

Coventry City Council

Maurice Edelman House

Inspection report

28 Moat House Lane
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West Midlands
CV4 8HH

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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

We inspected Maurice Edelman House on 14 April 2016. Our inspection visit was unannounced.

The service provides accommodation and personal care for up to 16 people with learning disabilities or autistic spectrum disorder. Maurice Edelman House provides a service to people who live permanently in the home and to people who use the respite care service. There were 7 people living at the home and two people using the respite service at the time of our visit.

A requirement of the service's registration is that they have a registered manager. 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 and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection.

People received care from staff who had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. There were sufficient numbers of staff to meet people's individual needs and keep them safe. Identified risks were assessed and managed in a way that promoted people's safety. There was a safe procedure for managing people's medicines and people received their medicines as prescribed.

People told us staff were friendly and caring and had the right skills to provide the care and support they required. Staff received an induction when they started working for the service and completed training to support them in meeting people's needs effectively. Staff were positive about the training and support they received. They told us it enabled them to meet the needs of people in the home.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) to ensure people were looked after in a way that did not inappropriately restrict their freedom. This included authorisation by the relevant authority for any restrictions to people's freedom that were deemed necessary to keep them safe; known as Deprivation of Liberty Safeguards (DoLS).

People were encouraged to eat a varied diet that took into account their preferences and any nutritional needs. People were supported effectively with their health needs and had access to a range of healthcare professionals.

There was a consistent staff team who knew people's abilities, support needs, preferred routines and social preferences. People were relaxed with staff who took time to listen to them and understand their needs. Staff respected people's privacy and dignity and treated them as individuals. People were able to maintain personal relationships with people that were important to them.

Each person had a care and support plan with detailed information and guidance personal to them. Care

plans included information on maintaining the person's health, daily routines and their preferences. People were supported to take part in a variety of activities and hobbies and to maintain their interests.

The provider had systems in place to monitor the quality of service provided. The managers regularly reviewed the care and support people received and took action to continuously improve the service. Staff told us they felt supported by the managers who were approachable and open to suggestions about the service people received.

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 the processes they needed to follow to keep people safe and protect people from avoidable harm. Risks to people's care and support were identified and staff knew how to manage and minimise risks. Staff had been recruited safely and there were enough staff available to keep people safe. Medicines were stored, administered and managed safely.

Is the service effective?

Good ●

The service was Effective

Staff received training and had the knowledge and skills to effectively support people living at Maurice Edelman House. Where people lacked capacity to make certain decisions, the Mental Capacity Act 2005 had been followed to minimise restrictions on their freedom and to protect their legal rights. People made choices about their food and drink and were supported to maintain a balanced diet. People received on-going healthcare support from a range of external healthcare professionals.

Is the service caring?

Good ●

The service was caring.

There were friendly relationships between people living in the home and the staff supporting them. People's individual needs were understood by staff who were kind and considerate. People's privacy and dignity was respected and their independence was promoted where possible. People were supported to maintain relationships that were important to them.

Is the service responsive?

Good ●

The service was responsive.

People received care that was individual to them and reflected their needs. People were supported by staff to follow their

interests and participate in activities. Care plans provided staff with the information they needed to respond to people's physical and emotional needs. People and relatives told us if they had any concerns they would raise them with the managers.

Is the service well-led?

Good ●

The service was well-led.

The managers and staff were approachable and there was a clear management structure in place to support staff. The managers were accessible to people who used the service, their relatives, and members of staff. There were systems in place, so people could share their views about how the home was run. Checks were carried out to ensure people received a safe, effective and responsive service.

Maurice Edelman 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.

The inspection took place on 14 April 2016. The inspection visit was unannounced and was undertaken by one inspector and an expert by experience. An expert-by-experience is a person who has personal experience of using, or caring for someone who uses this type of care service.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information in the PIR during our inspection. We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted local authority commissioners who contract the service to find out their views. They had no concerns about the service.

We spoke with four people living in the home and two relatives who visited while we were there. Some of the people at the home could not tell us about their care and support due to their complex needs. We spent time in the communal areas observing how people were cared for and supported and how staff interacted with people. This helped us get an understanding of the care people received and to assess whether people's needs were appropriately met.

