

The Edmund Trust

Edmund 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

About the service

Edmund House is registered to provide personal care to people living in their own homes. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of this inspection there were 79 people with a learning disability, who received personal care.

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

Relatives were satisfied that people were happy with the service and the staff that provided their care. Staff were kind and caring, they involved people in their care and made sure people's privacy was respected.

People were safe because staff knew what they were doing, they had been trained, and supported people in the way people wanted.

Staff assessed and reduced risks to people as much as possible. There were enough staff to support people with their care and support needs. The provider carried out key recruitment checks on potential new staff before they started work. The provider used temporary staff who knew people and the service well.

People received their medicines and staff knew how these should be given. Staff used protective equipment, such as gloves and aprons to prevent the spread of infection. Staff followed advice from health care professionals and made sure they asked people's consent before providing care and support.

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.

Staff kept care records up to date and included national guidance if relevant.

The service was well managed by a registered manager. The staff team were passionate about giving people a high-quality service.

People and their relatives were asked their views of the service and action was taken to change any areas that they were not happy with. The provider had systems in place to effectively monitor and bring about improvements in the service. Concerns were followed up to make sure action was taken to rectify the issues raised.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 09 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.	



Edmund 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 20 '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 also provides personal care to people living in their own houses and flats in the community.

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 service 72 hours' notice of the start of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 07 February 2020 and ended on 18 March 2020. We visited the office location on 10 February 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to

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

During the inspection

We received feedback verbally and in writing from seven relatives about their experience of the care provided. We also received feedback verbally and in writing from 13 members of staff which included the registered manager, chief executive officer, service managers and support workers. We received feedback from seven external professionals. We reviewed a range of records. This included care records and a variety of records relating to the management of the service.

Due to the national pandemic Covid 19, and to reduce the risk of cross infection, we were unable to visit people in their homes to gather their feedback.



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 now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had received training and understood how to safeguard people from harm or poor care. Staff knew how to recognise, report and escalate any concerns to protect people from harm. One member of staff told us they would, "Follow the Edmund Trust Safeguarding Policy, which can be found in the staff handover file".
- Relatives told us they felt their family members were safe. One relative told us, "I believe staff ensure [person] is safe and protected from abuse. [Person] always seems happy and is keen to return home".

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe.
- People had risk assessments to support them to stay safe in their own home and evacuate safely in an emergency.

Staffing and recruitment

- Staff, relatives and professionals all told us that the service used a high number of temporary staff due to staff vacancies. Professionals told us, "They [the provider] had managed this well with close management support."
- The registered manager also informed us that recruiting permanent staff could be difficult. Staff told us that the temporary staff the service used were well known and knew the people they worked with well.
- The registered manager had sought to reduce the impact of using agency staff by using a regular team of agency workers so that people could get to know them. Agency staff had received an induction into the service to ensure they had the information they needed to support people safely.
- The provider had a recruitment process that ensured that staff were suitable to work at the service.

Using medicines safely

- Staff received training in the safe use and administration of medicines and senior staff checked their competency to administer people's medicines safely.
- Staff told us that they received three initial competency checks before administering medicines independently. This ensured that both staff and management were confident that staff were competent in their skill and knowledge to safely support people with their medicines.

Preventing and controlling infection

• Staff had completed training in how to reduce the risk of infection and followed good practice guidance.

• Staff used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.

Learning lessons when things go wrong

- Senior staff had carried out audits, which identified if something was not working well and used their learning to change and inform their practice. For example, discrepancies in finances led to a full audit carried out by the finance team and led to changes in their recording systems. Any learning was shared with the staff team via meetings, supervisions and training.
- Incidents and accidents were recorded appropriately and reviewed by the registered manager or health and safety manager.



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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 prior to them using the service, and regularly reviewed them thereafter, to ensure they could meet people's needs. Relatives told us that the service had worked hard with people to ensure that they could provide the support that person needed.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.
- The management team ensured that staff delivered up to date care in line with good practice and current guidance.

Staff support: induction, training, skills and experience

- Staff said that they had received enough training to do their job properly and support people effectively. This included online training, classroom-based training and shadowing experienced staff.
- Relatives told us that they were included in bespoke training regarding their family member to ensure that staff understood the person's needs and the most effective way of working. One relative said, "I actually spend several hours with every member of staff before they work with [person's name], training them in what I call [person's name] training as opposed to official training."
- Staff told us that they felt well supported and, "Managers were supportive and informative." Staff received supervision in face to face meetings and annual appraisals. Staff felt that they were encouraged to develop within the service.

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

- Staff supported people to plan and prepare meals. This also included people shopping for their own food with the support of staff.
- Relatives told us that in one of the supported living schemes there had not always been a good quality or variety of food. The registered manager told us that they had worked with the people living in the service and staff to find creative solutions to address this. Currently the service employed a member of staff during the day to create recipes with people and organise the shopping.

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

• Staff shared information with each other and external professionals, such as GPs, occupational therapists, speech and language therapists and social workers. One professional told us, "The staff that I deal with are highly skilled and work well with us. The staff team are engaged and have a genuine warmness for the

clients that they work with."

- Staff followed external care professional's advice. This helped to ensure that people received effective care that maintained their health and wellbeing. A professional said, "I have experienced improvement in the response of staff to referral recommendations."
- Relatives were positive about the way staff worked with other agencies to provide care. A relative said, "The care provided by the staff is second to none, they have helped [person] improve their dental hygiene and enabled [person] to reduce their weight and then maintain it at the right level."

