

Eden Supported Services Ltd

Colenso House

Inspection report

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Essex
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This was an announced inspection carried out on 07 February 2017. The registered manager was given one hour notice as we needed to be sure that someone would be in to assist with the inspection. This is the first inspection since the service was registered with us in June 2016.

Colenso House provides accommodation and support with personal care for up to five adults with learning disabilities who may also have mental health needs. At the time of our visit, there were two people using the service.

The service had a registered manager 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.

The provider had measures in place to ensure the environment was suitable and safe for people using the service, as well as staff. However, people were at risk of drinking contaminated water because the shower heads in the bathrooms could drop below the water level or could reach the bottom of the shower trays.

We also noted people did not have a Personal Emergency Evacuation Plan (PEEP) to guide staff about how to safely evacuate them in the event of a fire. We advised the registered manager of this and also made a recommendation for the provider to update risk assessments for people.

People were supported to eat and drink enough and were given choices when planning the menus. Where they had any special dietary requirements, this was catered for. However, their medicines were not managed safely as they did not always receive their medicines at the required times and in the way they had been prescribed.

There were sufficient staff available to meet people's needs. Staff received training in a variety of areas to ensure they had the skills to meet people's needs. However, staff did not receive suitable inductions when they started their employment.

The management team did not always demonstrate effective quality assurance of the service and the registered manager was being supported by an external consultant.

Staff had access to relevant safeguarding guidance and contact numbers. They were aware of their roles and responsibilities to report any potential safeguarding incidents. Risks to people had been assessed and there was guidance in place on how to manage them safely.

Staff and people told us the management team were supportive, approachable and friendly. There were systems in place to routinely monitor the safety and quality of the service provided but they were not always

effective.

People had access to other healthcare professionals and staff had a good understanding of their needs. They were supported to express their views and to make decisions about their care. We found the staff interacted well with people and respected their privacy and dignity. People were encouraged to take part in household chores and their independence was promoted.

People's consent was sought as appropriate and where people lacked the capacity to consent to decisions, legal requirements were met. People's records reflected their current health needs including any advice given by other healthcare professionals. This enabled staff to deliver safe care.

We found four breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what actions we have asked the provider to take at the back of the report.

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 was not always safe. There were shortfalls in how medicines were administered to people who used the service.

The service was properly maintained to ensure people's safety; however, people and staff were at risk of consuming contaminated water.

Risks to people's health and well-being were identified and a plan was in place to manage them. However, PEEPs were not available to guide staff to support people to evacuate the services premises safely in an emergency.

There were sufficient staff to meet people's care and support needs. A system was in place to recruit suitable staff.

Staff had received training in safeguarding adults and the provider had appropriate policies and procedures in place for staff to report any concerns.

Requires Improvement ●

Is the service effective?

The service was not always effective. Staff received appropriate support to meet the needs of people living at the service. However, the induction process needed improvement.

Staff sought people's consent before providing support to them. People's capacity to make decisions had been assessed. However, not all staff were aware of the principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

Staff supported people with their health and nutritional needs.

Requires Improvement ●

Is the service caring?

The service was caring. Staff maintained people's dignity and respected their privacy.

People's independence was promoted and they received support from staff who knew them well.

Good ●

People were able to express their views about how their care was provided and staff helped them accordingly.

Is the service responsive?

Good ●

The service was responsive. We made further recommendations about ensuring records were up to date.

People's health, care and support needs were assessed. Their individual choices and preferences were discussed with them and recorded in personalised care plans.

People had a programme of activities in accordance with their needs and preferences.

There was a complaints procedure in place. Staff were able to support people if they wished to complain. We have made a recommendation for the provider to develop more simplified procedures for people.

Is the service well-led?

Requires Improvement ●

The service was not always well led.

The provider had systems in place to check and monitor the quality of the service provided, however, the system to ensure all areas were covered required improving.

People and staff spoke positively about the management of the service. The provider sent surveys to people for feedback.

Not all records were kept or readily available, which affected the management of the service. There were delays in producing records for us to look at as they were held at another location.

Colenso 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 07 February 2017 and was announced. The registered manager was given one hour's notice because the location provides care and support to people who are out in the community on a regular basis and staff accompanied them. We needed to be sure that someone would be in. The inspection was carried out by two inspectors.

Before the inspection, we reviewed the information we held about the registered provider, including previous notifications and information about any complaints and safeguarding concerns received. Notifications are events which providers are required to inform us about. We also reviewed information that we had received from other professionals such as the local safeguarding team.

