regulation.

Accident and incident monitoring was now in place and had been embedded. This included weekly behavioural incident analysis, capturing any 'near-misses', as well as seizures and accidents. Where an incident or accident occurred, consideration was given to any environmental factors which had contributed, whether 'as required' medicine had been used, and what the triggers had been to the incident occurring. We saw examples of where action had to be taken following incident and accident analysis, such as one person being supported to obtain a new helmet to help keep them safe during seizures.

Where incidents were linked with behaviours which challenge, the 'red, amber and green zone' system was used. This considers behaviours for an individual which indicate they are in a particular 'zone', with green being happy and red being upset or angry. Guidance was in place for staff to consider which zone a person was in, and how to guide them from a red zone to green or amber.

Staff we spoke with understood the risks associated with people's individual care and support needs. Risk assessments were in place, which clearly set out how to safely care for people. This included considering people's emotional needs, as well as their physical safety. Examples of risk assessments and monitoring of people's safety included monitoring one person's body temperature as this was linked with a particular known risk. Another person had delicate skin, and so needed fragrance-free toiletries and sun protection when going outside.

Some people living at Edward House were at risk of self-injurious behaviours. The registered manager had introduced a non-verbal pain assessment tool for staff to use, which they told us had contributed to a reduction in one person's self-injurious behaviours by 75%, which health professionals confirmed to be accurate.

Staff were aware of their role and responsibilities regarding protecting people from harm or abuse. They had been trained in safeguarding and knew the different types of abuse, as well as signs to be vigilant to which may indicate abuse. In addition to safeguarding training, staff had also received training in human rights. They could express to us how they upheld people's human rights and what these were. This was in keeping with the provider's policy on this topic.

Staff told us staffing levels were sufficient to meet people's needs. Since our previous inspection, there had been a marked reduction in the use of agency staff, which meant people were now supported by a consistent and familiar staff team. Everyone living at Edward House required either 1:1 or 2:1 staff support, which was in place.

The provider followed safe recruitment processes, which included reference checks and vetting with the Disclosure and Barring Service (DBS). The DBS helps providers to make safer recruitment decisions and prevents unsuitable people from working in care. Staff and the registered manager told us they and the provider were very selective in who they appointed. The registered manager told us, "It's not just about numbers and covering shifts. The people living here are everything to us, and they deserve to be cared for by people they like and trust."

People received their medicine safely. The registered manager told us medication was one of their main areas of interest and focus, and they had introduced a new system whereby a designated member of staff administered and signed for people's medicines, with a second member of staff checking this had been done correctly. When we spoke with staff about what they regarded as the main improvements since our previous inspection, they all told us medicine administration. One area of improvement cited was a reduction in the use of 'as required' anti-psychotic medicines. The registered manager had ensured medication reviews had taken place for everyone living at Edward House, as well as reviewing people's support plans. The combination of this meant that 'as required' medicines were only now administered when all other methods for de-escalation had been explored. Protocols were in place for staff to follow in the event that 'as required' medicines needed to be administered.

We carried out a random stock take of three people's medicines and found the balances were correct. Medicines were stored safely and the medication room temperature was monitored to ensure this was correct and would not compromise the efficacy of people's medicines. Consideration had been given to whether people could safely administer their own medicines. However, at the time of our inspection, risk assessments had been carried out and it was not currently safe for anyone to do so. A recent annual external pharmacy audit had been completed, with no concerns identified.

People were protected from the risk of infection. The home was clean and free of any malodours. Cleaning schedules were in place to maintain cleanliness standards at the home. The registered manager carried out weekly water checks and a weekly 'flush' through of the water systems as part of their legionella monitoring and control system.

Is the service effective?

Our findings

At our previous inspection in October 2017, we rated this key question as Requires Improvement. Staff did not routinely receive supervisions, or appraisals of their performance to support them to be effective in their roles, and new staff did not always receive an induction into their role. At this inspection, we found the necessary improvements had been made and this key question is now rated as Good.

New staff all now completed the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily practice. We spoke with a member of staff who was currently in the process of completing this qualification. They told us the registered manager and staff team were supporting them with the process and making sure they had enough time to work through the different modules.

Staff told us they received ongoing training and development in their roles. The registered manager had also introduced observational supervisions, where she observed staff practice and then gave them feedback to enable them to further develop and improve. Staff we spoke with were positive about this process, and the training they received. One member of staff we spoke with told us, "The epilepsy training was great because it included the rescue medicine training, as well as all the different types of seizures." Another member of staff said, "We have a lot of training now." We saw training was bespoke to the needs of people living at Edward House. For example, a hospital gastroenterology team had delivered training to staff to help them meet the needs of one person living at Edward House. With the support and guidance of this team, this person had been able to safely add more variety to their diet.

Staff told us they worked well together as a team. One member of staff told us, "The new staff have all fitted in very well. They have taken the time to get to know the service users." Another member of staff told us, "Communication has definitely improved and our handovers are very good now. We share and discuss any concerns about the service users, any medical appointments they have, and whether they have needed any PRN medication." A handover is a short meeting between staff at the end of one shift and the start of the next. Recently, the staff team at Edward House had won an internal outstanding team award from the provider in recognition for their skills and approach. These skills were also recognised by relatives we spoke with, with one relative describing the care staff as "extraordinary."