We spoke with the registered manager, assistant manager, four members of care staff and one non-care staff. We reviewed four people's care records to see how certain aspects of their support was planned and delivered. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits.

Is the service safe?

Our findings

People we spoke with said they felt safe at Maurice Edelman House, one person told us, "Yes, I am very safe here. I also know what to do when the fire alarm goes off as we practice." Relatives and staff told us people were safe living at the home. One relative told us, "The home is very safe. I have no worries about that at all." A staff member told us, "People are safe here. We know people well and have enough staff to keep people safe. The environment is also safe, the outside doors are locked for safety and security and windows are restricted so they don't open wide." People knew what they would do if they did not feel safe, one person told us, "I would go and find [assistant manager] she is always there to help. If she is not there, I would tell other staff."

There was a relaxed atmosphere in the home and the relationship between people and the staff was friendly. People willingly approached staff for assistance when they wanted support, which indicated they felt safe around staff members.

There were enough staff to provide the supervision and support people needed to keep them safe at home and in the community. One person told us, "There is always someone to ask or talk to. I can go to the office, the door is always open. If I want to go shopping or go out, someone will take me." A relative told us, "There is always plenty of staff members to catch up with news or if I need to know something." We observed staff were available during the day to supervise people, take them out when they wished and to keep them safe.

On the day of our inspection there were five care staff, three non-care staff, an assistant manager and registered manager working in the home. Staff said there were three staff on duty during the night. Staff confirmed this was sufficient staff to supervise people and provide the support they required. The registered manager told us there were three care staff vacancies, and that these were being recruited to. The vacant posts were being covered by existing staff, relief staff and if necessary agency staff until the posts had been filled.

Staff knew and understood their responsibilities to keep people safe and protect them from avoidable harm. Staff understood people's communication skills and were vigilant looking for signs that people with limited communication were unhappy or upset. One staff member said, "People would demonstrate if they were unhappy through facial expressions, sounds or pushing something away. You would know." Another said, "We know people well and we would notice if they are not right."

Staff told us they had completed training and felt confident to recognise and respond to different types of abuse to protect people. One staff member told us they would not hesitate to report any concerns saying, "Most people here can't speak up for themselves, so it is part of our job and our responsibility to protect them and to report any concerns. I would report it to the managers and they would report it to the safeguarding team." Staff told us they would escalate any concerns if they felt they had not been managed in accordance with the safeguarding procedures. One staff member told us, "We have the contact numbers for senior management and I would get on to the safeguarding team or CQC myself if I needed to."

There was a procedure to identify and manage risks associated with people's care, including risks in the home and risks to the person. Staff knew the risks associated with people's care and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to minimise the risk and to support people's health needs. For example, where people had behaviours that were challenging to themselves or others, plans were in place so staff knew how to identify cues or triggers, and how to interact with people to calm behaviours. Another person had a health condition that required the use of monitoring equipment at night. Staff knew how to use the equipment and what to do when the alarm activated to indicate the person needed assistance.

The provider had recruitment procedures to ensure staff who worked at the home were of a suitable character to work with people who lived there. Staff told us they had Disclosure and Barring Service (DBS) checks and references in place before they started. The DBS helps employers to make safer recruitment decisions by providing information about a person's criminal record and whether they are barred from working with people who use services. Records confirmed the required checks had been made before staff started working in the home.

Medicines were stored safely and administration records showed people received their medicines as prescribed. The registered manager told us they had recently improved the medication system and had changed the pharmacy that supplied their medicines. The managers told us, "The pharmacy support we get now is excellent, nothing is too much trouble. Staff really like the new system as it is so easy to use." Comments from staff included, "The new system is brilliant. All the tablets are in one place, you can see everything in the pot and it is very clearly labelled. It lessens the chances of any errors occurring." Some medicines were still given directly from their packets and bottles. Some people required medicines to be administered on an "as required" basis. There were protocols for the administration of these types of medicines to make sure they were given safely and consistently.

Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage medicines to the required standards. Medication records were checked to ensure medicines were managed safely and people received their medicine as prescribed.

