

Coventry City Council

Maurice Edelman House

Inspection report

28 Moat House Lane
Canley
Coventry
West Midlands
CV4 8HH

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Tel: 02476786729

Website: www.coventry.gov.uk

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 21 May 2018. Our inspection visit was unannounced.

Maurice Edelman 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 care provided, and both were looked at during this inspection.

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 also to people who use the respite care service. There were 10 people living at the home and three people using the respite service at the time of our visit.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion.

When we last inspected this service it was rated as 'Good'. At this inspection we found the service continued to be rated as 'Good'.

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.

Staff had a good understanding of what constituted abuse and what actions to take if they had any concerns. Staff knew the risks to people's health and followed risk management plans to keep people safe without restricting them unnecessarily.

There were sufficient numbers of staff to meet people's individual needs and keep them safe. Checks were carried out prior to staff starting work to help the registered manager determine their suitability to work with people who used the service. Staff received an induction when they started at the service and completed ongoing training to support them in meeting people's needs effectively. People told us staff were friendly and caring and had the right skills to provide the care and support that they required.

A safe procedure for managing people's medicines was in place and people received their medicines as prescribed. Staff understood the importance of maintaining good infection control procedures to maintain the cleanliness of the home and minimise the risk of the spread of infection.

The registered manager understood their responsibilities under the Mental Capacity Act (MCA) to ensure people were supported in a way that did not inappropriately restrict their freedom. They had sought the

necessary authorisation from the relevant authority where there were restrictions to people's freedom that were deemed necessary to keep them safe; known as Deprivation of Liberty Safeguards (DoLS).

People were provided with a choice of meals which took into account their likes and dislikes and were encouraged to eat a varied diet that took into account their nutritional needs.

The management team ensured people accessed healthcare professionals when needed and records confirmed advice and care support required to maintain people's health and wellbeing.

Each person had a care and support plan with detailed information and guidance personal to them to support staff in meeting people's needs. Staff knew people's abilities, support needs and preferred routines and encouraged people to make their own decisions. Staff were caring and patient towards people and we saw they were responsive to people's needs. People had opportunities to engage in, and experience, different stimulating activities both inside and outside the home to support their mental, physical and emotional wellbeing. People were able to maintain personal relationships with people that were important to them.

The provider had quality monitoring systems to ensure people received care and services to the standards the provider expected. The managers regularly reviewed the care and support people received to help ensure any areas for improvement were identified and acted upon. Staff 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 how to protect people from abuse and avoidable harm. Risks were identified and managed in ways that enabled people to make their own choices and promoted their independence. There were sufficient numbers of suitably trained staff to keep people safe and meet their individual needs. Staff had been recruited safely. Medicines were stored, administered and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff had the knowledge and skills they needed to support people who used the service effectively and were able to update their skills through regular training. 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 were provided with a choice of nutritious food and were supported to maintain good health. People had access to healthcare professionals and services.

Is the service caring?

Good ●

The service was caring.

Staff were supportive and tailored the way they worked to meet each person's needs. We saw staff were kind and considerate and effectively supported people to deal with all aspects of their daily lives. People were treated with respect and their independence, privacy and dignity were promoted. People were supported to maintain relationships important to them and were involved in decisions about their care where possible.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed and care plans were produced

which identified how their individual needs should be met. This included both their physical and emotional needs. People were supported by staff to follow their interests and participate in a range of activities of their choice. People 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. Staff told us their managers were very supportive and they felt able to have open and transparent discussions with them. Systems were in place to monitor and improve the quality of the service. These included people being given opportunities to share their views about how the home was run.

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 21 May 2018. The inspection visit was unannounced and was undertaken by two inspectors.

We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

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. No areas of concerns were reported to us.

We spoke with three people living in the home and two relatives who visited whilst we were there. Some of the people who lived at the home had complex needs and were not able to tell us about their care and support. We therefore spent time in the communal areas observing how people were cared for and observed 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, deputy manager and four staff members. We reviewed three people's care records to see how their support was planned and delivered. We looked at duty rotas, training records, complaints and compliment records and other records related to people's care and how the service operated. This included records of the provider's quality monitoring checks.

