

Foundation of Edward Storey

Edward House

Inspection report

Albion Row
Cambridge
Cambridgeshire
CB3 0BH

Tel: 01223364405
Website: www.edwardstorey.org.uk

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Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

Edward House is a residential care home providing personal care to 15 people aged 65 and over at the time of the inspection. The service can support up to 18 people. All bedrooms have an en-suite washroom with a wash basin and toilet. The service had two communal bathrooms and an accessible wet room.

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

The registered manager had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidelines to prevent the spread of infection and gave people their medicines safely.

Staff had received training, supervision, guidance and support so that they could do their job well. They worked well as a team. Staff enjoyed working at Edward House.

People liked the staff that cared for them. Staff were kind and caring and made sure people's privacy was respected. People told us that they thought, "The care was special" and that they "Felt privileged," to live at Edward House.

People were involved in making decisions about the care they wanted. Their preference for how staff delivered their care was recorded in their care plans. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

The service was well managed by a registered manager with regular input from the provider. The senior staff team were passionate about giving people a high-quality service.

Systems to monitor how well the service ran were carried out. Complaints and concerns had been followed up to make sure action was taken to rectify the issue. People, staff and professionals were asked their view of the service and action was taken to change any areas they were not happy with.

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 01 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we 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 findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was 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

One inspector carried out this inspection.

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.

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, Cambridge Fire and Rescue Service 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.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with nine members of staff including the registered manager, assistant manager, care team leader, care workers, domestic staff and the deputy clerk. We observed the lunch time experience and an organised activity to help us understand the experience of people living in the service.

We looked at a variety of records relating to the management of the service, including incident and accident reports, complaints, training records and the systems for monitoring the quality of the service.

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 protect people from avoidable harm. Staff had undertaken training and were confident about what they should look out for and whom they should report any concerns to.
- People told us they felt safe with the staff supporting them. One person said, "I feel completely safe, I have no worries here because they (staff) will always come to me."

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe. For example, one person's risk assessment informed staff that a person must be in an area where they can be observed eating, due to the risk of choking.
- Senior staff recorded incidents and accidents into a database which reviewed them for any themes. This enabled the registered manager to take action, for example reviewing lighting if there was an increase in falls in one area of the building.

Staffing and recruitment

- The provider had a recruitment process that ensured that staff were suitable to work at Edward House. Staff told us, the process had involved a Disclosure and Barring Service (DBS) record check and previous employment checks.
- People and staff told us that there were enough staff to meet people's needs. Senior staff were on-call during weekends, evenings and throughout the night. This meant that if the service required additional staff, they could contact a senior member of staff who could come in to the service to provide additional support.

Using medicines safely

- Staff members told us, and records showed that they were trained to administer people's medicines. In addition to formal medicine training, each member of staff had received an observation check every year by the registered manager. This is when the registered manager observes staff administering medicines to people to ensure that staff are doing it correctly.
- Staff told us that if mistakes were made when administering people's medicines, they will be removed from this duty until they have received additional observation checks. This is to ensure that staff are competent in administering medicines safely.
- People were satisfied that staff were supporting them with their medicines safely. One person told us, "Staff help me with my medicines they take care of all that, and will oversee me taking each tablet or medicine, I don't have to worry about any of that."

Preventing and controlling infection

- Staff had completed training in how to reduce the risk of infection and followed good practice guidance. Staff used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection.
- People were satisfied that the service was clean. One person told us that, "The hygiene is a very high standard."

Learning lessons when things go wrong

- The senior staff had carried out audits which identified if something was not working well. Staff told us that when this had happened they used their learning to change practice. For example, following an increase in medicine administration errors, practice was changed to ensure only one member of staff on duty was responsible for medicine administration. Staff told us that this had drastically reduced any errors from occurring.
- The registered manager told us that they were regularly kept informed about practice changes in other services and used this to prevent similar incidents occurring in Edward House. For example, an increase of fires in care homes caused by tumble dryers, led the registered manager to impose additional checks in the laundry room.