The provider had systems to minimise risks in the environment, such as regular safety checks. These included checks on water and food temperatures, fire safety checks and checks on electrical equipment to make sure it remained safe to use. Emergency plans were in place if the building had to be evacuated, for example in the event of a fire. Each person had an emergency evacuation plan so staff and the emergency services would know what support they needed to evacuate the building. There was a service continuity plan should people be unable to return to the home which made sure they continued to receive safe, consistent care. Staff knew what action they needed to take in the event of an emergency to keep people safe.

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 are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the registered manager and assistant manager were working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. The managers were able to explain the principles of MCA and DoLS and had a good understanding of the legislation. The managers reviewed each person's care needs to assess whether people were being deprived of their liberties and had submitted applications to the local authority for their consideration, several had been authorised. This demonstrated the managers were acting in accordance with the MCA.

Staff demonstrated they understood the principles of the MCA and DoLS. They described asking people for their consent and respecting decisions people made. Where people could not make decisions for themselves, staff understood important decisions should be in their 'best interests' in consultation with health professionals.

Staff told us they received an induction when they started work at the home, and completed training to meet the needs of people who lived at the home. The induction was linked to the Care Certificate which provides care staff with the fundamental skills they need to provide quality care. The assistant manager had attended workshops on implementing the care certificate for new staff and said, "I think the Care Certificate is an improvement on the old system. The training matches the standards and is meaningful. You know exactly what staff members level of understanding and competencies are."

Staff told us the managers encouraged them to keep their training and skills up to date. The managers maintained a record of staff training, so they could identify when staff needed to refresh their skills. One member of staff told us, "Yes, my training is all up to date. Some training is updated yearly I have just completed safeguarding refresher training." Staff told us regular training kept their skills up to date so that they could continue to support people at the home effectively. For example staff had recently received training in Autism from a psychiatrist who worked with people living at the home. Staff said they found this training very helpful, one staff member told us, "The training made me realise that people with autism are more sensitive to noise and touch, and how loud noise can have a negative effect on their behaviour." The provider also supported staff to achieve nationally recognised qualifications.

People told us staff had the right skills to support them. We observed staff used their skills to assist people at the home effectively. Staff communicated with people effectively and understood their individual needs. For example, some people had limited language skills. Staff used their knowledge and communication skills to

understand the wishes of people at the home. They communicated with people using clear language or visual prompts, and tailored their communication according to the individual's abilities.

Staff told us they had regular one to one supervision meetings with a manager or senior staff member where they were able to discuss their performance and identify any training required to improve their practice. One staff member said, "I find supervision helpful. We discuss peoples care needs and my personal development."

People were supported to maintain their nutrition and hydration. We asked people whether they enjoyed the food at Maurice Edelman House. One person told us, "Yes I do, I can choose what I like." People were able to make choices about the meals on offer. People were asked in advance for their meal choice but could change their mind at meal times if they wished. People had access to food and drink throughout the day and staff supported them when required. Where required people had their food provided in a way that supported their health needs. For example, people had their drinks thickened where they had been assessed by the speech and language therapist (SALT) as being at risk of choking. Or had their food intake monitored if they had an unexplained weight loss. Staff knew people's food requirements and preferences, and supported people to eat a healthy diet where possible. One person told us, "I need to lose a weight, so no cakes for me and no biscuits, I have fruit." People were involved in choosing the food they ate and helped staff select food during an on-line shop.

People were supported to maintain their healthcare needs, had access to healthcare services and received on-going healthcare support. One person told us, "The doctor will come here if I am not well, but we have to go out to visit the dentist." A member of staff told us, "Each service user has a health passport which includes essential information about their health and care needs in case they have to go to hospital." Health support plans contained relevant information about people's health needs. Records showed people had routine health checks with dentists and chiropodists and that psychiatrist, psychologists, speech and language therapists, dieticians and G.Ps were regularly involved in people's care.

Is the service caring?

Our findings

We asked people if they enjoyed living at Maurice Edelman House. People told us they did, one person said, "Everybody here is very good and helpful. They help me tie my shoe laces, I cannot do that. They also go swimming with me." A relative told us, "This place is so much better than where my son was previously. I am so happy he is here. Staff here are friendly and approachable, my son is well dressed, clean and shaved."

The assistant manager told us, "Our ethos is choice, dignity and respect. Staff know this and work to these standards. We talk with staff about the code of conduct during supervisions. They are all extremely supportive and caring people."