Is the service safe?

Our findings

At our last inspection visit we found people received safe care and rated this key question as 'Good'. At this inspection visit people continued to receive safe care and the rating therefore continues to be 'Good'.

People told us they felt safe at the home. One said, "It's safe, I know my carer and they come with me when I go out." Another explained they felt safe because front door was locked at night time and that meant that strangers could not get in." A relative felt confident their family member was safe living at the home. This was because when their relation had had a fall prompt medical assistance had been sought.

Procedures were in place to protect people from harm. The provider's safeguarding reporting procedure was displayed in communal areas of the home in a format people could understand, for example, pictures to inform them how to report concerns if they felt unsafe.

Our discussions with staff confirmed they had completed training to safeguard adults which meant they were aware of their responsibilities to keep people safe. They confidently described to us the signs which might indicate someone was at risk. For example, people being withdrawn, changes in behaviour or having unexplained bruises on their skin. Staff told us they would report any concerns to their managers. One said, "If I was ever worried about someone I would let my managers know immediately, it's the policy here to report." We asked what they would do if action was not taken to investigate their concerns. They said, "I would tell the council, CQC (Care Quality Commission) or the police."

However, there had been two incidents relating to people who used the service that had not been reported to us as required. One incident had been recent and related to one person's inappropriate behaviour towards another although no injuries had occurred. The registered manager gave us reassurance that the two incidents had been managed safely and had been reported to the local safeguarding authority to ensure any risks were minimised. They told us the non-reporting to us had been an oversight as usually all incidents were reported as required and they would check to make sure this did not happen again.

We saw there was a relaxed atmosphere in the home and the relationships between people and the staff was friendly and supportive. We saw people felt at ease and approached staff for assistance or support when they needed to. For example, one person spoke with a member of staff when the way another person spoke to them made them feel anxious. The staff member spoke to the person calmly which helped the person to manage their anxiety.

We saw there were enough staff on duty to respond to people's needs in a timely way and to maintain their safety. Staff members confirmed there was always enough of them and one said, "The rota is always covered, there is plenty of staff and we work together as team to keep people safe." Another told us, "People are safe because there are plenty of staff around, we know people well and that keeps them safe."

There was a procedure to identify and manage risks associated with people's care, including risks in the home and risks to the person which staff were required to follow to help ensure people were kept safe. Risk

management plans provided staff with the guidance they needed to support people safely. For example, one person had a medical condition which meant they were at risk of choking on food and fluids. To manage this risk, staff ensured the person's meal was pureed and their drinks were thickened (thickener is added to people's drinks if they are unable to swallow normal fluids safely).

Staff we spoke with knew and understood the risks associated with people's care and described in detail how they managed them. They told us how one person became anxious when they attended medical appointments and sometimes displayed behaviours that could cause harm to themselves. To reduce this risk, staff accompanied the person to their appointments and provided them with reassurance which reduced their level of anxiety. Another person had epilepsy and a management plan was in place to support the person when they had an epileptic seizure. For example, it advised staff what action they needed to take to support the person during a seizure and when they needed to call for medical 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 any criminal records. 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. Care plans contained detailed information about how people preferred to take their medicines. For example, in one care plan it stated, "If you point to the pot, I will take it out and take my medication." 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.

We found the home was clean and well maintained. Our discussions with staff members assured us they understood their responsibilities in relation to health and safety and infection control. One said, "We always use gloves and aprons when we assist people with their personal care." We saw sufficient stocks of gloves and aprons were available for staff to use during out visit.

The provider carried out regular checks of the environment to ensure it was safe for people. People had personal evacuation plans so that in an emergency it was clear how they would need to be supported to evacuate the building safely, for example, in the event of fire. Fire drills were completed regularly so that staff understood what to do to keep people and themselves safe. Staff knew to follow the providers contingency plans if people were not able to re-enter the building in the event of a fire.

Is the service effective?

Our findings

At our last inspection we found people received effective support and rated this key question as 'Good'. During this inspection people continued to receive effective care. The rating remains 'Good'.

