Edwardian Residential Care Homes Limited

Edwardian

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

Overall summary

The inspection visit took place on the 3 December 2015. This was an unannounced inspection which meant that the staff and provider did not know that we would be visiting.

We last inspected the service on the 15 February 2015 which was a follow up inspection from April 2014. In April 2014 we found that the service needed to improve its quality assurance systems. In February 2015 we saw this had been completed and the service was not in breach of any regulations at that time.

Edwardian is a care home that provides accommodation for up to eleven people who have mental health needs. It is located close to Stockton town centre.

There is a registered manager in post. 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.

Summary of findings

All people we spoke with told us they felt safe at the service. Staff were aware of procedures to follow if they observed any concerns.

There were policies and procedures in place in relation to the Mental Capacity Act and Deprivations of Liberty Safeguards (DoLS). The registered manager and staff had the appropriate knowledge to know how to apply the MCA and when an application should be made and how to submit one. This meant people were safeguarded.

We saw that staff were recruited safely and were given appropriate training before they commenced employment. Staff had also received more specific training in managing the needs of people who used the service such as mental health and management. There were sufficient staff on duty to meet the needs of the people and the staff team were supportive of the management and of each other. Medicines were also stored and administered in a safe manner.

There was a regular programme of staff supervision in place and records of these were detailed and showed the home worked with staff to identify their personal and professional development.

We saw people's care plans were person centred and had been well assessed. The home had developed care plans to help people be involved in how they wanted their care and support to be delivered. We saw people were being given choices and encouraged to take part in all aspects of day to day life at the home, from planning entertainment to helping to make the evening meal.

Staff had a good awareness of people's dietary needs and staff also knew people's food preferences well. We saw how people were involved in planning all the meals at Edwardian.

We observed that all staff were very caring in their interactions with people at the service. People clearly felt very comfortable with all staff members. There was a warm and caring atmosphere in the service and people were very relaxed. We saw people were treated with dignity and respect. Relatives and people told us that staff were kind and professional.

We also saw a regular programme of staff meetings where issues where shared and raised. The service had an easy read complaints procedure and staff told us how they could recognise if someone was unhappy. We joined in the regular residents meeting where we saw people being involved in lots of aspects of how the service was delivered. This showed the service listened to the views of people.

Any accidents and incidents were monitored by the registered manager to ensure any trends were identified. This system helped to ensure that any patterns of accidents and incidents could be identified and action taken to reduce any identified risks.

The service had a comprehensive range of audits in place to check the quality and safety of the service and equipment at Edwardian. Action plans and lessons learnt were part of their ongoing quality review of the service

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?
This service was safe.

Staff knew how to recognise and report abuse. Staffing levels were good and were built around the needs of the people who used the service.

Medicines were safely stored and administered and there were clear protocols for each person and for staff to follow.

Staff had training and knew how to respond to emergency situations

Good

Is the service effective?
This service was effective.

People were supported to have their nutritional needs met and were involved in all aspects of meal planning. People's healthcare needs were assessed and people had good access to professionals and services designed to help them to maintain a healthy lifestyle.

Staff received regular and worthwhile supervision and training to meet the needs of the service.

The registered manager and staff had a good understanding of the Mental Capacity Act 2005 and Deprivations of Liberties (DoLS) and they understood their responsibilities.

Good

Is the service caring?
This service was caring.

It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs.

Wherever possible, people were involved in making decisions about their care and independence was promoted. We saw people's privacy and dignity was respected by staff.

Good

Is the service responsive?
This service was responsive.

People's care plans were written from the point of view of the person who received the service. Plans described how people wanted to be communicated with and supported.

The service provided a choice of activities based on individual need.

There was a clear complaints procedure in easy read format. People and staff stated the registered manager was approachable and would listen and act on any concerns.

Transitions into the service had taken place in a planned way.

Good

Is the service well-led?
This service was well-led.

Good

Summary of findings

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

Staff and people said they could raise any issues with the registered manager.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Edwardian

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.

The inspection visit took place on 3 December 2015. Our visit was unannounced and the inspection team consisted of one adult social care inspector.

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

At our visit to the service we spent time with seven people who lived at the service, and observed how people were supported.

During our inspection we spent time with two care staff, the deputy manager and the registered manager. We observed care and support in communal areas. We also looked at records that related to how the service was managed, looked at staff records and looked around all areas of the home including people's bedrooms with their permission. Following the inspection we spoke with one relative and one professional who supported someone living at Edwardian.

Good

Is the service safe?

