Eden Supported Services Ltd

Colenso House

Inspection report

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Essex
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Tel: 02037302706

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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

This inspection took place on 27 February 2018 and was announced. At the last inspection on 7 February 2017, the service was rated as requires improvement. We asked the provider to take action to make improvements with regard to staff induction, medicine management and risk of people, visitors and staff consuming contaminated water. This action has been completed.

Colenso is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service provides accommodation and support with personal care for up to five adults with learning disabilities who may also have mental health needs. At the time of our visit, there were three people using the service.

There was no registered manager in place at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Relatives and people told us the service was safe and they did not have any concerns.

There were processes in place to minimise risks to people's safety. Staff understood what constituted abuse or poor practice and systems were in place to protect people from the risk of harm. They knew when they should escalate concerns to external organisations. Potential risks to people's health and well-being were identified and managed effectively.

The recruitment procedures were thorough with appropriate checks undertaken before new staff members started working for the service. There were sufficient numbers of staff available to meet people's individual needs.

Staff received training and support to deliver a good quality of care to people and a training programme was in place to address identified training needs. Newly appointed staff completed an induction programme.

The manager and staff understood their responsibility to comply with the requirements of the Mental

Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They respected decisions people made about their care and gained people's consent before they provided care and support.

People received care and support in a compassionate way from a staff team that knew them well and were familiar with their needs. Staff had built a good relationship with people and their privacy and dignity were respected. Confidentiality of people's personal information was maintained.

People's dietary needs were taken into account and their nutritional needs were monitored appropriately. Staff supported people to take their medicines safely.

The complaints policy and procedure was accessible to people and their relatives. The manager ensured that any issues raised were resolved to the satisfaction of the person.

The provider had effective systems in place to quality assure the services provided and to drive improvement. Feedback about the service was sought from people, relatives, staff and other professionals. If any improvements were needed, these were implemented.

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. Staff understood their role in safeguarding people and how to raise concerns about people's safety.

Risks to people's individual health and wellbeing were identified and care was planned to minimise the risks.

Effective recruitment practices were followed to help ensure all staff were fit, able and qualified to do their jobs. There were enough staff to make sure people had the care and support they needed.

People received support with their medicine which was managed safely.

There were systems in place for the monitoring and prevention of infection.

Is the service effective?

Good

The service was effective. An initial assessment of people was carried out before they started using the service.

Staff were trained and supported to enable them to meet people's individual needs. They understood their responsibilities in relation to consent and supporting people to make decisions.

People were supported to maintain good health and to access healthcare services when they needed them.

People's dietary needs were taken into account and their nutritional needs were monitored appropriately.

Is the service caring?

Good

The service was caring. Staff were aware of people's preferences and respected their privacy and dignity. There was a positive relationship between people and the staff who supported them.

People were involved in making decisions about their care and support and were supported to maintain relationships with their

relatives.

Staff supported people to enable them to remain as independent as possible. Confidentiality of people's personal information was maintained.

Is the service responsive?

Good

The service was responsive. People received care and support that met their needs and took account of their personal circumstances.

Staff had a good understanding of people's needs, choices and preferences, and were aware of how to meet people's individual needs as they changed.

The provider's complaints policy and procedure was accessible to people and their relatives.

Is the service well-led?

Good

The service was well led. There was an open and positive culture within the service, which was focussed on people.

People and their representatives felt the service was well managed and staff felt supported.

There were clear lines of responsibility and accountability within the management structure.

There were regular audits carried out to monitor the quality of the service and drive improvements. The provider continually sought feedback about the service from people, relatives, staff and other professionals.

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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.

Following the last inspection in February 2017, we asked the provider to complete an action plan to show what they would do and by when to improve the service to at least good. We did receive a comprehensive action plan within the time allocated to them. We asked the provider to take action to make improvements with regard to staff induction, medicine management and risk of people, visitors and staff consuming contaminated water. This action had been completed and the provider now met legal requirements.

This announced inspection took place on 27 February 2018 and was conducted by one inspector. The manager was given one hour notice because we needed to be sure that members of the management team were available to assist us with the inspection.

Before the inspection, we checked the information that we held about the service. This included statutory notifications sent to us by the registered manager about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law. We also reviewed the information we held about the service and information we had received from other professionals for example the local commissioning team and the care management team.