Prior to people living at the home, they were provided with opportunities for short stays for respite. People were encouraged to visit and spend time at the home to get to know other people and the staff and at these times people were assessed to determine their level of independence and care needs. A staff member explained this was 'essential' as it made sure the home was the right place for the person to live and to ensure their needs could be met.

The provider ensured staff were provided with the training they needed so that they had the skills, knowledge and experience to care for people safely and effectively. Staff told us their induction to the home had included reading the providers policies to understand what was expected of them. They had also spent a period of time shadowing experienced staff to get to know people and had completed training to obtain The Care Certificate. The Care Certificate is an identified set of standards for health and social care workers. It sets the standard for the skills, knowledge, values and behaviours expected. The staff team also had opportunities to complete additional qualifications in health and social care to help them support people more effectively.

Staff spoke positively about their training and demonstrated an in-depth knowledge of people's needs. We saw they were skilled and confident in their practice. One staff member said, "I've learnt so much from training. I've learnt to use different approaches to support people in different ways such as giving them time alone to calm down if they are anxious." We saw this happened during our visit.

Staff told us they received regular supervision of their work and opportunities to meet with their manager to discuss their role and to identify how to develop their skills. One commented, "Yes, I get supervisions but the manager's door is always open if I want to discuss something."

People told us they liked the food available at the home. One person said, "I like Weetabix I always get Weetabix." People were supported to eat a nutritionally balanced diet and there was ample quantities of different foods including fresh fruit available to people during our visit. Staff demonstrated a good knowledge of people's likes and dislikes so they could support people with their preferred meals and snacks. Where people needed support to eat, or had specialist needs in regards to their nutrition, we saw their needs were met. For example, staff had completed training on how to provide nutrition through a peg (percutaneous endoscopic gastrostomy) tube, safely. This is a feeding tube which is placed into the stomach. This allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth.

People's records showed how staff worked in partnership, and maintained links with, health professionals such as, psychologists and learning disability nurses to benefit the people who lived at the home. For example, staff had identified a person's health had deteriorated in December 2017. A referral had been

made to a health professional which had resulted in the person receiving the medical treatment they needed to maintain their health.

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 service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. Staff told us they had received MCA training and our discussions assured us they had knowledge of the principles of the Act. They gave examples of applying these principles to protect people's rights, which including asking people for their consent and respecting people's decisions to refuse care where they had the capacity to do so. We saw this happened. One staff member told us one person did not like staff to touch them and the person's gestures told them the person was not consenting. The staff member said, "I know to leave them and try a bit later on." Another told us, "People are encouraged every day to make their own choices. If they refuse that is there right to do so."

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.

The design and decoration of the premises showed that people's wellbeing wishes had been taken into account. People were able to move easily around the communal areas and bedrooms had been decorated in accordance with people's preferences. There was an enclosed garden that was accessible to people and their visitors. We saw one person enjoyed being in the garden and spent most of the day outside in the fresh air and sunshine.

Is the service caring?

Our findings

At our last inspection visit we rated this key question of caring as 'Good'. At this inspection staff continued to be kind and caring. The rating therefore continues to be 'Good',

People told us liked living at Maurice Edelman House. One person said, "I like the staff they take me out and I buy new clothes." Another told us, "They are all very kind." A relative described the staff as "Just brilliant people."

Staff communicated with people effectively and understood their individual communication needs. During the time we spent in communal areas of the home and we saw positive interactions between people and staff. Staff approached people with friendliness and spoke about them with warmth and affection. For example, one told us, "I just love (Person) they are such a bundle of fun. We have a great time together."

Staff told us they enjoyed working at the home and team work was good. One told us, "The residents come first. We care about them and I make sure I show them how them I care by listening to them and being patient." Another commented, "I would be happy for my relatives to live here, the care is really good."

The registered manager told us in the Provider Information Return (PIR) we received prior to our inspection how staff worked closely with people to ensure their independence was maximised with positive outcomes for people. We found this was the case. One person told us they would be moving out of the home, and in preparation, the staff were supporting them to develop the skills they needed such as cleaning and cooking. Another person explained the staff helped them to wash their clothes twice a week. The registered manager stated, "I am particularly proud of the team in the way they have supported a new service user, in promoting independence and choice." They explained how the person had not slept in a bed for a long time and said, "The team supported the service user with time and patience allowing confidence to grow. The service user now sleeps in a bed, has good mobility and loves to explore the environment."