Our findings

We spoke with members of staff about their understanding of protecting vulnerable adults. They had a good understanding of safeguarding adults, could identify types of abuse and knew what to do if they witnessed any incidents. Staff told us; "I would report to [name] the manager straight away and CQC," and "Safeguarding about making sure people are safe from harm." We saw that information was available for people using the service in easy read format to encourage people to speak up. One person told us; "I'd talk to [name] the manager or tell my keyworker."

One relative we spoke with told us; "I am very happy with what goes on at the service."

The service had policies and procedures for safeguarding vulnerable adults and we saw these documents were available and accessible to members of staff. Staff we spoke with told us they were aware of who to contact to make referrals to or to obtain advice from at their local safeguarding authority. This helped ensure staff had the necessary knowledge and information to make sure people were protected from abuse.

Each person had a Personal Emergency Evacuation Plan (PEEP) that was up to date. The purpose of a PEEP is to provide staff and emergency workers with the necessary information to evacuate people who cannot safely get themselves out of a building unaided during an emergency. Staff told us they felt confident in dealing with emergency situations.

We saw that personal protective equipment (PPE) was available around the home and staff explained to us about when they needed to use protective equipment. The deputy manager told us; "We all use personal protective equipment and make sure things such as our cleaning rotas and COSHH requirements are followed. We have different cloths and mops for kitchen and other areas such as bathrooms and toilets. COSHH is the Control of Substances Hazardous to Health and relates to products such as cleaning fluids.

There were appropriate arrangements in place for obtaining medicines and checking these on receipt into the home. Adequate stocks of medicines were securely maintained to allow continuity of treatment and medicines were stored in a locked facility. The deputy manager explained the medicines system to us and showed us that any changes to medicines were clearly communicated and protocols for anyone who required an "as required" medicine were clear and in place.

We checked the medicine administration records (MAR) together with receipt records and these showed us that people received their medicines correctly.

All staff had been trained and were responsible for the administration of medicines to people who used the service. Staff had their competency assessed every six months. Policies were in place for medicines and we saw that people who were able to were supported to administer their own medicines with the appropriate risk assessment in place.

We were told that staffing levels were organised according to the needs of the service. We saw the rotas provided flexibility and staff were on duty during the day to enable people to access community activities. This meant there were enough staff to support the needs of the people using the service. One person told us "There is always someone when you need them."

The service was a family business and many of the staff had worked there for many years and were familiar faces to everyone. However we did meet with a newly recruited member of staff who told us; "I am really enjoying it, it's very different to work I have done previously."

We saw that recruitment processes and the relevant checks were in place to ensure staff were safe to work at the service. We saw that checks to ensure people were safe to work with vulnerable adults called a Disclosure and Barring Check were carried out for any new employees and also on a three yearly basis for established staff members. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also to prevent unsuitable people from working with children and vulnerable adults. We looked at the recruitment records of two staff who had been recently recruited to the service and found that references had been sought and identity checked using documents including passports, driving licenses and birth certificates.

The home had an induction checklist in place which included an induction to the home and the Skills for Care

Good

Is the service safe?

formal induction programme. We saw that in the first week of induction, staff completed the following training modules; moving and handling, first aid and fire. Other units included safeguarding and mental capacity.

Risk assessments had been completed for people in areas such as risks associated with going out into the community. The risk assessments we saw had been signed to confirm they had been reviewed. The home also had an environmental risk assessment in place.

We saw that records were kept of weekly fire alarm tests and monthly fire equipment and electrical appliances tests. There were also specialist contractor records to show that the home had been tested for gas safety and portable appliances had been tested.

Good

Is the service effective?

Our findings

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 time of the inspection everyone at the service was assessed as having capacity. A deprivation of liberty occurs when a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements. We saw the staff at the service had made an appropriate application to the local authority, where they had concerns over someone's deteriorating mental state. All staff we spoke with had an understanding of DoLS and why they needed to seek these authorisations. We saw that peoples consent was sought in relation to their care plans, photographs and also in maintaining confidentiality.

A staff member we spoke with told us that they had attended training in the Mental Capacity Act (MCA) 2005. We saw records to confirm that this was the case. MCA is legislation to protect and empower people who may not be able to make their own decisions, particularly about their health care, welfare or finances. The staff member had an understanding of the MCA principles and their responsibilities in accordance with the MCA and how to make 'best interest' decisions – they talked to us about what may constitute a deprivation of liberty. They said; "It is all based around someone's capacity and even if someone makes an unwise decision it's about still supporting them. If someone lacked capacity we would step in and support them and get an advocate for them."

All staff had an annual appraisal in place. Staff told us they received supervision every three months and records we viewed confirmed this had occurred. There was a planner in place, which showed for the next 12 months all the dates when staff were booked in to have supervision sessions, as well as when staff meetings were scheduled to take place.