During the inspection, we reviewed two people's care plans and risk assessments, three staff recruitment files, staff training and supervision and appraisal records, people's medicine administration record (MAR) sheets and health and safety records. We spoke with the registered manager, two members of staff and with one person using the service. We also spoke to the registered provider briefly as they visited the service at the end of our inspection.

After the inspection, we spoke with two relatives on the telephone to obtain their views of the service.

Is the service safe?

Our findings

Relatives told us their family members were safe at the service. When we asked them if they felt the service was safe, one relative told us, "Yes, definitely."

During our inspection, we found the provider had not ensured medicines were managed safely and this could have a negative impact of people's health. Where people had been prescribed medicines to be administered on a 'when required' (PRN) basis, these were not always managed effectively. There was no protocol in place to inform staff when and how to administer people's PRN medicine. For example, one person was on a PRN medicine for allergies and staff were not aware of the reason it was prescribed to this person. The registered manager, however, told us they were seeking guidance from the person's GP so staff were aware of when to administer the medicine. In the meantime, staff did not know why this person needed this on a 'when required' basis.

We also found medicines were not being administered as prescribed. For example, one person was prescribed a medicine to be taken 30 to 60 minutes before food in the morning. When we asked the staff about the morning routine of the person, they told us they had all their medicines when they had their breakfast and nothing before. This showed staff were not following the prescribed administration time or reading the instructions on the medicine charts before they administered medicines to people. This could have a negative impact on people's health.

We also noted people had been prescribed topical creams and there were no instructions on which area of the person's body to apply it to.

This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Medicines were securely stored with the daily recording of storage temperatures recorded. However, on the day of our visit, it was a cold day and the temperature was reading 23.6 degrees. The temperature in the room where the medicine cupboard was in, we were concerned that this could increase considerably during summer time as it was in an area where the loft had been converted. The registered manager shared our concerns and assured us the cupboard would be moved to a more suitable place to ensure medicines were kept at the manufacturers' recommended temperature to ensure effectiveness.

There were systems in place and checks carried out to ensure people were cared for in an environment which was safe. However, during our inspection, we noted the shower heads in the bathrooms could drop below the water level when the baths were in use or could reach the bottom of the shower trays where there was one. This could create a backflow (an unwanted flow of water in the reverse direction) and could be a serious health risk for the contamination of drinking water, which people and staff consumed.

The registered manager told us they were not aware of such risk and would ensure actions were taken to rectify the situation. We did not check the water in the two rooms people were living in. However, the

registered manager informed us the risk would also be present there, as the showers were all installed by the same company.

This was a breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During our visit, we noted one fire door was not closing fully against the frame which could impact on people's safety in the event of a fire. The door was fixed on the same day of our visit, after we brought this to the attention of the registered manager. We also found people did not have a Personal Emergency Evacuation Plan (PEEP) in place to ensure they were evacuated safely according to their individual needs. The registered manager informed us they were in the process of drafting them, but they were unable to show any evidence of this.

The provider had policies and procedures in place to safeguard people who used the service and to ensure they were safe. Staff were aware of the safeguarding reporting process. The registered manager had made a list of useful telephone numbers for staff to refer to in case they needed to report an allegation of abuse. Staff knew the different types of abuse people could experience. When we asked one member of staff to give us an example of physical abuse, they said, "Hitting someone." Staff received training in protecting people from abuse and had refresher training when it was due. This helped to ensure their knowledge of how to keep people safe was kept up to date. We saw the subject was also discussed at team meetings. The registered manager understood their responsibilities of how to respond to abuse and was currently facilitating an on-going safeguarding investigation about a person who used the service.

The provider had a whistleblowing policy in place. Staff were aware of it and knew which other agencies to contact outside the service to report any concerns. One member of staff told us, "If the manager does not deal with the concerns, I will contact other people like the safeguarding team."

We looked at three staff files and saw checks had been undertaken before new staff started working for the service. However, the local authority had raised concerns previously about how the provider checked if staff had any criminal records, which would prevent them from working with people who used the service. During our visit, we saw evidence that the issue had been addressed. The provider now ensured that new staff had their disclosure barring service (DBS) check confirmed before they were allowed to work. The Disclosure and Barring Service carry out a criminal record and barring check on staff who intend to work in the health and social care field. On the files we saw, there was a completed application form, identity checks, health questionnaires and checks to ensure that staff could work lawfully in the country. We saw references were in place, however the registered manager was reminded to ensure they received references from their previous employer and not from their work colleagues.