People told us they were supported to maintain relationships important to them. One person said, "I see my mum and dad each week. I go to their house and they come here." Staff recognised the importance of these relationships and the positive benefit this had on people's well-being. For example, a staff member explained whenever they spoke to a person about their family their face "lit up". A relative told us they often "popped in" and they were always made to feel really welcome by the staff.

People chose to go out or stay at the home if they wished to do so. Some people liked to go out for lunch or spend time completing social activities of their choice. 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.

Staff respected people's privacy and dignity. People's confidential information was kept secure so people were assured their personal information could not be accessed by others. Staff knocked on people's bedroom doors and waited for permission before they entered. One staff member said, "Yesterday morning

when I went to [Person's] room I knocked the door and told her who I am, I say its [Staff Member], I have a cup of tea and they will open the door. I will lock the door when washing them. I respect their choice of clothes. If it's dirty, I will say it's dirty, we need to change them." We saw when one person had received a letter in the post; a staff member supported the person to go to their bedroom to read the letter to them in private so their conversation was not overheard by others.

People received their care and support in a dignified way. For example, we saw, after lunch a person was wearing a dirty shirt. As soon as a staff member noticed this, they supported the person to change it to a clean shirt. They told us they had done this because "wearing dirty clothes was undignified".

Is the service responsive?

Our findings

At our last inspection visit we found people received care and support that was responsive to their physical, emotional and social needs and rated this key question as 'Good'. At this inspection we found the same level of care and support was provided. The rating remains 'Good'.

People confirmed they received care and support that was responsive to their needs. One person said, "If I want to go out, I go out. If I want to sleep, I sleep, it's up to me." One person liked to have an afternoon nap and we saw staff supported them to their bedroom at their request. Another person chose to wear pyjamas during the day time and they only wore day clothes when they went out. It was important to the person that all of their pairs of pyjamas were identical and staff explained how they had sourced and purchased several identical pairs to ensure the person's preferences were met.

Staff demonstrated a good understanding of people's individual care needs. They knew about people's communication skills and emotional needs as well as their support needs, habits, and preferred daily routines. For example, they knew it was important to one person to always wear a dress and that another person didn't like to go out when the weather was cold or when it was raining. Staff told us it was important to find out "all the small details" about people because it meant they could provide personalised care. They said they found out about these details from reading people's support plans and spending time speaking with people and their relatives.

Care records we reviewed showed staff had spent time with each person and their families finding out what people needed and wanted. People's personalised care records provided a clear and detailed overview of the person, their life, preferences and support needs. For example, it was important to one person to have a shower before their breakfast and then after breakfast walk to the local shop to buy a newspaper which they enjoyed.

Support plans showed that people's communication needs had been assessed and information was presented in ways which people could understand such as, pictures in line with the 'Accessible Information Standard' [AIS]. The AIS aims to make sure that people who have a disability, impairment or sensory loss get information that they need in a way they can understand. Staff told us because some people could not communicate using speech, they watched their body language, to find out how they were feeling. For example, a staff member told us one person "screwed up their face" if they were in pain.

Information in people's care records had been reviewed monthly to help ensure this remained accurate. However, we saw some important information in one care plan had not been updated which had the potential to have a negative impact on the person if staff were not aware of it. We discussed this with the deputy manager who told us this was an oversight and they updated the person's care plan immediately.

People were supported to take part in social activities which they enjoyed. One person liked music and they told us they were a member of a community choir which they really enjoyed attending each week. Another person said they loved to go shopping and we saw this happened during our visit. The person told us, "I've

been shopping; I've got two new tops. I chose them myself." One person enjoyed watching films and showed us their film collection. They said they were a member of a local "film exchange club" which meant they could purchase new films to watch and also meet people who shared their interest. Staff told us there was one person who particularly liked to join in activities provided at the home. They said "When we do activities here we will bring them over to join. Someone came in to do music and we bought them over and we were dancing with [Person] you could see the smile on [Person's] face."