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

- Staff completed assessments of people's needs before they started using the service, and regularly reviewed them thereafter, to ensure they could meet people's needs. They worked with health and social care professionals, including district nurses and speech and language therapists when assessing and planning people's care. Staff were proactive in contacting health care professionals for advice and guidance to support people effectively.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.

Staff support: induction, training, skills and experience

- New staff received a thorough induction. A member of staff who had started within the last 12 months told us that, "The training was second to none. They wouldn't let you go out on your own until you have been spot checked and both they (management) and myself were happy."
- Staff said that they had received enough training so that they could do their job properly and support people effectively. Staff told us, "The training is brilliant."
- People living in the service recognised that the staff received appropriate training. One person said "The staff go on frequent courses to keep them up to date. They know how to hold you and how to move you."
- Staff members received supervision as individual meetings and they said they could contact the registered manager or assistant manager at any time. They felt well supported to do their jobs.
- The service had recently appointed a 'Care team leader' to provide additional support for the care staff team to carry out their roles effectively.

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

- People were provided with a choice of food they would prefer, and meals were modified if people needed a specialised diet. People told us that the food was good. One person said, "The food is very high quality, and interesting. There aren't many homes where you could get ratatouille and dauphinoise potatoes on the menu."
- Staff monitored people's weight. People had clear guidelines in their care plans to inform staff of when people would need to be referred for advice from a dietician.
- Staff told us that people were offered food throughout the day, as well as at meal times, to encourage people to eat enough. One member of staff said, "We encourage people to use their buzzers and ask us for food whenever they are hungry."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff were proactive at ensuring people received the care and treatment they needed from other professionals. During our visit staff made several telephone calls to external professionals seeking advice and support for people.
- Staff followed external health professionals advice. This helped to ensure that people received effective care to support their health and well-being.
- People were satisfied that staff would contact health professionals when necessary. One person said, "They will always call a GP who will come that day, it is amazing," and, "They even have people who come and clean your ear piece - you feel absolutely relaxed they are in charge, in a nice way."

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

- The provider had made adaptations to the service to ensure that people could move around freely.
- People had the opportunity to decorate their own rooms how they chose. One person said, "I feel so privileged I have a little square room and I could bring my own furniture and pictures. (My room) faces south west and I have a balcony, I wanted a south west aspect and I got it."

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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

- At the time of our inspection no person living in Edward House was subject to a DoLS.
- Staff had all received training in MCA and DoLS and understood how it applied to their work. Staff understood the importance of ensuring people were given choice.

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

- People were happy living at Edward House. One person said, "I can't speak highly enough, I feel really blessed living here and so does my family."
- Staff told us that they would be happy for a family member to be cared for by the service. A member of staff told us that this was because, "The care is good, all the staff are honest, and all the residents are treated with respect."

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

- Staff knew each person well and understood what was important to the individual. People told us that it didn't take staff long to get to know them and understand what was important to them. One person said, "The care is rather special, every single person is lovely."
- Staff told us that they were given the opportunity to get to know people's preferences and wishes. One member of staff said, "We ask people what they like and what their beliefs are. We can also learn through reading their care plan and their social history. They will sit and chat [to us]"

Respecting and promoting people's privacy, dignity and independence

- Staff fully respected and promoted people's privacy, dignity and independence. Staff offered personal care discreetly and made sure that people's dignity was respected.
- Staff encouraged people to be as independent as possible. One person said, "I do think I am encouraged to do as much as I can for myself."
- Staff supported people to maintain relationships with relatives and friends. They welcomed visitors to the home, and relatives and friends were invited to take part in activities and special events.

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 people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care plans in place, which were personalised and written in detail. These gave staff enough guidance on how to respond to people's needs effectively and safely.
- Staff told us that people were involved in writing their care plans and these included people's likes and dislikes. Care plans showed that people had signed to say that they agreed with what had been written about their care and preferences.
- People told us that they could make choices about how they were supported, and that staff respected this. For example, people were given the choice about what time they wanted to get up or go to bed. People were also given the choice as to whether male or female staff supported them.

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.

- People had their communication needs recorded in their care plan to guide staff on people's current level of communication and understanding.
- The service used discreet communication systems to provide staff or emergency staff with important information about people's needs, if people are unable to communicate. For example, there was a traffic light symbol system above doors, which indicated people's level of mobility needs. People with a red dot above their door will need full support to evacuate the building safely.