There were enough staff working at the service to ensure people's needs were met. The registered manager informed us the staff rota was flexible and additional staff were on duty when needed. For example, more staff were on shift when people had to attend GP's appointments or for social occasions. Relatives told us they were satisfied with staffing levels. Staff were also happy with the number of staff on duty throughout the day and at night. Any staff sickness or leave was covered by regular staff working for the service. The provider did not employ agency staff. This helped to ensure consistency of care as people received support from staff who understood their needs and how to meet them.

We saw risk assessments were completed and guidance was in place to minimise risks when supporting people. However, we noted they did not always cover all the risks about people who used the service. For example we saw a behaviour risk assessment was in place for one person but this was from the person's

previous care home. A current version was not developed by the provider to illustrate what behaviour risks the person had in this service. This could have a negative impact on the person as staff would not know how to manage the situation if their behaviour changed. We recommend the provider reviews the system in place for ensuring staff are aware of current risks and strategies are in place to mitigate those risks.

Is the service effective?

Our findings

Relatives commented positively about the way staff looked after their family members. They said they did not have any concerns. One relative commented that their family member had "improved" since being in the service and "they did a lot more now than they used to previously." Relatives felt staff knew how to provide care and support to people living at the service.

The registered manager told us they had an induction programme in place which new staff were to complete before they could start work on their own. However, they were unable to provide us with any records or other form of evidence that this was in place. This meant people who lived at the service, were placed at unnecessary risk of harm because staff had not received an appropriate induction.

This was a breach of Regulation 18 Staffing of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had a training programme in place for all staff to complete whilst they were employed at the service. The training records showed staff had access to a range of training so they were able to meet people's needs. Staff had been trained in areas such as food hygiene, health and safety, Mental Capacity Act, challenging behaviour, autism, infection control and safeguarding. Staff spoke positively about the training they had received and told us this helped them in their roles. One member of staff said, "The training is good."

Staff were enrolled to complete the Care Certificate programme. The Care Certificate is an identified set of standards that social care workers should keep to in their daily working life. The registered manager informed us staff completed the Care Certificate in two days. We were concerned about how quickly staff were doing this as the Care Certificate programme consists of 15 standards, some of which are in-depth. This was discussed with the registered manager who told us they would look into this to ensure staff were acquiring the knowledge and skills required during the completion process. After the inspection, the registered manager clarified that they were referring to the eight standards of Skills for Care Common Induction Standards, which staff completed over two days. We advised the registered manager to have this information available in future to avoid confusion.

Staff were supported to deliver effective care by means of regular supervision. The registered manager or the team leader were responsible for arranging regular one to one meetings with staff. They would check on a staff member's work performance and identify any concerns they might have or additional training they required. Staff said they felt well supported and the supervision process helped them. The registered manager acknowledged that bank staff needed to be supervised on a more regular basis, as we noted this was not the case.

Staff who had been working for the provider for over a 12 month period also received an annual appraisal and these were used to review their work performance and any further development they needed such as further training for the coming 12 months. Staff told us they were well supported by the registered manager.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The provider had information to help staff understand these legislations, and they had received training in the area. However, one member of staff was not clear about the legislation and needed prompting to answer our questions about MCA. We raised this with the registered manager, who said the staff member would attend further training. We saw the registered manager had assessed people's capacity to make particular decisions. They had a good knowledge on how to support people and how to act in their best interests. They attended regular meetings with the local authority to keep themselves up to date with the latest guidance and good practice on MCA. On the day of our inspection, one person had a visit from the local supervisory body to assess if the DoLS would be granted.

Staff ensured people had enough to eat and drink. People were given a choice of food and drinks and they were involved with planning the menus. We saw the menus were available in picture format to enable people who were unable to talk to choose what they would like to eat. Staff encouraged people to eat a healthy and balanced diet. They were aware of people's likes, dislikes and preferences. This helped to ensure people's wishes were met as far as their nutritional needs were concerned.

We noted one person had been advised by their GP not to eat food that would aggravate their condition and staff helped them accordingly. Staff also ensured the person had regular appointments with their GP to monitor their condition. We saw staff also monitored people's weight.

People were supported to access other health and social care services when required. We saw records of people attending appointments and the outcome of these were recorded. This helped to ensure staff were kept informed of people's changing needs and how to meet these. People's health needs were being met. Relatives told us that they were kept fully informed of any changes in their family members' health needs.

