Selwyn Care Limited

Edward House

Inspection report

Matson Lane
Gloucester
Gloucestershire
GL4 6ED

Tel: 01452316968
Website: www.selwyncare.com

Date of inspection visit:
16 January 2020

Date of publication:
18 February 2020

Ratings

Overall rating for this service	Good

Is the service safe?	**Good**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Edward House is a residential care home providing accommodation and personal care to 12 people aged 18 and over. There were 11 people being supported at the home at the time of the inspection, including two people who lived in separate flats situated close to the main home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. However further improvements were needed to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The service was a large home, bigger than most domestic style properties. It was registered for the support of up to 12 people. Eleven people were using the service. This is larger than current best practice guidance. However. the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area and the other large domestic homes of a similar size. There were deliberately no identifying signs, intercom, cameras, industrial bins or anything else outside to indicate it was a care home. Staff were also discouraged from wearing anything that suggested they were care staff when coming and going with people.

People's experience of using this service and what we found
This was a focused inspection as anonymous concerns had been raised with the CQC about the quality of care people received and some restrictive practices. This inspection focused on 'Is the service safe?' and 'Is the service well led?'

The home was being managed by an interim manager while the provider recruited a new manager to be registered with CQC. During their time in post, the manager had found that the quality of care and regulatory requirements had not been sustained since our last inspection of Edward House. They had identified shortfalls in the management of people's care; care and medicine records and found that staff development had not been always maintained for some staff.

They were working on and implementing a plan of action to address gaps in the service and improve the quality of people's lives. For example, plans were in place to review and improve the details of people's care and risk management plans. The provider was taking action to review the safety of the medicine management processes.

Staff and relatives confirmed that they had observed positive changes in the service as a result of the interim manager. However further time was needed to ensure that the actions being taken would be fully implemented and sustained.

People who lived at Edward House had complex needs and required the individual support of staff during the day and accessing the community. The provider was recruiting new staff to reduce the number of agency staff and had plans in place to improve staff rostering, professional development and accountability.

Relatives reported that they felt their relatives were safe at Edward House. Staff were aware of their responsibility to report any safeguarding concerns.

The service didn't always consistently apply the principles and values of Registering the Right Support and other best practice guidance. However, progress was being made to ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 4 January 2019)

Why we inspected
We received concerns in relation to the management of people's care and restrictive practices. As a result, we undertook a focused inspection to review the Key Questions of 'Is the service safe and Well-led' only. We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

The overall rating for the service has remained Good, however we have found evidence that the provider needs to make improvement. Please see the 'Is the service well led?' section of this full report. We will check the provider's progress and impact on people during our next planned comprehensive inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Edward House on our website at www.cqc.org.uk.

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 well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Edward House

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 nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had no 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. An interim manager was managing the home, while the provider recruited a new manager and supported us with the inspection.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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. We used all of this information to plan our inspection.

During the inspection
We observed how staff interacted with people throughout the inspection. We spoke with two members of staff, a team leader and the interim manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at a variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We spoke to three staff members and received email feedback from three relatives. We received feedback from the local authority commissioner and continued to seek clarification from the provider to validate evidence found.

Good

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.

Assessing risk, safety monitoring and management

● People's risks associated with their health and well-being had been identified, assessed and were regularly reviewed. However, we identified further improvement was needed in some areas of people's risk management plans to ensure staff had the information they need to support people and minimise people's risks such as the management of people's seizures. Best interest's decision making and processes were not always clear in some people's care plans for some restrictive practices or when restrictive practices had been authorised by the funding authority. However, we found this had no impact on people as staff were knowledgeable about the management of people's risks. A new keyworker and an improved handover had been introduced which relatives reported was improving the delivery of care to people and communication.

● Risks arising from people's behaviours were managed safely. Information about possible triggers and actions staff should take if people became upset were recorded and known by staff.

● Each person had a personal evacuation emergency plan which could be shared with other professionals in an emergency.

Staffing and recruitment

● There had been a change in some of the staff team and managers since our last inspection which meant people had been supported by staff from the provider's other services or agency staff.

● The provider acknowledged, and some staff confirmed that there had been occasions when sufficient staff had not been available to take people out into the community and carry out activities of their choice as some people required support from two staff members. We were told this was due to unplanned staff sickness and the provider had been unable to secure alternative staffing arrangements. However, we were reassured that sufficient staff had been available to ensure people's care needs and safety were not compromised. The provider explained that agency staff who were suitably trained and familiar with people's needs were being used while the service was recruiting new staff.

● Systems used to plan the desired staffing levels of the home were being reviewed by the interim manager to help ensure people received their funded care hours and ensure staff received sufficient notice of their planned shifts. This meant the interim manager could effectively plan and make alternative arrangements to cover known staff absences. They were also reviewing the training and professional development of all staff to ensure people were suitably cared for by staff with the right skills.

● We did not review staff recruitment files as this was reviewed at the previous inspection with no concerns. The interim manager explained that they continued to be supported by the provider's human resources team to safely recruit new staff. However, we reviewed the profiles of agency staff and found that people were supported by agency staff who had been suitably vetted and trained before they supported people.