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.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA

- Staff had received tailored training in the MCA from the safeguarding team within the local authority.
- Staff knew how the MCA applied to their work.
- Where people lacked the mental capacity to make certain decisions, staff supported them in the least restrictive way, to be involved in decision making, and to express their choices.



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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- Relatives made positive comments about the staff and the support that people received. One relative said that their family member, "Received extensive one to one support from a well-led core team of support workers." Another relative said that, "The staff provide a safe homely environment that enables [person] to integrate in the local community."
- External care professionals made positive comments about staff. One professional told us, "The staff have a genuine warmness for the people they work with."
- Staff told us that they were proud of the service and the way people were supported and treated. One member of staff said, "I would not expect anything less for a member of my family so I would expect nothing less for the people we support."

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

- Staff knew each person well and understood what was important to the individual. Staff told us that they got to know people well by spending time them.
- Staff understood the importance of offering people choice and involving people in making decisions about their care. Professionals were positive about how staff included people's views. One professional told us, "They recognise [a person's] needs, skills and aspirations and all work with them to achieve as much as they can."

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy, dignity and independence. Staff offered personal care discreetly and made sure that people's dignity was respected.
- People's confidentiality was maintained; records were kept securely.
- Staff encouraged people to be as independent as possible. For example, one person wanted to be more independent accessing the community on their own. The service achieved this by supporting the person to use a phone and develop strong community links to offer support.
- Relatives were satisfied that people were supported to be independent. One relative said, "Staff consistently promote [person's] independence and allow [person] to make decisions whilst guiding them."



Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely.
- Professionals were satisfied that people were provided with personalised care, and people could make choices. One professional said, "As an organisation I feel that they are very person centred and try to provide very good individualised care for the people that they support."
- Staff told us that they worked with people to ensure that they had choice and control over the way people wanted to be supported.

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 had communication plans and risk assessments in their care plans to guide staff on how best to communicate with people effectively. If people used communication aids or methods staff were provided with training on how to use these, for example pictures and symbols or Makaton.
- Relatives told us that staff work with them to provide a visual diary in advance so that their family member knows who will be supporting them in advance.

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 care plans contained detailed information about their social history and what was important to them. People were also matched to staff used a 'matching tool' based on people's likes and dislikes of social activities, and skills of staff. For example, it was important for one person that staff knew exactly how to style their hair in a certain way.
- Relatives told us staff supported people to take part in activities that were enjoyable to them. One relative told us that their family member was supported to go, "Horse-riding, trampolining and on day trips which provided a good quality lifestyle." People were also supported to go on holiday.
- Relatives told us that staff supported people and their families to maintain relationships. One relative told us that, "Staff support [person] to meet different family members which has been very good for [person] and lovely for the family."

Improving care quality in response to complaints or concern

- The provider had systems in place to deal with any concerns or complaints. Complaints had been investigated and responded to.
- Relatives told us that they knew who to speak to if they were not happy. A relative we spoke with said, "Whenever I have brought up any issues which has worried me, I think staff have always listened to me and tried to work on these issues with me and [person]."

End of life care and support

- Staff had access to basic training in end of life care.
- At the time of our inspection there was no one receiving end of life care and support.



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 remained the same. 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

- The registered manager, and senior staff team, were committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff wherever necessary.
- Staff all told us that they enjoyed working at the service. Relatives also observed this, and one relative said; "I would go so far as to say that the staff enjoy supporting [person] and that they enable [person] to live a very fulfilled life.
- Relatives told us that they had recommended the service to other families they knew, and as a result those people had also started using this service. One relative said, "I would not have recommended the service if I did not have every confidence in them. The whole ethos of the company is excellent."
- External professionals also praised the service. One professional told us, "The staff working with the residents are there because they care and that is evident when you visit and through my communications with them."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager understood the requirements of their role and was up to date with the latest best practice guidance. This included guidance in relation to oral care, which the staff had included in people's care plans.
- Relatives gave us positive feedback about the management structure. One relative said, "From the top down the staff are positive and well trained." They also told us, "When there have been times of staff shortage, the Chief Executive and registered manager and another member of the senior management have stepped in to help out. As a result [person] has a good relationship with the whole hierarchy."
- Staff were clear about their roles and knew when and how to raise any concerns. Staff were held to account for their performance when required.
- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement. Actions put into place following these audits ensured that improvements were made.
- The provider had fulfilled their legal obligations in relation to notifying CQC of important events they are required to. The provider had displayed their inspection rating clearly in the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and their relatives were given opportunities to comment on the service provided regularly. This included formal face to face reviews, surveys and informal feedback. They told us that they were invited to team meetings when appropriate, one relative told us, "It enables me to be part of the team which we all seem to find beneficial."
- Staff worked well together and demonstrated the values and vision of the service.
- A survey inviting staff to give feedback led to a, 'You said, we did' programme, taking into account staff suggestions for improvements and change.
- Staff attended regular staff meetings and shift handovers where they had opportunities to discuss their views on the service provided. They also attended one to one formal supervision as well as meeting with senior staff regularly.
- The service celebrated and shared its successes in various ways. People and relatives were invited to nominate staff for their work and demonstrating the values of the service. Staff received recognition awards based on their nominations.
- The registered manager used information gathered from audits, surveys and feedback to develop the service and make improvements. The registered manager and staff were committed to learning and to improving outcomes for people using the service.

Working in partnership with others

• Staff worked in partnership with a range of professionals to ensure that people received joined up care. External professionals made very positive comments about the registered manager and staff and the service they provided.