We viewed the staff training records and saw the majority of staff were up to date with their training. We looked at the training records of two staff members which showed in the last 12 months they had received training in food hygiene, fire, safeguarding, dementia , care planning, health and safety, Deprivation of Liberty Safeguards and the Mental Capacity Act 2005 amongst others. One staff member told us; "The dementia one was really informative, I could relate things to people." This showed that staff received training to ensure they could meet the needs of people who used the service.

Staff told us they met together on a regular basis. We saw minutes from staff meetings in 2015 , which showed that items such as day to day running of the home, training, activity planning and any health and safety issues were discussed. Staff told us; "We meet every few months and we incorporate training into the meetings so we learn something new."

Each person had a keyworker at the home who helped them maintain their care plan, liaise with relatives and friends and support the person to attend activities of their choice. One person told us; "[Name] is my keyworker – we talk about football. He asks me but I'm not bothered about looking at my file."

The home had a domestic kitchen and dining area. The menus showed a hot meal was available twice a day and there were choices at all mealtimes. We saw that menus had been developed with people and we were involved in the regular resident meeting where people talked about the food they would like to suggest for main meals. One person told us; "We get plenty of food, the Sunday dinners are fab."

The menu was planned with the staff team and people living at the home and as well as planning and cooking, everyone also helped with the food shopping. Staff also told us about peoples likes and dislikes. At the resident meeting people said; "I liked that steak night we had," and "I'd like turkey and ham on Christmas day", and "Can we have another wine and cheese party?"

We saw the staff team monitored people's dietary intake due to physical health needs and that as far as possible

Good

Is the service effective?

they worked to make menus healthy and nutritious. Two people required support with diets and staff told us they tried to educate people about their condition and what following a good diet would do for them. This meant that people's nutritional needs were monitored. The staff team had training in basic food hygiene and we saw that the kitchen was clean and tidy and food was appropriately checked and stored. We also saw staff wearing personal protective equipment and dealing with food in a safe manner.

The registered manager told us that community psychiatric nurses and other healthcare specialists visited and supported people who used the service regularly. We saw records of such visits to confirm that this was the case. The manager told us that all people who used the service were registered with the same doctor. We were told that the local GP practices were supportive and people moving to the service were given the choice to remain with their current GP.

People were supported to have annual health checks and were accompanied by staff to hospital appointments. We witnessed on the day of our inspection that one person was supported to an appointment and the staff member on return discussed the outcomes with the manager and also sat and talked to the person about a new medication regime they would need to follow. They did this clearly and supportively. This meant that people who used the service were supported to obtain the appropriate health and social care that they needed.

Good

Is the service caring?

Our findings

People who used the service had mental health needs. One person told us; "I love it here and the staff are all nice and friendly." Staff told us; "We are a family service and it's about having that family atmosphere whilst making sure people's choices are respected." Another staff member said; "You have to be caring but also pro-active and understanding. Motivating people here is our biggest issue."

We asked staff how they would support someone's privacy and dignity. They told us about knocking on people's door before entering rooms and always asking before you helped somebody with a task. One staff member told us; "It's about supporting people discretely, offering support and talking with someone to make sure they are comfortable."

We looked at three care plans for people who lived at Edwardian. They were in a format that focussed on activities of daily living in a way that reflected how people viewed their own needs, mental health and support they felt they needed." They were all set out in a similar way and contained information under different headings. We saw information included a pictorial page for who was important in the person's life and we saw plans were clearly written with the person. For example, there were headings titled "What works for me" and "How to spot when I am becoming unwell." This showed that people received care and support in the way in which they wanted it to be provided. There were very clear proactive strategies for staff to follow if people became anxious where this may be necessary. Staff explained to us how they recorded any incidents fully and they were reviewed by everyone involved so they could identify any triggers to reduce the likelihood of it happening again.

Staff told us that keyworkers reviewed care plans on a regular basis with the person and talked with them every week and every six months there was a multi-disciplinary review involving everyone involved in the person's care. People also had an annual review where care managers, advocates and families were invited.

We saw that people were supported to maintain relationships that were important to them. The service had a family message book to ensure communications were recorded and any issues and discussions passed on. We saw in people's care plans that there was a focus on important relationships and we observed one person being supported to maintain relationships with their adult children. Staff told us; "The lady is now travelling independently and that's really helped her and her family". One relative told us; "They keep me informed of anything that's happening," and "My brother visits twice a week and we are all made very welcome, it's like going into your own home."

We saw a daily record was kept of each person's care. They also showed staff had been supporting people with their care and support as written in their care plans. In addition, the records confirmed people were attending health care appointments such as with their GP and dentist. One person told us; "If I'm poorly they will ring the doctors, we get well looked after."