Is the service caring?

Our findings

During our visit, we saw staff were always available to speak with people. Staff knew people well and communicated with them at a suitable pace. They took time to listen to people without rushing them. The interactions we saw between staff and people were respectful and professional. They were relaxed and comfortable in each other's company. Staff had built good relationships with people living in the service.

We spoke with staff about how they communicated with people with speech and language disabilities in order to understand their choices and needs. One staff member said, "I use photos, picture references and some sign language to communicate with [person]." Staff were able to use cues and signs to understand people's preferences. This meant that staff treated people as individuals, respected their rights and allowed them to make decisions.

Staff respected people's privacy and dignity. One member of staff told us, "Before going into someone's bedroom, I will always knock on the door and wait for them to respond." People could spend time in their bedroom when they wanted or they could use the lounge or other communal area within the service. People told us their privacy was respected by all staff and told us how staff respected their personal space. One person told us, "The staff are very nice and caring. They let me do what I like to do."

Staff treated people equally and were not discriminatory towards people's gender, race or disability. They were respectful of and had a good understanding of all people's care needs, personal preferences, their religious beliefs and cultural backgrounds. For example, people were provided with specific types of food that met their cultural or dietary requirements, when requested.

Staff promoted people's independence and encouraged them to do as much as possible for themselves. Staff told us how they prompted people to do certain tasks for themselves so their independence was maintained. One member of staff told us they helped one person to do their own laundry under supervision. People also helped staff with the household chores. For example, on the day of visit, we saw one person helping with removing clothing from the tumble dryer. The staff member was supervising them from a distance.

We saw people's records were kept securely to ensure confidentiality. Staff understood the need to keep people's information private and to protect the confidentiality of people at all times. However, we advised the registered manager that people's personal care needs should not be detailed in communal areas.

Staff had good knowledge about the needs of the people they supported. They were aware of people's life histories and personal needs and preferences. One relative said, "[Person] responds very well to their keyworker." They felt staff fully understood their family member's needs.

If people requested an advocate, the registered manager said they would find one for them. An advocate helps people to express their views and wishes, and makes sure their voice is heard.

Is the service responsive?

Our findings

Relatives were satisfied with the service their family members received. One relative said, "I will talk to the manager if I am not happy about something. But we are happy with the home." Relatives told us the staff were supportive to them and their family members.

People's needs were assessed before they moved into the service. Care and support was delivered in line with their individual care plan. People had their own detailed and descriptive plan of care. The care plans were written in a personalised way, which included their health care needs, any nutritional requirements, likes, dislikes, what activities they liked to do and what was important to them. For example, people were able to say what types of food they liked to eat and preferred not to eat. People that required culturally or religiously specific diets had these needs met. They were also able to highlight what they enjoyed doing. For example one person's care plan said they liked "doing computing and sightseeing."

The information covered aspects of people's needs and guidance for staff on how to meet their needs. We saw that care plans were reviewed and updated when the need arose. The service responded to people's daily needs and preferences. Care plans showed that people were supported with their personal care needs. However, we viewed one person's room with their permission and noted that it was not personalised and was largely bare with no personal items present. Staff told us this was because of the person's learning disability and they preferred to store their belongings in another room. We did not see this behaviour or preference stipulated in their care plan.

We recommend people's care plans thoroughly reflect their behaviours and needs.

There were systems in place to monitor the needs of people. Staff were able to handover any significant information to their colleagues at the end of each shift, using a handover log book. Staff completed daily logs for each person, which noted how they were getting on with their day to day lives. A key work meeting with each person in the service took place every two weeks and was used as part of care plan reviews to monitor how well a person was progressing. We saw records that people were able to express their views in these sessions on how they would like to be supported. This helped staff to monitor people's wellbeing and respond to any concerns. However, we noted that some records were not dated or not always completed. This meant staff would not always know when a meeting had taken place and when the next meeting was due, as well as any issues raised. This would also have an impact on how staff met the needs of people who used the service.

Within the service, we saw that there was a lounge with a television for leisure time, as well as a large kitchen and garden. The garden was also used for staff and people to relax and socialise in suitable weather. We saw that people were actively engaged and enjoyed staff company. People also had opportunities to be involved in hobbies and interests of their choice. Staff told us people were offered social and health activities that suited their preferences. People were also able to purchase additional support privately with another agency, which enabled them to choose and pay for the type of service they wanted. For example, one person was accompanied to attend a day centre. We saw that people were supported to engage in other

activities outside of the service, such as going to the library, travelling on public transport, walking and shopping. People were also supported to find voluntary or paid employment.

