

Foundation of Edward Storey Edward House

Inspection report

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Date of inspection visit:
31 May 2017

Date of publication:
03 July 2017

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

Edward House is a care home providing accommodation for up to 18 older people. The service is in a residential area close to the city centre of Cambridge. It is not registered to provide nursing care. 14 people were living at the service on the day of our inspection.

This inspection was undertaken by one inspector. At the last inspection on 21 April 2015 the service was rated as 'Good'. At this inspection we found the service remained 'Good'.

A registered manager was in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Systems were in place to manage risks to people using the service and to keep them safe. This included assisting people safely with their mobility and with their medicines.

There was sufficient numbers of staff on duty to safely assist and support people. The recruitment procedures and checks carried out ensured that only suitable staff were recruited to work with people using the service.

The registered manager and staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). People were supported to have choice and control over their lives as much as possible. Staff supported people in the least restrictive way possible; the policies and systems in the service supported this practice.

People's needs were assessed, so that their care was planned and delivered in a consistent way. The management staff and care staff were knowledgeable about the people they supported and knew their care needs well. People were provided with choices with how they spent their day, their choices of meals and drinks that were available. These choices were respected and actioned by staff.

Staff received regular training that gave them the right skills and knowledge to meet the needs of people living at the home. People were supported and assisted with their daily routines, hobbies and interests and accessing places of their choice in the community.

People received appropriate support to maintain a healthy diet and be able to choose and help prepare meals they preferred. People had access to a range of health care professionals, when they needed them.

Staff were clear about the values of the service in relation to providing people with compassionate care in a dignified and respectful manner. Staff knew what was expected of them and we observed staff supporting people in a respectful and dignified manner during our inspection.

The provider had processes in place to assess, monitor and improve the service. People had been consulted about how they wished their care to be delivered and their choices had been respected. People, their relatives and staff were provided with the opportunity to give their feedback about the quality of the service provided.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good.	Good ●
Is the service effective? The service remains Good.	Good ●
Is the service caring? The service remains Good.	Good ●
Is the service responsive? The service remains Good.	Good ●
Is the service well-led? The service remains Good.	Good ●

Edward 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 checked 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.

This inspection took place on 31 May 2017 and was unannounced. The inspection was carried out 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.

We looked at information we held about the service and reviewed notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. The registered provider completed a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what it does well and improvements they plan to make. The registered provider returned the PIR and we took this into account when we made judgements in this report.

We spoke with seven people to gain their views of the service. We spent time observing the care provided by staff when assisting people during the day and during lunchtime.

We also spoke with five relatives, healthcare professionals, a local GP surgery and a contracts monitoring manager to obtain their views about the service provided at Edward House.

We looked at records in relation to four people's care. We spoke with the registered manager, an assistant manager, two care staff, the activities coordinator and member of the provider's management team. We looked at records relating to people's care, management of risk, medicine administration, staff recruitment and training and systems for monitoring the quality of the service.

Is the service safe?

Our findings

People told us they felt safe living at Edward House. One person said, "It is very pleasant, probably enough staff, it is pretty clean and I have a button to call staff and they come fairly quickly, it is the same at night." Observations we made showed that staff assisted people safely. For example when administering people's medicines, they ensured people had swallowed it before leaving them and assisting them with their mobility so they could safely navigate their way around the home. The relatives we spoke with told us that they felt their family members were safely supported by the staff.

We saw that safeguarding processes and reporting procedures were in place. One staff member said, "I have received training in safeguarding and I would report any concerns to my manager [registered manager]." Another member of staff told us that they were aware of how to raise a safeguarding concern and knew that the safeguarding procedures and information was kept in the staff room for them to refer to when necessary.

Systems were in place to identify and reduce the risks to people using the service. Staff understood the support people needed to promote their independence whilst minimising risks. Staff we spoke with demonstrated that they were aware of potential risks to people including assisting people safely with their mobility and assistance with medicines. We saw that risk assessments were reviewed regularly to ensure they continued to meet people's needs.

Staff only commenced working in the home when all the required recruitment checks had been satisfactorily completed. We looked at a sample of two staff recruitment records and we saw that appropriate checks had been carried out. Staff had been subject to a criminal records check before starting work at the service. These checks were carried out by the Disclosure and Barring Service (DBS). This showed us that only staff that were suitable to work with people living at the service were being employed.

People told us and we saw that there were enough staff available to meet their needs. The staffing levels were kept under continuous review to ensure to the service met people's needs. Agency staff were used when needed to cover any shortfalls in staffing. We saw that there were sufficient numbers of staff available to assist people with their care and support needs and activities. One person said, "They're often busy but they work well." A relative also said, "There definitely seems to be enough people [staff] on in the day."