People were supported to maintain their health and wellbeing. People had access to a range of healthcare professionals, including specialist nurses, speech and language therapists, opticians, and psychologists. People had individual 'hospital passports' in place. A hospital passport is a resource for people with autistic spectrum disorders who might need hospital treatment. The passport is designed to help autistic people to communicate their needs to doctors, nurses and other healthcare professionals.

People's rights to make their own decisions, where possible, were protected. Staff had received training in the Mental Capacity Act 2005 and were able to demonstrate how the key principles underpinned their practice. One member of staff told us, "You have to assume capacity unless there is a valid reason not to. Just because someone is non-verbal or pre-verbal, that doesn't mean they can't make choices or give their

consent. We give people visual aids to help them make choices." This was reflected in our observations throughout our inspection.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). We saw evidence of decision-specific capacity assessments and best interest decisions for people, when appropriate. Staff and the registered manager understood that people could consent to certain aspects of their care and treatment, but not others. They also ensured people's views were sought for each new decision. For example, one person had consented to an influenza vaccination, but had refused another medical procedure.

Where deprivations on people's liberty were necessary, the correct process had been followed. For example, one person required their medicine to be given covertly, Covert medicine is medicine which is disguised in food. This had been authorised as part of the person's DoLS.

People were able to navigate around Edward House with familiarity and ease. People had access to the home's garden, which we saw they enjoyed making use of.

Is the service caring?

Our findings

At our previous inspection in October 2017, we rated this key question as Good. At this inspection, we found the evidence supported a continued rating of Good.

People were supported to retain as much independence as possible. Staff and the registered manager told us about two people living at the home who had previously been assisted to eat by staff. The registered manager told us, "They [people] had become deskilled. There had just been an assumption they could not do things for themselves." Now, both people were able to eat and drink independently using adapted cutlery. One member of staff told us, "People are all progressing here." The registered manager told us people had keys to their rooms and the home and were now using these more and more, which helped to increase their feelings of independence, as well as helping to maintain their privacy.

Staff understood people's individual communication styles and preferences, with communication care plans in place. Staff told us how one person liked to make sounds and then hear you repeat them back to them. Another person's vocabulary had increased recently, which staff explained to us as, "Since we've been saying to him 'tell me what is wrong', he has been using more and more words." Where people used non-verbal methods of communication, aids were in place to assist them. One person selected their breakfast choice by pressing buttons with pictures of different options on, which then 'spoke' this choice for them. Another person used personalised key fob tags, which staff had developed for them using photographs and images relevant to that person. People had access to the local independent advocacy service. Advocates represent people to make sure their views are heard in important decisions affecting them.

Staff told us how they respected people's privacy and upheld their dignity. Although everyone living at Edward House needed 1:1 or 2:1 support from staff, staff found ways to ensure people could still have some private time alone, whilst also ensuring they remained safe. One member of staff told us, "Like all of us, they [people] do want time away from everyone sometimes. They will often indicate when this is the case, such as closing their bedroom door so we can't follow them in. When that happens, we stay nearby but outside of their room."

Staff supported people to maintain relationships with their family and friends. One person was being supported by staff to learn about appropriate physical boundaries with the opposite sex as they had shown interest in developing a personal relationship. The registered manager told us that once the person had been helped to understand this, for their own protection, they would then be supported to try dating.

Relatives and health professionals praised the caring approach of staff and the registered manager, and the atmosphere and environment they created for people. One relative we spoke with told us, "It is bittersweet for us as [person] likes coming here to see us, but he very much sees Edward House as his home and can never wait to go back." Another relative told us, "[Person] is not just cared for; they are loved." A healthcare professional commented, "It is a lovely home and it is nice to see staff are so knowledgeable and caring. If only there were more places like this with this level of passion."

Is the service responsive?

Our findings

At our previous inspection on 9 and 10 October 2017, we rated this key question as Requires Improvement. Complaints and concerns had not always been captured or responded to. At this inspection, we found the necessary improvements had been made and this key question is now rated Good.

The registered manager told us, "I treat all concerns as complaints because if you don't handle a concern properly, it can become a complaint." We saw evidence of the registered manager having responded to any concerns raised, with full responses provided to the concerned party and action taken, where required. At the time of our inspection, no formal complaints had been received in the last 12 months. However, there was a system in place for investigating and responding to these should the need arise.

People living at Edward House benefited from responsive and person-centred care. For example, one person required padding on their bedroom walls and floor to help prevent an injury. The registered manager felt the padding looked "too institutionalised", and so had supported the person to choose a pattern they would like on the padding so that it reflected the person's personal taste. Another person lived with mobility problems and had been told by medical professionals they would be unable to walk independently. Staff had worked closely with dietitians to support this person to lose weight, and had also supported them to do their regular physiotherapy exercises. Consequently, this person was now able to walk independently, and also enjoyed using the home's trampoline. We spoke with the person's relative, who told us, "[Person] went through a very hard time, but has made impressive progress. They [staff] helped him to lose weight, so he gained mobility and his seizures reduced. They are always striving for the best for people and are never complacent." Another relative we spoke with told us, "[Person] is encouraged, supported and stretched."