During our inspection we spoke with the manager, deputy manager and two members of the care staff. We also spoke with one person whose English language was limited. This was done through one staff member who spoke their language in order for us to get their views about the service. The other two people were not able to share their views about the service with us as they had limited verbal communication. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at two care plans, two staff recruitment files, staff training records, staff rotas, staff supervision and a range of records about people's care and how the service was managed. These included medicine administration record (MAR) sheets, satisfaction surveys, quality assurance audits and health and safety records.

After the inspection we spoke on the telephone with three relatives and two healthcare professionals to gain their views about the service.

Good

Our findings

People confirmed they felt safe at the service. One person told us, "I am safe here." A relative said, "It is a good home I do not have any concerns with the staff and the way they look after [person]."

During our last inspection in February 2017, we found the provider had not ensured medicines were managed safely and this could have a negative impact of people's health. Where people had been prescribed medicines to be administered on a 'when required' (PRN) basis, these were not always managed effectively. There was no protocol in place to inform staff when and how to administer people's PRN medicine. We also found medicines were not being administered as prescribed.

During this visit we found people had been given their medicines in a safe way and all staff had received appropriate training to ensure they were competent to administer medicines. Records of medicine administration and stock were kept, to show medicines were administered in accordance with people's prescriptions and available when people needed them. Any medicines prescribed to be given as necessary were monitored and guidance explained when these medicines should be given. The management team had also asked each person's GP to review what medicines people were taking to ensure they still needed to have them. We noted one person had a medicine discontinued by their GP. Relatives commented the staff managed people's medicines well.

At the last inspection in February 2017, we noted the shower heads in the bathrooms could drop below the water level when the baths were in use or could reach the bottom of the shower trays where there was one. This could create a backflow (an unwanted flow of water in the reverse direction) and could be a serious health risk for the contamination of drinking water, which people and staff consumed. During this visit we saw action had been taken to rectify the situation.

Records showed that checks were carried out on the premises and equipment to ensure health and safety of people, staff and visitors to the service. Checks included the electrical hard wiring, fire extinguishers, portable appliances test and gas boiler. We noted there were Personal Emergency Evacuation Plans (PEEP) in place for each person and this helped to ensure people were evacuated safely according to their individual needs.

The provider had a system in place to record and monitor accidents and incidents. We saw incidents had been investigated and action taken to minimise them from happening again.

The provider had procedures in place to inform staff of how to protect people from abuse and avoidable harm. Staff were trained in safeguarding adults and had good understanding of their responsibilities to report concerns under the safeguarding policy and procedures. One member of staff told us, "I will report it to the manager if I am concerned about something not right." Information about reporting concerns was readily available to staff as well as to people who used the service. There was also a whistle blowing policy in place which staff were aware of. Staff knew they could raise concerns to external agencies if they felt the management team did not deal with their concerns appropriately. This showed staff and people using the service had access to information about how to raise concerns and what procedures to follow.

We saw risks to people were assessed and management plans were in place where risks were identified. The risk assessments were based on the needs of the person. The assessments identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. For example, one person had a risk assessment in place to ensure they were safe whilst being transferred from their chair to their bed. Staff had a good knowledge on how to support people to keep them safe. We saw risk assessments were reviewed every six months or earlier as required.

Staff were recruited safely to ensure they were suitable to work with people who used the service. We saw relevant checks had been completed before they started to work at the service. Staff had completed an application form to show their employment history and had attended an interview. Staff files also contained proof of their identity, references, health questionnaires and a Disclosure and Barring Service (DBS) check. DBS helps employers make safer recruitment decisions and prevent unsuitable staff from working with people. This showed the provider understood their legal responsibilities regarding safe staff recruitment.

There were enough staff to meet people's needs and to provide personalised care and support. We looked at the staff rota for a period of two weeks and noted people were supported by the same number of staff as mentioned by the manager. One person told us, "Yes" when we asked them if they felt there were enough staff working at the service. Where people needed to go out for health appointments outside the service, the manager ensured an extra member of staff was on duty. This helped to ensure people received care and support as needed. During our visit, we saw staff responded promptly when people called for assistance. Relatives also told us they felt there were enough staff working at the service when they visited their loved ones.

We saw the service was cleaned and free of malodour. Staff had received training in infection control and were aware of their responsibilities in this area. They were provided with personal protective equipment. There was no touch hand soap dispenser washing facilities in different areas within the service. This helped to prevent any spread of bacteria or viruses. Relatives and professionals told us the service was always cleaned when they visited.