Systems were in place to manage and administer people's medicines safely. Staff told us and records confirmed that they had received training so that they could safely administer and manage people's prescribed medicines. We saw that staff's competence to administer medicines was assessed annually. Medicine Administration Records showed that medicines were administered as prescribed and stored at the recommended temperatures.

One person said, "I did my own medication until I was 99 and they let me order it and do it myself, but when I turned 100 I handed it over, more so they could arrange for it to come from the Pharmacy – they do give you your independence as much as is sensible."

Regular health and safety checks were completed and any accidents and incidents were recorded. The registered manager told us that the records were analysed to identify any trends to avoid any further occurrences. here were no current ongoing issues identified. There were fire and personal emergency evacuation plans in place for each person living in the service to make sure they were assisted safely. We saw records of fire safety checks. This helped ensure that the service was a safe place to live, visit and work in.

Is the service effective?

Our findings

Relatives expressed their confidence in the staff and felt that they knew the needs of their family members well. One person said, "They know what I like and what I want to do." Staff confirmed the training and support they received had given them the skills, knowledge and confidence they needed to carry out their duties and responsibilities effectively. This had included training to meet people's specific needs, such as first aid, behaviours that challenge, manual handling, safeguarding and MCA/DoLS. Records we saw confirmed that staff training was regularly monitored and staff were made aware of forthcoming training sessions. This was confirmed by the staff we met.

Staff confirmed that they received regular supervision and an appraisal where they had the opportunity to discuss the support they needed and to discuss their work practice, training and development needs. Staff also confirmed that they felt well supported at all times by their colleagues and the management team.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff confirmed they had received training in the Mental Capacity Act 2005 (MCA). Staff we spoke with showed a good understanding of promoting people's rights, choices and independence. The registered manager confirmed that no person was currently subject to any restrictions on their liberty. However, if this changed the registered manager was aware of who to contact in the local authority where required.

People's dietary and food preferences were recorded in care plans. The registered manager told us that nutritional advice from dietitians was sought whenever necessary. We saw that special diets were provided for people where required, including meals for people with particular dietary needs. People confirmed that the cook also regularly spoke with them to gather views about the meals and to ensure that their preferences and favourites were included. One person said, "Drinks are on tap, they never stop bringing you fresh water, tea, coffee and Horlicks. - I had my choice of porridge for breakfast with fresh strawberries and tinned mandarin oranges, sometimes I have eggs, bacon and sausage and on your birthday you get an enormous cake!!"

Another person said, "You are consulted about the meals and if you don't like it you can have (something else) an omelette or fish and chips, the food is quite acceptable or a salad or a jacket potato instead." We saw that the lunch was a sociable occasion with most people eating together in the dining area. We saw that staff and some relatives joined people for lunch and promoted cheerful interactions. People could choose to have their meals in their own room. Where people needed assistance with their meal staff were on hand to provide the help that was required.

People had access to a range of health services. There were records in place regarding visits and support from health care professionals including; GPs and community nurses which demonstrated that people were supported to access a range of health care professionals. One person said, "I can always see a doctor whenever I need." Another person said, "I have had appointments with an optician and seen a chiroprapist."

People also had appointments with the hairdresser who regularly visited the home.

Is the service caring?

Our findings

We saw the interactions between staff and people using the service were kind, caring, unhurried and friendly. Throughout the inspection we saw staff attentively and safely assisting people in a reassuring manner. Relatives that we spoke with were very positive about the care their family member received. One relative told us that, "My (family member) is really happy living at Edward House and the care is consistently fantastic." Staff supported people in a dignified manner. We saw that staff knocked on people's doors before entering and checked to see if the care or support that they were about to provide was convenient for the person. This showed that staff respected people and offered choices regarding people's care and support needs.

Two relatives told us that they felt the registered manager and staff knew their [family members] very well and showed a lot of kindness and respect. People told us they were involved in making decisions about their care. One person said, "I shower twice a week, someone comes and reminds me I am going to have a shower later and I have got a paper on the wall in the bathroom telling which days I have shower, when they come to take me to the shower we load up my wheelchair and off we go - I am not rushed, it is just human kindness and they are well trained."

Another person said, "It is a good system of calling for care (personal call bell around neck) and they always come quickly and I have never been in a panic and they make sure I've closed my curtains for privacy." A third person said "I had my 100th birthday here and had 50 guests plus residents - my guests were staggered at the standard of the food and the atmosphere, it was pleasant and happy and my relatives said they were happy to see me in a place like that - my daughter helps water the plants on my balcony but when she is not around the staff offer to water them for me and they have done it."