We observed the interaction between the staff and the people who lived at the home. We saw staff treated people in a kind and respectful way. People laughed, smiled and chatted with staff and staff knew the people they cared for well. Staff were patient and spoke affectionately to people. They had a good understanding of people's different communication needs and supported us to talk with people who had limited communication. During our visit staff dealt with an emergency health situation in a safe and caring manner. The person was given reassurance and comforted until the paramedics arrived. They were accompanied to hospital by a member of staff, who stayed with them.

Many of the staff had worked in the home for a number of years and had clearly established relationships with people. Relatives spoke positively about the consistency of the staff team. One relative told us, "I know most of the staff really well because a lot of them have been here a long time." We asked staff whether they felt the home provided a caring environment for the people who lived there. All the staff told us they thought it did, one staff member told us, "Staff really do care about the people here. I've been here for years and I still love my job and the people who live here." Another said, "It's lovely here, so calm and everybody gets on well together."

People were able to spend time where they wished, and were encouraged to make choices about their day to day lives. Staff respected the decisions people made. For example, people spent time in areas of the home where they preferred, and some people decided to go out for lunch while others wanted to stay at home. Staff told us they involved people as much as possible in making daily choices and decisions. This included what they would like to wear, what food and drink they wanted and what activities they would like to take part in.

People were encouraged to maintain their independence where possible. One person told us about the daily tasks they were involved in, "I clean my room myself. I help in the evening to take rubbish out. I don't like vacuum cleaner noise, so I use a broom." One staff member explained, "People are encouraged to be as independent as possible." Another told us, "I love my job, supporting people to do things for themselves and to achieve a good lifestyle." One person had not long moved to Maurice Edelman House. We were told this person had increased their social and communication skills since they had been there. We spoke with this person during our visit, their communication was easy to understand and they were confident talking with us.

Two people showed us their bedrooms. We saw these were personalised and each one was different. There were photographs of family and friends, personal furniture and their choice of pictures on the walls. People told us they had been involved in choosing the colour schemes and decoration in their rooms. One person told us, "I decide how I want things. I like the posters on my wall." Another said, "I have my own room and staff helped me decorate it the way I like. I also have my own key."

We saw people's privacy was respected. Staff knocked on people's bedroom doors before entering and supported people where needed with personal care in the privacy of their bedroom or bathroom.

Staff supported people to maintain relationships with those closest to them. One person told us, "My dad comes every second day, and we go out in his car. I sit at the front." Relatives told us there were no restrictions on visiting their family member and said they always felt welcomed when they visited.

Is the service responsive?

Our findings

Staff we spoke with demonstrated a good understanding of people's individual care. They knew about people's needs, their communication skills and the physical and emotional support they required to maintain their wellbeing. A relative told us, "There is a very personal approach, from things he likes to do, his activities, and where he wants to go. Staff know everything about him."

People were encouraged to participate in activities inside and outside the home according to their personal wishes. One person told us, "Staff know me well, and they help me when I want to go shopping or to the cinema. They help me collect and sort my postcards. If there is something I need, I just ask." Everyone had activities arranged according to their personal preferences. People were encouraged to do things they enjoyed such as listening to music, watching the television, horse riding, swimming and shopping in the local community. We saw photographs that showed people participating in a number of activities; that included trips out to places of interest.

People and their relatives told us they were involved in making decisions about their care and how this was delivered. Each person had a care and support plan with detailed information personal to them. Care plans included information on maintaining the person's health, their daily routines and preferences. Plans were detailed and provided staff with written instructions on how tasks should be performed. One staff member said, "The care records give us all the information we need." Care plans also identified how staff should support people emotionally, particularly if they became anxious or agitated. All the staff we spoke with knew how to calm people who became agitated, staff comments included, "We never use restraint here, we use distraction and low arousal techniques to help calm people. People's cues and triggers are clearly recorded in their care plan so we know when people are becoming anxious and what works to calm them." Staff had the necessary information and knowledge to ensure people were at the centre of the care and support they received. People's care plans were reviewed regularly to keep them up to date.

Each person had an allocated member of staff called a 'keyworker'. People met with their key worker weekly to discuss any issues or changes in their care in a 'catch up' meeting. Discussions from the meetings were recorded on a 'Catch up' form. The registered manager told us these individual meetings had been instigated as the resident's meetings had been productive. They found people responded in one to one meeting's better than in a group situation.

