

Ashley House Care Homes Limited

Edward House Care Home

Inspection report

7 Cottenham Road
Walthamstow
London
E17 6RP

Tel: 02085093429

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Edward House Care Home provides support and personal care to up to three people who require support with their mental health. The home is a terraced house, on two floors with three bedrooms and a garden at the back. At the time of the inspection three people were living at the home.

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

People trusted the staff and felt safe with them. The management and staff had assessed potential risks to their safety. Ways to reduce these risks had been explored and were being followed appropriately.

Staff understood their responsibilities to keep people safe from potential abuse, bullying or discrimination. Staff knew what to look out for that might indicate a person was being abused.

Staff treated people as unique individuals who had different likes, dislikes, needs and preferences. Staff and management made sure no one was disadvantaged because of their age, gender, sexual orientation, disability or culture. Staff understood the importance of upholding and respecting people's diversity. Staff challenged discriminatory practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff understood the way people expressed their views and the service made sure no one was disadvantaged because of the different ways people communicated.

Everyone had an individual plan of care and support which was reviewed with them, on a regular basis.

Staff had been trained in the management of medicines and suitable policies and systems were in place to ensure people's medicines were managed safely.

Staff were positive about working at Edward House and told us they appreciated the support, encouragement they received from the management.

People who used the service, staff and outside healthcare professionals had regular opportunities to comment on service provision and had made suggestions regarding quality improvements.

People knew how to complain if they needed to and were asked if they were satisfied and happy with the service on a regular basis. Everyone working at the home understood the need to be open and honest if mistakes were made.

The management team worked in partnership with other organisations to support care provision, service

development and joined-up care.

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

Rating at last inspection

The last rating for this service was good (published 15 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring section below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive section below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led section below.

Edward House Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Edward House is a 'care home'. People in care homes receive accommodation and personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This was an announced inspection. We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since it was last inspected by us in July 2017. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We met all three people who lived in the home. We spoke with two people to get their views about the service. One person we spoke with preferred to speak in his first language. The operations manager was able to translate for us. We observed interactions between staff and people using the service. We spoke with three members of staff including the service manager, the operations manager and one support worker. At the time of our inspection the registered manager was on annual leave.

We reviewed a range of records. These included three people's care records which also contained their medicine administration records (MAR). We looked at three staff files in relation to recruitment, training and staff supervision. We also looked at a variety of records relating to the management of the service, including quality audits, monitoring reports, risk assessments as well as policies and procedures relating to the running of the service.

After the inspection

We contacted a further three support workers to get their views about working for the service. The provider sent us documents and additional information we had requested at the inspection.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- People told us they trusted the staff and felt the service was safe. One person told us, "I trust the staff."
- Staff had completed safeguarding training and were able to explain the potential signs of abuse and the procedures they needed to follow if they suspected abuse.
- Staff knew they could report any concerns they had about people's welfare to other authorities including the police, social services and the CQC. A staff member told us, "I'd have to inform my line manager about it. If the manager refuses to act on it and it continues then, the CQC will be informed and that is termed as 'whistle-blowing'."
- Staff understood that discriminating against people on the grounds of their protected characteristics was not only unlawful but abusive. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against.

Assessing risk, safety monitoring and management

- Staff understood the potential risks to people's safety and welfare and knew what action they needed to take to mitigate these risks. This matched the information in people's support plans and was being reviewed regularly.
- People told us they had talked about potential risks to their safety with staff.
- Systems were in place to monitor the safety of the home environment. Regular health and safety checks were taking place.

Staffing and recruitment

- People were supported by staff who were appropriately recruited. The service had a robust recruitment process and checks were in place. This ensured staff were suitable and had the required skills and knowledge needed to care for people.
- The service manager told us people's dependency levels were assessed regularly to ensure there were enough staff to meet everyone's needs. There had been no changes to the staff rota since our last inspection of this service. People said there were enough staff to support them.
- Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual.
- Staff we spoke with confirmed they had not been allowed to start working for the service until they had received a satisfactory criminal record check.

Using medicines safely

- The provider had appropriate systems in place to ensure safe management of medicines.
- We checked medicines and saw satisfactory and accurate records in relation to the receipt, storage, administration and disposal of medicines for each person. Records showed that medicines were audited regularly so that any potential errors could be picked up and addressed quickly.
- All staff undertook medicine training on a regular basis and confirmed the service manager carried out an observed competency check before they were able to administer medicines.
- We saw that people's medicines were regularly checked and reviewed by their GP and other healthcare professionals.