Good

Our findings

Relatives told us they were satisfied with the care and support and felt the staff knew what they were doing. A relative said, "The staff do a very good job and they do it in a caring way."

During our last visit in February 2017, the registered manager told us they had an induction programme in place which new staff were to complete before they could start work on their own. However, they were unable to provide us with any records or other form of evidence that this was in place. This meant people who lived at the service, were placed at unnecessary risk of harm because staff had not received an appropriate induction.

During this visit, we saw new staff undertook an induction programme when they started working at the service and were enrolled to complete the Care Certificate. The Care Certificate has been introduced nationally to help new care workers develop and demonstrate key skills, knowledge, values and behaviours which should enable them to provide people with safe, effective, compassionate and high quality care. One member of staff told us, "When I started work here, [previous manager] did my induction and I found it very helpful." This meant that staff received an induction programme that promoted good practice.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

At the last inspection in February 2017, we found one member of staff was not clear about the legislation and needed prompting to answer our questions about MCA. We raised this with the registered manager, who said the staff member would attend further training. During this visit we found staff had undertaken training in this subject and were aware of their responsibilities and understanding of the processes involved. They were able to explain what MCA was and how the act was used in their day to day work. One member of staff told us, "It is about people's capacity to make decisions."

The provider had made applications for DoLS to the local authority when they believed people were being deprived of their liberty for their own safety. We saw records of how people's best interests were assessed if

the person lacked capacity to make certain decisions about their care and support. Staff told us always asked people for their permission before carrying out care and support and waited for their consent before proceeding with tasks. This was confirmed by relatives.

Before a person started to use the service, we saw an initial assessment was carried out. We looked at a recently completed assessment and found that although it was comprehensive, more information could be added to make more holistic. This was discussed with the manager who agreed to look into how they could improve the assessment process further. We saw that information was also gathered from relatives and from the commissioning team to ensure the service had all the relevant details on what the person's needs were and how to meet them. Relatives and people were encouraged to visit the service before admission.

People were supported by staff that had received appropriate training and support to do their jobs and meet people's needs. The provider had a programme of training for staff to undertake whilst working at the service. Training records showed staff had completed training in a number of areas to help them meet the needs of people. This included safeguarding, Mental Capacity Act 2005, infection control, effective communication and moving and handling. Each member of staff had a training plan which showed which training they had undertaken and when they needed refresher training. This helped staff to keep themselves updated with their training.

Staff told us and records confirmed that they had received appropriate training and support for their role. One member of staff told us, "The training is good and helps me in my work." We saw staff training was monitored by the manager and discussed during one to one meetings. Staff were able to request to gain further qualification, for example we saw one member of staff had requested to enrol on a national qualification in health and social care at level three. All this helped to ensure people were looked after well by skilled and experienced members of staff.

Records showed staff received regular supervision, which gave them opportunities to meet with the manager and discuss any issues they might have. We saw a number of areas were covered during those meetings such as people's needs, and any training requirements. This helped to ensure that staff had the opportunity to raise any issues or concerns and carry out their roles effectively. One member of staff said, "I do have regular supervision and they are helpful as we discuss different things, like training."

Staff that had worked for the provider for longer than 12 months had an annual appraisal during which they discussed their development and any training needs they might have. This helped the provider to monitor that staff had the competencies and skills to do their work.

People were happy with the support they had to eat and drink. One person told us, "The food is good." People were offered a choice of food and drink and were encouraged to eat healthily. Staff were knowledgeable about people's dietary needs and their likes and dislikes. They gave us examples of what cultural foods some of the people liked to eat such as naan bread and chapattis. Staff monitored what people ate and drank and their weights were also checked regularly. People were supported to eat and drink throughout the day and to maintain a balanced diet based on their needs and preferences. One person ate only specific foods to observe their religious beliefs. Their relatives told us the staff always made sure the person's religious dietary needs were met.

People were supported to maintain their health. Relatives told us staff kept them informed of any changes to the health of their loved ones. One relative said, "They [staff] phone me to let me what is going on." The manager worked well with other health and social care professionals to support people using the service. We saw records where people had been referred to other health or social care professional such as GP's. We

also saw people were supported to have regular health checks.