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

- During our visit we observed an exercise class led by a member of staff. This group was well attended, and every person was supported and encouraged to take part. During this group one person had an unexpected visitor arrive, however they chose to continue with the group activity. This showed that the group was enjoyable and appropriate for those who chose to attend it.
- Staff told us that people were supported to attend activities at a local primary school. They told us that people enjoyed this, and that the children served people their drinks and snacks.
- Activities and trips were organised out of the service, for example people would go on trips to the theatre. One person told us that her daughter attended these trips too.
- The service arranged in house religious services for those who wished to attend, and supported people to attend services in the community if people preferred.

Improving care quality in response to complaints or concerns

- People knew who to speak with if they were not happy with the care they received.
- The registered manager had a complaints log. Complaints had been investigated and responded.

Concerns raised by people living at the service, or by relatives were recorded and responded to appropriately

End of life care and support

- The registered manager and staff had given people the opportunity to discuss their end of life wishes and these had been recorded in people's care records
- Staff had received training in caring for people at the end of their lives. Appropriate professionals, such as GP's, MacMillan nurses and the local hospice, were involved to ensure good end of life care was available.

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 remained the same. This meant 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

- The management team were committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff wherever necessary. One person told us, "The manager will turn her hand to anything if needed, even cooking."
- Staff told us that they enjoyed working at Edward House, that it had a nice atmosphere with a positive and friendly staff team. Staff also told us that they would recommend it as a place of work. One member of staff had applied for their job due to a recommendation. This shows that staff are proud of the service offered to people. It is a safe and caring place for people to live and that they are supported by their colleagues.
- People living in the service commented on how nice it was to be there due to the culture which staff promoted. One person said, "The staff are so nice to each other, you hear them talking and they are so lovely to one another. It really is very lovely".
- During our visit we observed a lunch time meal. People and staff sat and ate together. Staff joined in conversations with people and the atmosphere was inclusive and relaxed. People responded well to this interaction.

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 provider had fulfilled their legal obligations in relation to notifying CQC of important events they are required to. The provider had displayed their inspection rating clearly in the entrance to the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The Cambridgeshire Fire and Rescue service informed us that they carried out an audit which identified some minor issues. The provider was in the process of resolving those issues at the time of our visit. This shows that the provider has understood the importance of issues identified and was acting quickly to eliminate the risks.
- The registered manager was supported by other senior staff within the organisation, some of whom carried out monthly walk around audits. The registered manager was also supported by a senior staff team including an assistant manager and a care team leader. This ensured that in the registered managers absence the service and staff team continued to be supported by experienced senior staff.
- The registered manager understood the requirements of their role and was up to date with latest best

practice guidance. This included guidance in relation to oral care, which the staff team had received training on.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had been given the opportunity to provide regular feedback. This included formal face to face reviews, service user meetings and annual surveys. One person had feedback; "The very first residents meeting I attended resulted in the implementation of a suggestion I made so yes residents' meetings are useful."
- Staff told us that they attended regular team meetings, and this provided an open and honest forum for staff to provide feedback.
- Professionals who were involved with the service had also been invited to give feedback about the service. A local GP had commented, "[Edward House is] an excellent place to stay - I want to book my place."

Continuous learning and improving care

- Processes to assess and check the quality and safety of the service were completed. The registered manager and senior staff carried out audits, which meant they regularly identified areas of the service that required improvement. Actions put into place following these audits ensured that improvements were made.
- Records of incidents and accidents were analysed to find trends or themes, such as the time of day, the date or the place of the incident. This enabled the registered manager to act where necessary and reduce reoccurrence.
- The registered manager informed us that they had recently changed their fire evacuation procedure following an evacuation drill involving all people living in the service. This gave the staff team the opportunity to reflect on what could have been done better and led to the procedure being made safer for everyone.

Working in partnership with others

- Staff and the registered manager worked in partnership with other professionals and agencies, such as the GP, other health care professionals and the local authority to ensure that people received joined-up care.