Preventing and controlling infection

- The service followed safe infection control practices to ensure people and staff were protected against the risk of the spread of infection.
- All parts of the home were clean on the day of our inspection and people confirmed the home had consistently good levels of hygiene. One person told us, "Its lovely and clean."
- The kitchen was clean, and staff were following appropriate food safety guidance.
- Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care.

Learning lessons when things go wrong

- Staff acted promptly and appropriately to support people safely if they had an accident.
- Staff had completed training in fire safety and first aid and were aware of their responsibilities and knew how to raise concerns and record safety incidents and near misses.
- We saw that accidents or incidents were recorded, and discussions took place in staff meetings and handovers to share any learning.
- The service manager gave us examples of how they had learnt from past incidents and accidents and what action they had taken to reduce the likelihood of the same problems being repeated.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Assessments of people's needs were comprehensive, people's goals and care preferences were identified, and care and support regularly reviewed.
- People's care plans included the person's life history, personal, social and emotional needs.
- Care plans included information around the person's important relationships, culture and spiritual needs.

Staff support: induction, training, skills and experience

- The provider was supporting staff to receive the right skills to support people properly. Staff received monthly supervisions and annual appraisals where they reflected on their work and practices. One support worker told us, "Having regular supervision really helps, as I am able to discuss any issues or concerns with my supervisor frequently. If I do have any issues, management support me the best way they can."
- Staff told us that the induction process was useful and involved training as well as shadowing more experienced staff before they felt confident to work on their own. One staff member commented, "It was very good. I see myself to be competent in my job now."
- Staff told us, and records showed that they were provided with the training they needed to support people effectively. A staff member told us, "It's very good they support you to do training."
- Staff had undertaken yearly appraisals, so they could reflect on their work from the previous year.

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

- People chose their meals with guidance from staff around good nutrition and healthy eating. People did not eat together but, instead preferred their meals in their rooms or in different parts of the home. People occasionally helped staff to cook their meals. One person told me, "I love the food. I like chicken and chips." People told us the staff were able to cook their preferred cultural meals as some staff were from the same country. However, they said they enjoyed all the food at the home. One person told us, "It's good, every food here I like."
- Currently no one required a special diet for health or medical reasons. However, the management and staff were aware of the need to assess people who may have swallowing problems and had done this in the past.
- People's weight was being monitored and action taken if concerns were identified.

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

- The service worked with other agencies and health professionals to ensure people received effective care.

- People told us they were happy with how staff supported them to attend healthcare appointments. We saw records that people had regular access to healthcare professionals such as psychiatrists, GPs, dentist and opticians.
- Support plans contained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people became unwell.
- Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported.

Adapting service, design, decoration to meet people's needs

- People had their own rooms and we saw they had individualised their rooms as they wanted. Following a person having a fall at home, the provider had discussed the use of CCTV cameras within the home. We saw records of this discussion and everyone's agreement and consent to install cameras for people's safety.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met.

- Consent to care was obtained in line with law and guidance.
- People told us staff never forced them or coerced them to do anything they didn't want. They confirmed that staff always asked their permission before supporting them with care. One person told us, "I feel like I own the place." Another person commented, "I'm in control."
- Management and staff confirmed that people were able to make decisions for themselves and this included unwise decisions which they made from time to time. Any risks in relation to these potentially unwise decisions were recorded, assessed and included mitigations where possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

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

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

- Staff developed caring relationships with people using the service.
- We observed staff treating people with respect and compassion.
- People confirmed that the staff and management were kind to them and cared for them.
- Staff explained how they got to know people and worked to build up a good rapport. Staff talked about people in a caring and respectful way.
- Staff received equality and diversity training. Records included details of people's spiritual and cultural needs and staff were able to give us examples of how they met these needs.
- Two of the people living at the home had English as their second language and preferred to speak their own language. A number of staff were from the same country and spoke the same dialect. People told us they appreciated this. One person told us, "I'm happy because they speak my language."
- Discussions with the service manager and operations manager demonstrated they respected people's sexual orientation so lesbian, gay, bisexual, and trans people (LGBT) could feel safe, accepted and welcome in the service. The operations manager spoke about a person who had lived at another service, run by them and how they had supported the person to access LGBT services and social groups.