Posters were on display at the home about advocacy services that were available and staff told us that advocates would be sought if anyone felt this was required. We saw that advocates were invited to meetings at the home and to people's reviews.

Good

Is the service responsive?

Our findings

There was a clear policy and procedure in place for recording any complaints, concerns or compliments. The service did not have any complaints within the last year, the manager told us; “We speak to people to address any concerns before we get to that point.” We saw via the service’s quality assurance procedure that the registered manager sought the views of people using the service on a regular basis and this was recorded. This included people who lived at Edwardian as well as relatives and visitors. The complaints policy also provided information about the external agencies which people could use if they preferred. This information was also supplied to people who used the service an easy read format. Staff told us; “I would sit and talk with someone and found out all the reasons why they were unhappy and I’d inform [name] the manager.

One relative told us; “My relative is happy and settled.”

Staff demonstrated they knew people well. Talking to staff, they told us about people currently living at the service. They told us; “People tell us what is important to them and we know by doing care plans with them and having our weekly keyworker discussions.” We asked staff about promoting people’s independence and they explained that motivating people was the “biggest issue” in supporting people to lead a fulfilling community life.

One person told us; “I was up at 5.00am as I have a job delivering papers, I do it every day of the week and I do gardening and jigsaws. This person then proudly showed us two 3D jigsaws that they had completed and that were on display in the lounge. People also helped put up the Christmas decorations on the day of our visit. Staff told us they worked flexible shifts to ensure people got to activities or appointments.

Staff told us that activities were based around people’s needs and likes as well as encouraging people to be involved in the day-to-day running of the home such as food shopping. We saw that activities were decided with the person and included accessing the community as much as possible on evenings and weekends as well. People were supported to spend time with their family and friends. Staff told us that people had recently visited Whitby and people had also been supported to go on holiday. People were supported to attend work placements, colleges or drop in centres.

We asked about how the service supported people to move into Edwardian. The manager told us they met with the person’s previous placement to learn more about them and to help decide if Edwardian would be the right place for this individual to live. Staff told us the person visited for tea and an overnight stay as part of their three month transition plan. The home had developed a transition plan which the manager told us included talking to staff at the person’s previous placement; “To find out as much as we could about X because we need to make sure we are right for them and also them for us.” This showed the service worked with families and other professionals to ensure a smooth and successful transition into the service.

Good

Is the service well-led?

Our findings

The home had a registered manager. The registered manager was also the provider who had set up the service and their family were also involved in providing care and support at the home. We spoke with the deputy manager who told us; “I have worked here since it opened and I have never thought of leaving. It’s more like an extended family here.” The staff we spoke with said they felt the registered manager was supportive and approachable. One staff member said; “I am able to talk to [name] about anything, she is a good listener.” People using the service spoke highly of the manager; “I’d go and see [name] the manager if I had any problems.”

One relative told us; “We were lucky to get [name] into Edwardian, he has come on loads.”

We asked people about the atmosphere at the service they told us; “We get well looked after, we get spoilt,” “We all do our own things but we get on well together,” and “It’s very much a happy place.”

The registered manager told us about their values which were communicated to staff. They told us how they worked with all staff to ensure that people who used the service were treated as individuals. The registered manager was very focussed on people having choices and as much independence as possible and the feedback from staff confirmed this was the case. We saw that the registered manager led by example and they spoke with people in a caring and supportive manner.

Staff told us that morale and the atmosphere in the home was good and that they were kept informed about matters that affected the service. Staff told us that staff meetings took place regularly and that were encouraged to share their views and to put forwards any improvements they thought the service could make. One staff member told us; “There is always room for improvement.”

The home carried out a range of audits as part of its quality programme. The registered manager explained how they routinely carried out audits that covered the environment, health and safety, care plans, and medicines as well as how the home was managed. We saw clear action plans had been developed following the audits, which showed how and when the identified areas for improvement would be tackled. This showed the home had a monitored programme of quality assurance in place. We saw that the registered manager had developed key policies in an easy read format that were handily in place for staff. We saw policies had been reviewed and they were personalised to the service. For example, if there was an outbreak of an infectious disease, there was the local number for staff to report this to the public health authority.

We found that a comments book was available to visitors and had been used to obtain their views of the service. We saw that the book contained very positive comments such as; "Attended a review, positive experience, staff helpful,” and “A well-managed home with homely atmosphere. Any problems the home liaises with Mental Health services.” And; “Well managed home providing a safe and caring environment.”

We saw that the staff had regular meetings with people who used the service to seek their views and ensure that the home was run in their best interests. Surveys used were in an easy read format and talked about whether the service was person centred, as well as questions about how the service could improve.

During 2015, the registered manager informed CQC promptly of any notifiable incidents that it was required to tell us about.