Staff were able to respond to people's changing emotional, health or care needs because they were kept updated about people. Staff had a handover when they came on shift that informed them of any changes since they were last on duty. Information was written down in a communication log and people's daily records, so each member of staff could review the information when they started their shift. One staff member confirmed, "We always have a handover and read the communication log when we start our shift to check if there is anything we need to know."

People had information in an 'easy read' format in their care records. 'Easy read' formats use visual images and large print sizes to make the documents more accessible to people. Information about who people

could talk to, or how they could raise a complaint if they were worried was in 'easy read' format in care files and on display at the home. We asked people what they would do if they were unhappy or had any concerns. People told us they would raise any concerns they had with managers and staff. A relative told us, "There is no need to raise any concern, it's simply enough just to ask or talk to any of the staff. That's all that's needed."

Complaints received were recorded in a complaints log and had been investigated and responded to in a timely way. There were no trends or patterns identified with complaints received.

Is the service well-led?

Our findings

People were happy with the care and support they or their relative received. A relative told us, "This place gave my child a home. It is well-run and caring. I can come and visit any time I like. I am informed about meetings and doctor appointments. I am very happy to see him happy."

The service had a registered manager in post. The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

There was a clear management structure within Maurice Edelman House to support staff. The registered manager was part of an experienced management team which included an assistant manager and two senior care staff. The registered manager told us they were supported by the organisation to carry out their role, "I have regular supervision with [line manager] and they are available if I need to speak with them at any time."

People told us the registered manager and assistant manager were available in the home and they could raise any concerns they had with them if they needed to. One person told us, "[Assistant manager] is always here to talk to us, and the office is always open." A relative told us, "My son is treated as part of an extended family, and staff took their time to get to know him, his needs, and our family. I am always well received and they listen to me, all I have to do is ask. I can call my son any time and talk to him over the phone."

Staff told us the managers were approachable and that they felt well supported. Staff said they received regular support and advice from the managers to enable them to do their work effectively. One staff member told us, "Yes the managers are both really knowledgeable and approachable," another said, "Our manager never says she is the boss, she says she is one of us. Both managers are often out on the floor talking to people and watching how we work."

All the staff we spoke with understood their roles and responsibilities and what was expected of them. The registered manager and assistant manager told us they tried to lead by example. The registered manager told us, "We try to have a good presence in the home, to make ourselves available and to observe what's going on." The assistant manager told us, "We work alongside staff so we can watch how staff work and pick up on anything that needs improving, we give praise when we see good practice too."

There were procedures for staff to share their views and opinions of the service. One staff member told us, "I have supervision meetings and we have regular staff meetings. I can share my opinions about the people who live here and we are kept up to date with relevant information, everything works well."

Staff told us they enjoyed working at the home, one staff member told us, "It's a really good place to work, I enjoy it. We work well as a team and know the people who live here very well." Another said, "I love my job and the people I work with." We asked staff if they thought the service was well managed, staff thought it

was.

We asked staff what worked well in the home. All staff said there was good communication and team work. One staff member told us, "There is good team work. We rarely have challenging behaviours from people now, I think it's because people feel safe and trust us, we all work well together so people get a consistent approach."

Staff knew who to report concerns to and said the management team were always available if they needed to speak with them. Staff knew about the provider's whistle blowing procedure and felt confident reporting concerns or poor practice to the managers. One staff member told us, "The people we work with are vulnerable and some can't speak up for themselves so I wouldn't hesitate to report any concerns about staff practice." Staff were certain any concerns they raised would be listened to and acted on.

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. These included routine audits in medicines management, checks on records, regular maintenance of equipment and health and safety checks. The managers regularly reviewed the service to identify and implement improvements. For example accidents and incidents were monitored for trends and patterns. These showed a recent pattern of falls for one person at night and this was resolved by providing a larger bed. The registered manager told us they were hoping to improve the feedback from relatives and was arranging meetings with relatives to discuss this, they told us, "We need people's feedback so we can continually improve". These checks ensured the service remained safe, responsive and effective.

There were regular visits from the local authority contracts department to monitor the care and support provided. Their last visit was March 2016, no concerns were identified.