A keyworker system ensured people were supported by a consistent named worker. People met weekly with their keyworkers to discuss their care and any changes they wanted. One person said, "We talk about me going to new places and if I'm happy." The people we spoke with could not think of anything that they wanted to change about their care and support.

Staff told us they had received training in equality and diversity and this supported them to recognise and understand the importance of people's different cultures and religions. For example, one said, "Everyone is different, they have different traditions which we celebrate such as Christmas, Diwali and Easter. People and staff all like to get involved and try new things." One staff member told us, "We have one person that comes in for respite care, I read her care plan and she does not like any man to support her. Her culture has meant she does not like this." They went on to explain how they had exchanged roles with a male care worker to make sure the person's cultural needs were respected.

Any changes in people's health or wellbeing were shared with staff at a handover meeting at the beginning of each shift. This meant staff had up to date information about people so they could provide the care people needed.

People told us they knew how to make a complaint. One person said, "I would tell [registered manager] or my mum." Another told us, "I would tell [deputy manager]. A relative told us they had never had any reason to complain but they would speak with the registered manager if they were unhappy about their relative's care. Record showed no complaints had been received about the service since March 2016.

Is the service well-led?

Our findings

At our last inspection we found quality assurance monitoring was effective and the service was well led and rated this key question as 'Good'. At this inspection the service continued to be well led. The rating remains 'Good'.

People and their relatives told us they were happy with the care and support provided at the home. We saw there had been eight compliments about the service that had been received in the 12 months prior to our visit. One relative had commented, "I am amazingly surprised how happy [person] is." A health professional had also taken the time to compliment the service after they had witnessed how staff had been very supportive to a person when they had attended a hospital appointment. They stated, "They showed compassion and kindness for (person) which could be visibly seen. He was calmer because of the support provided to him."

The service had a registered manager. The registered manager understood their responsibilities of their registration including the requirement to submit statutory notifications. They had completed the Provider Information Return as required by Regulations and 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 a deputy manager and senior care staff.

The registered manager had explained in their Provider Information Return how they supported staff and how they aimed to maintain the provider's values which showed their commitment to providing a quality service. They told us, "We encourage the staff team to have the confidence to talk about concerns; the culture is open and transparent. I encourage staff to challenge practice in a positive way, enabling a more effective service. Staff have regular supervision and yearly appraisals in line with the organisations core behaviour expectations."

Staff told us they felt supported by the management team. For example, they told us could go and talk to a member of the management team at any time about work or their personal life and they were always ready to listen and offer advice. Staff spoke positively of the registered manager's leadership style. One told us, "She is good, she is welcoming, you can talk to her and she will listen." Another said "She is great. She leads by example." A relative told us the registered manager was "lovely" and they thought that she was "very good" at her job.

All the staff we spoke with understood their roles and responsibilities and what was expected of them. They said they enjoyed working at the home. One staff member told us, "I really love working here" and stated they could not think of anything they would improve. Staff confirmed they had opportunities to attend staff meetings to contribute and discuss their ideas to make improvements to the home. One explained any planned changes, such as, building work were discussed at meetings. They said, "We talk about it and then

get a chance to ask questions which makes me feel part of the team."

The provider had a quality monitoring system whereby a number of internal audits and checks were completed on a regular basis to ensure the safety and quality of the service was maintained. These checks included audits of records, equipment, medicines management and the environment so that any areas needing improvement could be addressed in a timely way. We found during our review of records there were some that needed to be completed in more detail. This included duty rotas, particularly when staff were completing training, so it was clear, also written accident and incident records and explanations for gaps on medicine records. The registered manager advised these would be reviewed with immediate effect and told us that accident and incidents were regularly reviewed to identify any trends and patterns to minimise the risk of them happening again.

We identified radiators within the home that did not have protective covers to protect people from the risk of burns when they were in use. However, we saw they were not in use at the time of our visit. We discussed the importance of these being risk assessed to keep people safe. The registered manager made arrangements during our visit for the radiators to be counted so any necessary covers could be provided.

The registered manager worked effectively with key organisations and agencies to support care provision and service development. For example, there was close liaison with health professionals to support people's ongoing physical and mental health.