Through conversations with staff it was evident that they knew people's needs well. We observed staff communicating effectively with people to assist them in making choices and decisions about their care. People's requests were promptly dealt with in a caring and affectionate way. We observed that people were at their ease and comfortable with staff. One member of staff said, "I really like working here and – it's a happy and homely place."

People were able to see their friends and relatives without any restrictions. One person said, "My friend comes regularly to visit me and we are encouraged to keep our friends and old work colleagues to come and visit us." We saw that a person who was coming for a respite stay in the home, accompanied by their relatives, was welcomed by staff and provided with a meal and drinks.

Is the service responsive?

Our findings

We spoke with the activities coordinator who enthusiastically organised a range of sessions in the home. A weekly programme was made available to people and included. Arts and crafts, nails and hairdressing sessions, musicians and singers and daytrips. One person said, "Yesterday we did armchair exercises, then a crossword on the board and we get it completed between us – I think the activities are quite good and have them three times a week. Occasionally we go out to a museum and next week we are going to the (local) botanical gardens." A second person said, "We have lovely art classes here, my relative is one of the teachers, every week during term time and about 12 people do it, see those paintings on the wall we did them in the art class." A third person said, "We have been on a day trip on a coach to Felixstowe, and a river trip to St Ives and had a picnic."

People's needs were assessed, planned and delivered. People's care plans showed they had been involved as much as possible in the planning and reviewing of their care. People told us, and we found from records reviewed, that an assessment of their care and support needs was completed. This ensured as much as possible that each person's needs were able to be met. People we met said that they felt they were treated as individuals. One person said, "I feel that they really know me as a person."

We saw that people's care was reviewed regularly to ensure that their support needs were kept up to date. Changes were noted and implemented where needed. An example of this included changes to a person's mobility and any assistance they required. Daily records were completed detailing the care that had been provided. Staff had access to a shift handover to ensure that any changes to people's care were noted and acted upon. People could be confident that their care was provided and based upon the most up to date information.

Regular reviews of people's care were taking place with people's healthcare professionals. These meetings reviewed any changes in the persons care and support that were needed. Feedback from care professionals was positive and that there were regular contact/discussions regarding the care and changing needs of people and how their needs could be best met. The registered manager told us that they were in regular contact with a variety of care professionals. Examples included contact with GPs, district nurse and dietitians/nutritionists to assist with people's particular care needs. We received positive comments from a local GP surgery regarding how the registered manager and staff proactively responded to people's healthcare needs and followed any advice given.

People had access to the complaints process which staff assisted/guided them with regarding how to raise any concerns. Staff confirmed they were aware of the complaints policy and knew the process to respond to any complaints made. People and relatives we spoke with told us that any concerns they raised were promptly dealt with to their satisfaction by the staff and provider. For example issues with laundry. One person said, "Never had to complain at all. If I did, I'd see one of the managers to talk to." A relative said, "Not a thing to complain about so far. I'd know who to see in the office." This showed people were listened to and their concerns were swiftly and promptly responded to.

Is the service well-led?

Our findings

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People, relatives and staff told us the registered manager was approachable and always listened to what they had to say. One person said, "She's [registered manager] always around. I could talk any problems through with her." Another person said, "It's well run because it is as much like home as they can make it - Being an all ladies home makes a difference and it is a small home and has an acceptable atmosphere" One relative said, "There is good communication with the [registered] manager and staff and they keep us up to date about any changes." Another relative said, "The home is smoothly run, I watched them [staff] training the ladies how to use the chair lift before the lift was out of action, they had contingency planning and it took away the worry factor for the ladies,"

The management team were dedicated in providing a good service and were positive and enthusiastic about supporting people living at the service. Staff we met described the culture in the service as open and friendly and that people were always treated with dignity and respect. Staff confirmed that the registered manager worked alongside them to monitor the care and support, which helped them to identify what worked well and where improvements were needed.

Staff told us the service was well organised and that the registered manager was approachable and supportive. Staff told us they felt able to raise any ideas or issues with the management team and felt that their views were sought about changes to the service.

The registered manager and provider carried out a regular programme of audits to assess and monitor the quality of audits of medicines, staff training, care planning and financial audits, Where shortfalls were identified; records demonstrated that these were acted upon promptly such as any changes to people's care or mobility needs.

People had the opportunity to have their say about the care and support being provided. This was through one to one discussions, 'residents meetings and surveys. We saw recent surveys completed to obtain feedback from people living at the service and their relatives. We reviewed the results of these surveys and they contained positive feedback about the service provided, the staff and the management team. Examples for suggested improvements included, trimming of trees in the garden, more daytrips, less use of agency staff and air conditioning in rooms.