Good

Our findings

People and relatives spoke positively about the care and support their family members received. Relatives felt the staff treated people with respect and were kind and caring. One relative said, "The staff are very kind." One person told us, "The staff are good."

People were supported to make choices on a daily basis in areas such as what they would like to wear, what food they would like to eat, or how people wanted to spend their day. Records showed people were able to express their views and were involved in making decisions about their care and support. Staff actively listened to people, and respected their decisions.

During our observations, we saw people were comfortable around staff. The engagement was positive and any support was provided by staff in an unhurried manner. Staff had developed a positive caring relationship with people who used the service. During our visit we saw staff interacting with people in a kind and friendly manner. People were relaxed in the company of staff and there was a relaxed atmosphere within the service. We saw one person sat with a member of staff watching television together.

Staff were knowledgeable of people's needs and their daily routines and supported them accordingly. We saw people's care records included people's likes and dislikes and their preferences were recorded. One member of staff said, "[Person] does not like cheese." Another staff told us, "[Person] loves tuna." Staff were aware of people's needs and wishes and these were taken into consideration when they provided care and support to people.

Staff encouraged people to maintain their independence if they were able to do so. For example, where people were able, they were encouraged to make their own drink. However, staff would be available for assistance if they needed. Staff gave us examples how during personal care they encouraged people to wash their hair by themselves or brush their teeth. This helped people to gain confidence in their day to day routines.

People had their privacy and dignity respected by staff. Relatives felt the staff were good at ensuring people's privacy and dignity was maintained. One relative told us, "The staff always treat [person] with respect." One member of staff said, "I always knock and wait for their [people's] permission before I go in their rooms." Another staff said, "I always lock the door when I am helping someone to wash and cover them." We saw staff always maintained eye contact when talking to people and took time to listen to what they had to say.

The manager told us they were not using any advocacy services. Advocacy services are independent of the service and they support people to make and communicate their wishes. If a person requested an advocate, this would be made available to them.

Staff were aware of the importance of confidentiality. They knew when or when not to share information and who they could share confidential information with. We saw confidential information was stored safety and was locked away when not in use. One member of staff told us, "I can't discuss about a client with another client." The provider was a member of the Information Commissioner's Office. This is an independent authority set up to uphold information rights in the public interest, promoting openness by public bodies and data privacy for individuals.

Relatives told us they could visit the service at any time and they were always made to feel welcome. They said their family members also visited them regularly and stayed overnight. They felt the service was very homely and the staff team worked well together as a 'big family'. Staff had developed a very good relationship with the people using the service.

Good

Our findings

People and relatives told us the service was responsive to their needs. One person said, "The staff are good." A relative told us, "It is a good home, I am happy with the way they looked after [person]." Another relative said, "The care and support from staff is very good."

We saw care plans were personalised and included details of how people wanted their care to be delivered. The care plans also contained information about people's personal interests, likes and dislikes and their individual wishes and preferences. People's religious and cultural needs were also taken into account when their care plans were drafted.

The care plans had sufficient details about the support needed to meet people's needs. There was detailed guidance for staff to follow so that they supported people consistently. For example, we saw there were clear guidelines for staff to follow when one person went out in the community as they have a tendency to walk away from staff. When we asked staff for a summary of people's needs they were knowledgeable about these and also explained to us how they met people's individual needs. Care plans were reviewed and updated to reflect people's changing needs. This meant people received the care they wanted and their needs were met.

The manager told us that they were in the process of reviewing the care plan folders to make them more user-friendly. This would make it easier for staff to find information as the care plans would have different sections within the same folder.

Staff completed daily records which contained details about the care that had been provided to each person and highlighted any concerns or issues. This helped staff to be kept up to date with any changes in people's needs.

People's social and emotional needs were taken into account. There was a variety of activities for people to join in with during the week. However if people preferred to spend time in their room, staff would respect their wishes. People were able to go out to visit their relatives during the weekends. This was confirmed by relatives we spoke with. Each person's had a 'weekly activity planner' and set out the different types of activities they liked to do during the weeks and at weekends. Relatives commented they were happy with the activities that their loved ones participated in.

People also participated in social events such as celebrating someone's birthday or joining in to celebrate

religious festive events such as Eid or Christmas. Relatives told us they were invited to parties which were organised by staff on behalf of people who lived there.

People who used the service were given appropriate information regarding their care and support. Some information was available in pictorial format for people who were unable to read such as the service user's guide.