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

- People were involved in decision making and felt included, listened to and valued.
- Staff had a good understanding of people's individual needs and preferences and understood the importance of making sure people were at the heart of their care provision.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with respect, dignity and encouraged their independence.
- Staff gave us examples of how they maintained people's dignity and privacy both in relation to personal care tasks and that personal information about people should not be shared with others. A staff member told us, "This work is confidential. Their medicines, their profiles, their disabilities, these are all confidential."
- Personal information held by the service and relating to people using the service was being treated confidentially and in line with legal requirements.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People were involved in decisions about their care and management encouraged and modelled an inclusive culture at the home.
- Support plans gave staff information in areas such as people's background history, likes and dislikes, health and social care needs, care outcomes, and how they would like to be supported.
- Staff understood what person-centred care meant and the importance of treating people as unique individuals with specific needs and preferences.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The management and staff were aware of the AIS and records showed they had identified people's individual communication needs and recorded this. The operations manager told us that information, including signage, policies, procedures, risk assessments and support plans could be modified to large print or pictorial formats if required. Currently this was not needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People's interests were recorded in their individual support plans and this important information was known to staff. Everyone had an individualised activity programme and people told us they liked going on trips out of the home.
- Staff supported people to carry out activities and encouraged them to maintain links with the community, their family and friends.

Improving care quality in response to complaints or concerns

- The provider improved care quality in response to complaints.
- People told us they had no complaints about the service but knew they could talk with the management if they did have a concern. One person told us, "I would speak with the manager."
- There had been no complaints since our last inspection, and we saw that previous complaints had been investigated by the registered manager appropriately.

End of life care and support

- People told us this was their home and they expected to live at Edward House till they died. One person commented, "I love it, I want to live here till I die."
- The operations manager told us that currently no one using the service required palliative care. However, the relevant policies and procedures were in place so that staff understood this important aspect of care should it be needed. The operations manager told us how they had supported someone in the past with end of life care.

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant that the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff understood the values of the organisation and how they put these values into practice on a day to day basis. These values were discussed at staff meetings and during supervision sessions. One staff member told us, "Edward House is a very nice place to work. Both management and staff share the same vision and are dedicated to the mission."
- The management had a clear understanding about person centred care and how this was communicated to staff. Staff confirmed they understood the principals of putting people at the heart of their own care planning and decision making.
- People who used the service were positive about the management and told us they were happy with how the home was run. One person told us, "Managers always help."
- Staff told us they felt valued, respected and supported in their role. One staff member told us, "They encourage, motivate, inspire, and listen to staff. Listen for ideas and insights and ways to improve the care and support for our residents."
- Staff told us the registered manager was supportive. One staff member commented, "[Registered manager] is a great manager who is focussed on achieving the company goals and targets with managing his staff as a leader. He inspires his staff and motivates us. He is like a role model that we look up to and follow his lead."
- Staff confirmed there was equal treatment of employees. A staff member told us, "They are good managers, they treat us equally, like themselves, very kind very supportive."
- Records showed that audits took place on a regular basis to make sure the continued safety of both people using the service and the staff supporting them.
- People told us they had a say in how the home was run and took part in regular reviews of their care and resident meetings.
- The operations manager told us that all the information captured by the various quality assurance systems fed into a larger service improvement plan which was regularly discussed with the provider and staff.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The operations manager, service manager and staff understood their responsibility to be open and honest

if mistakes were made. The operations manager told us, "We need to be open and transparent, to take action and to learn lessons."

Working in partnership with others

- From discussion with the operations manager, the service manager and staff, it was clear the service was transparent, collaborative and open with all relevant external stakeholders and agencies.
- We saw how the management had worked in partnership with key organisations to support care provision, service development and joined-up care. These included local authorities, community groups and health care professionals.
- The service manager told us about how they had worked with the local palliative care team to support a person who wanted to die at the home following a terminal prognosis. They told us, "We were working along with Palliative Care Team who were assigned to work with the home to provide the best support for [person]. The GP, local authority and district nurses also worked with the home to ensure any risks to [person] were minimised and he would remain at peace. Palliative nurses ensured that all equipment that was needed was in place at the home. [The person] died peacefully in the place he always called home."