We saw that a complaints procedure was in place which contained information for people about how to make a complaint. The service had not received any complaints since registering with the CQC in June 2016. Staff knew how to respond to complaints and understood the complaints procedure. However, we noted that the procedure was not adapted to make it easier for people to read and follow. One person said, "I haven't seen anything" when asked if they knew how to make a complaint.

We recommend the complaints procedure is made more accessible to people in a format that meets their needs.

Is the service well-led?

Our findings

Relatives and people were happy with the way the service was run and managed. One relative commented the registered manager was really good.

The service was run by the registered provider and the registered manager. The management team and staff were knowledgeable about the people living in the service. The registered manager was also responsible for another registered service that was located in the area, which was also owned by the provider. The registered manager divided their time between the two locations each day. They would spend a few hours at Colenso House during the day, talking to staff and people at the service. Office work was usually carried out at the other location and we found some of the provider's policies, procedures and records were held there. During our inspection we had to wait to see records as they were not all kept in the service, but were in the sister service. The registered manager went to collect them during the inspection. This issue was discussed with the provider and they were reminded that all relevant records relating to each location, should be kept within the service and must be easily accessible.

The registered manager did not always notify the Care Quality Commission, as required, using the appropriate notification procedure and forms following an event. For example, prior to our inspection, the registered manager informed us of a serious incident that took place where a person was at risk. There had been a recent safeguarding alert raised by the local authority about the service, following the incident and before our inspection. They informed the provider to notify us of this but the provider only contacted the CQC by phone and email, although they did not initially inform us that a safeguarding alert was raised. We later clarified and asked the provider to send us an incident report and a notification.

Following concerns raised by the local authority about the management of the service, the registered provider had recently employed the services of an external consultant to assist the registered manager with completing their action plan to improve the service. The registered provider informed us that they had not been able to check on the registered manager's performance in the six months since Colenso House had opened. However, the registered manager said, "It has been very helpful to work with the consultant. I see them a few times each month. I feel more supported now and I am learning." The registered provider told us, "We have been assessing the improvements made following the issues raised and checking on progress. Things have got a lot better recently and we are confident of the service improving. We will support the manager and have had three way meetings."

However, we were still concerned that the registered manager was not receiving sufficient support to ensure they were able to manage two registered services to the same standard. Both the registered manager and the provider confirmed that a deputy manager was being sought to help out, although there was no confirmed date when they would be in place. We saw evidence that the care consultant had carried out a recent mock inspection of the service and had set out some targets for certain actions to be completed. Despite their internal inspection, our findings during this inspection showed there were areas that required further attention, which were not highlighted by quality assurance audits carried out by the provider. For example, audits had not identified that there was no PRN protocol in place for medicines, some records

were not readily available, a fire safety door was not working, CQC notifications were not sent, references received for new staff were not appropriate or complete and no Personal Emergency Evacuation Plan (PEEP) in place for people.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were able to raise any issues with the management team and felt they were listened to. One staff member told us, "We work well as a team. It is very supportive and we get lots of training. The managers are very helpful. We can speak to the manager if we have problems." Staff worked well together which created a calm atmosphere and in turn was reflected in people's care. Staff enjoyed working at the service and felt able to meet the challenges of their day to day work.

The registered manager confirmed that they discussed important topics with staff and records confirmed that the service had regular staff meetings. Agenda items at staff meetings included the welfare of each person living in the service, infection control, food monitoring, keyworking, safeguarding people and activities.

We saw people were asked for their views and this was recorded. For example, the service issued a questionnaire survey to people annually. We saw the results of the surveys were positive and comments included, "I am happy. Staff treat me with respect" and "I am kept safe." This showed that people felt comfortable staying in the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider did not ensure care was provided in a safe way through the proper and safe management of medicines. Regulation 12(1) and (2) (g).
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The provider had failed to ensure the health risk for the contamination of drinking water which people and staff consumed. Regulation 15 (2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had not identified that there was no PRN protocol in place for medicines, some records were not readily available, a fire safety door was not working, CQC notifications were not sent, references received for new staff were not appropriate or complete and no Personal Emergency Evacuation Plan (PEEP) in place for people. Regulation 17 (1) ,(2)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The lack of induction for staff could place

people using the service at risk of inappropriate care. Regulation 18 (2)