People had individual support plans in place, which set out their likes, dislikes and personal preferences. For example, one person did not like physical contact or invasion of their personal space, and this was clearly set out in their plan. Staff we spoke with were knowledgeable about the people they supported. Examples included staff being able to describe to us how one person living at Edward House let staff know she was feeling unwell, as well as how another person communicated when they did not like a person. Staff understood people's individual health conditions and the unique way in which this affected them. This included people's triggers for seizures and anxiety, as well as what may cause them distress or frustration.

People were supported to pursue their hobbies and interests. On the day of our inspection, one person was looking forward to going shopping with staff for a new computer as well as going bowling with staff and other people living at Edward House. Another person had always enjoyed swimming, but had been unable to go because of their seizures. Staff had gently supported this person to start swimming again, firstly by taking them to the swimming pool to walk around it, then to dip their feet in the water and gradually building up to swimming. Staff told us this aspect of people's care had improved greatly since our previous inspection. One member of staff we spoke with told us, "At one point, the only 'activity' on offer for people was to walk to the local Tesco Metro and back. People have a much better quality of life now." Another member of staff told us, "It's not like before. People were really agitated because they were kept indoors."

Information was provided to help people and their relatives understand the service available to them. The registered manager was aware of the Accessible Information Standard (AIS). From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The registered manager was aware of the AIS and had reviewed and updated people's care plans, documenting their communication needs in a way that met the criteria of the standard.

At the time of our inspection, there was no one living at Edward House who required end of life care. The registered manager told us they were looking at making improvements to end of life care planning and discussions with people and their relatives so they could provide responsive end of life care, if required.

Is the service well-led?

Our findings

At our previous inspection on 9 and 10 October 2017, we found the provider was in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The system used to monitor accident and incident reporting was not always used effectively. Additionally, systems were not in place to gather relatives' and people's feedback about their experience of the quality of the service provided. At this inspection, we found the necessary improvements had been made and the provider is no longer in breach of this Regulation.

As detailed previously in this report, the provider and registered manager now had effective incident and accident monitoring in place. Feedback was now used as a way of making continual and ongoing improvements to the service. Service user meetings were in place, which gave people an opportunity to make suggestions. Recent suggestions had included day trips to Bristol Zoo and Cadbury World, both of which had taken place. People were also involved in the recruitment of prospective staff. The registered manager told us, "Who better to decide who works here than the guys themselves?" Where people did not respond well to prospective new staff members, they were not considered suitable for employment. Relatives we spoke with told us they were asked for their views on the quality and safety of care provided to people and they felt their views were listened to and acted on.

Since our previous inspection, a new registered manager was in post. We received consistently positive feedback about her from staff, relatives and health professionals. One relative we spoke with told us, "[Registered manager] has turned the place around. I really want to praise her tremendous effort and work." A health professional commented they had "faith" in the registered manager and had seen improvements at the home since she had been in post. Staff told us about the new management structure at Edward House. One member of staff commented, "We have a deputy now, team leaders and shift leaders. It works really well as we have a clear support structure." We spoke with the registered manager, who told us they had insisted on a new deputy post being created, which the provider had fully supported. Recently, the registered manager had won a national Great British Care Award in recognition of her skills and attributes as a care home manager, and had been nominated by relatives and staff.

The registered manager knew the people living at Edward House well and had built trusting and respectful relationships with them. We saw people were relaxed and happy in her presence, as demonstrated by their individual method of communication. During our inspection, the registered manager was mindful of people's individual triggers for anxiety and worked with us to make sure the inspection process did not disrupt people's emotional wellbeing. Both the registered manager and deputy manager were experienced, and trained in, autism, autistic spectrum disorders and learning disabilities. The service had obtained accreditation with the National Autistic Society. Autism accreditation is the UK's only autism specific quality assurance programme of support and development for those providing services to autistic people. Achieving accreditation demonstrates an organisation is committed to understanding autism and setting the standard for autism practice (Source: The National Autistic Society website.)

Quality assurance measures were in place, which included a range of weekly and monthly audits regarding

key areas of people's care, such as medication, wheelchairs and slings, fire safety and infection control. The registered manager also carried out 'walk throughs' of the home, and unannounced night-time spot checks. The registered manager and staff told us that one of the main improvements at Edward House was safe medicine administration. The registered manager had introduced a new system where one member of staff administered medicine, and then a second member of staff checked this had been given and signed for. As a result, there had been no medication errors at the home in the last 12 months.

The registered manager and staff had established links with the local community for the benefit of people living at Edward House. This included a local "butterfly garden project", which is a community project for all members of the community. The registered manager told us this was important to people living at Edward House as it gave them an opportunity to interact and befriend people who were not part of their immediate peer group.

The provider continued to comply with their legal and regulatory responsibilities, such as submitting statutory notifications to the Care Quality Commission and visibly displaying their current rating.