We saw that people who used the service were able to make choices about their lives and were part of the decision making process. People had their own individual routines which were respected. For example, one person liked to listen to music in their room and staff respected their wishes.

We positively noted that people used different types of technology in the service to keep in contact with their family members or just to browse the internet. One person used an application on their IPad to keep regular face to face contact with their relative.

The provider had a complaints procedure that was clearly written and easy to understand. Relatives told us they knew how to raise issues or make a complaint. They said they would speak to the staff or the manager if they were not happy about something. They felt confident that any issues raised would be listened to and addressed. One relative said, "I will talk to the manager if I have any concerns."

The manager informed us they had not had any complaints from people or their relatives since our last inspection. They mentioned that informal concerns raised by people or their relatives were addressed through discussion on a day to day basis. We saw the complaints procedure as well as blank complaints forms were kept in the entrance of the service so they were readily accessible to everybody who wished to raise any concerns.

The complaints procedure had information about other organisations people or their relatives could contact if they felt their complaint was not dealt with to their satisfaction. The manager said they took account of any concerns or issues raised seriously as this helped them to improve the service. People had an allocated member of staff known as a key-worker who coordinated their care. They met their key worker on a monthly basis and were given an opportunity to speak up if they were unhappy.

We saw people's last wishes upon death were recorded. However, we found more information could be included to ensure this was met fully. The manager agreed and said they would review the information held to make it more comprehensive.

Good

Our findings

People, their relatives and health care professionals were satisfied with the quality of the service. One relative told us, "It is a nice home. They [staff] look after people well."

During our last inspection in February 2017, we found the previous registered manager was also responsible for another registered service that was located in the area, which was also owned by the provider. They divided their time between the two locations each day. They would spend a few hours at Colenso House during the day, talking to staff and people at the service. Office work was usually carried out at the other location and we found some of the provider's policies, procedures and records were held there. We had to wait to see records as they were not all kept in the service, but were in the other service. The registered manager went to collect them during the inspection. This issue was discussed with the provider and they were reminded that all relevant records relating to each location, should be kept within the service and must be easily accessible. During this visit all records we asked for were readily available to us.

Since our last inspection in February 2017, the previous registered manager had decided to deregister with us and now held the position of deputy manager. The registered provider had recruited a new manager who started work for the service since 12 February 2018. The new manager said they were in the process to apply with us to be the registered manager for the service. The manager received support from the provider, service manager who overlooked the two services and the deputy manager. This helped to ensure the service ran smoothly and provided good quality care to people.

Staff told us the management team were approachable, supportive and helpful. One member of staff said, "The manager is very supportive, I can talk to them." A relative told us, "The manager is good." Relatives and other professionals involved with the service commented positively about how the service was run and felt the management team was helpful in ensuring people's needs were met. They felt they were able to express their views in a safe and understanding environment.

We saw staff meetings took place on a regular basis. Staff told us they could discuss any issue they might have during these meetings, for example team working and communication. They mentioned these meetings were helpful as they were kept up to date with what was happening within the service such as any changes to people's needs and any forthcoming training.

Staff understood their roles and responsibilities and who they were accountable to. They told us they worked well as a team and supported each other. They felt they could approach the management team as

they had an open door policy. The management team had a good relationship with staff, people, relatives and other professionals. They were aware of their responsibilities to inform us, where a notification needed to be submitted. A notification is information about important events which the registered provider is required to send to us by law.

People, relatives, staff and other professionals were given the opportunity to have a say in what they thought about the quality of the service they received. Quality assurance questionnaires were sent to them to assess their satisfaction with the service. We looked at the most recent completed questionnaires. The feedback received was positive and people were happy with the care and support they received. One relative wrote, "The care provided meet [person] needs as it was evident by their attitude and behaviour. The cultural needs are definitely being met as [person] seems happy and responding very well." This showed the provider had an approach towards a culture of continuous improvement.

The manager carried out regular audits to monitor the quality of the service being provided. This included care plans, medicines administration records, general environment and fire safety checks. If any issues were found during these audits, actions were taken to rectify them. This meant the quality of the service was being assessed and monitored.

The management team worked closely with other external organisations to ensure people needs were met. We saw a number of correspondences that had been sent to and received from healthcare professionals, where people's needs were discussed and advice received accordingly. For example we noted a person was referred to a specialist for further investigation following them having an unexplained seizure.