Using medicines safely

● Most people's routine prescribed medicines were administered by staff from blister packs filled by the pharmacist (compartment system of storing medicines divided into days and times to assist staff administrating medicines). Signed medicines administration records were signed or coded appropriately when medicines were administered.
● Protocols and records were in place for medicines prescribed and administered 'as required' such as pain and anxiety relief. However, there was not a consistent approach in the stock management of medicines which were not stored in the blister packs such as 'as required medicines' and liquid medicines. This meant the manager would be unable to assess if the correct amount of medicines had been administered and if there was a shortfall in the stock balance of people's medicines. The manager was aware that the systems to manage people's medicines was not always robust and had arranged for a manager from the provider to independently review the home's medicines management systems.
● The manager was also reviewing staff training in medicines management to ensure people had 24 hour access to sufficient numbers of qualified and competent staff in managing their medicines, especially those requiring seizure recovery medicines.

Systems and processes to safeguard people from the risk of abuse
● People were unable to tell us if they felt safe living at Edward House, however we observed people being treated with compassion and care. Three relatives told us the home was improving and felt their family member was safe living at Edward House. One relative explained they had previously been uncertain of people's safety but felt their previous concerns were being addressed.
● Staff were clear of their responsibilities to report any suspicions of abuse and whistle blow if they had any concerns about the quality of care people received. They told us they would contact external agencies if the manager did not act on their concerns.
● People were kept safe from the potential risk of abuse or restrictive practices because staff had received appropriate training and had a good understanding of safeguarding procedures and respecting people's liberty.

Preventing and controlling infection
● The home was clean and effective infection control and prevention procedures were followed. Staff supported people to maintain and clean their bedrooms and night staff were responsible for the cleanliness of the kitchen and communal rooms.

Learning lessons when things go wrong
● Various systems were used to report and record events or incidents depending on the level of concern. Records of incidents were reviewed by the manager and actions were taken to prevent further occurrences. For example, a different type of kettle had been purchased to reduce the risk of people's scalding themselves. Plans were in place to ensure all incidents were comprehensively recorded and care plans were updated to reduce the risk of repeat incidents and shared with staff.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence 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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of 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

- Edward House had been without a registered manager since November 2019. A manager from the provider's neighbouring home had been deployed to provide interim management cover while the provider recruited a new manager to register with CQC. The provider told us they were reviewing the management and senior staff of the home to provide staff with opportunities to develop and share the accountability of the running of the home.
- Staff and relatives all commented on the impact of the recent management changes. Most commented positively about the actions being taken and the improved communication from the interim manager; whilst some remained neutral about the changes being implemented. For example, most staff members made comments such as "I can't rate [name of manager] highly enough;" whilst one staff member said, "Things are definitely changing, I am not sure for the better or worse yet. I am on the fence." Relatives views and comments were also similar.
- Since being in post, the manager had reviewed the arrangements and systems used to monitor people's care. Through the feedback received from relatives and staff, and the outcomes of the quality auditing processes, the manager had identified that the systems used had not always been effective in sustaining good quality of care and records since our last inspection. Some of these findings were found during our inspection and reflected on in 'Is this service safe?' part of this report.
- The manager was aware of the actions they needed to take to operate an effective governance system to ensure the service met the required regulatory requirements. For example, they found gaps in the monitoring of the cleaning schedules of the kitchen. The manager was reviewing the cleaning schedules to ensure infection control practices were maintained.
- The manager and provider had started to work on a series of actions to address the concerns and gaps in the service. For example, the manager had started to make changes which would positively impact on people such as implementing plans to update people's bedrooms, reviewing people's opportunities to regularly attend activities and researching and planning holidays for people. They had reviewed the keyworker system to help improve the monitoring of people and communication with their families.
- Improvements were being made to the monitoring systems relating to staff. For example, developments were being made to communicate staff rotas in advance and review staff training requirements and the frequency of staff supervisions and meetings. The manager was meeting with each staff member to reinforce the required standards of care practices and record keeping.

● However, further time was needed for the manager to fully implement and embed the improved monitoring systems to enable them to assess and demonstrate that the quality of the service and care provided to people had improved and been sustained. We will check their progress and impact on people during our next planned comprehensive inspection.
● Staff confirmed that they had started to see that improvements were being made to their professional development and confidence in supporting people with complex needs.

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 manager and staff were working with people's families to improve the transparency and communication of the service when incidents occurred. A relative told us the home had become a lot more transparent and inclusive in its approach.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; continuous learning and improving care; working in partnership with others
● Relatives and staff all reported that communication across the home had improved and felt more confident that relevant information was shared with them.
● The manager had liaised with local commissioners and other specialised adult social care services to ensure people were assessed in a timely way and could access the support they needed when their needs had changed.
● The manager and provider shared with us how they had recognised that they needed a team approach to ensure people received continuous good quality care that met their needs. We were told staff were improving their communication and were working collaboratively with the people who lived at Edward House and their relatives, with the aim to improve people's care and experiences.