

National Autistic Society (The) St Edwards Close

Inspection report

6 St Edwards Close
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27 February 2020

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Ratings

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

Summary of findings

Overall summary

About the service:

St Edwards Close is a residential care home for 12 people with autism. The service consists of two houses, the Willows and Conifers and can accommodate six people in each. In each house, there are single bedrooms and people have shared use of a lounge, activity room, kitchen and bathroom facilities. There is an enclosed garden and courtyard for people to access. There were 11 people using the service at the time of our inspection.

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. This ensures 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.

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

Relatives told us they thought their family members were safe living at St Edwards Close and that staff were kind to them.

Staff received training to do with safeguarding adults and the provider followed clear safeguarding procedures that helped to protect people from harm.

Risks to people, including those associated with their healthcare needs, were assessed and plans were in place to reduce them.

Whistleblowing procedures were in place and displayed on notice boards for all to see. Staff told us they were confident any concerns they reported would be dealt with appropriately.

Effective infection control procedures were in place and staff received training with food hygiene.

There were sufficient staff to meet people's needs and safe recruitment practices were in place.

People's medicines were stored, administered, recorded and audited appropriately. The provider had appropriate policies and procedures in place to support people safely with their medicines as prescribed.

Comprehensive needs assessments were carried out and there was sufficient detail and personalisation in the care plan to ensure the person's needs were met in a personalised way.

The manager ensured staff completed training to ensure they were able to meet people's needs effectively. Support was provided appropriately for staff with regards to their professional roles.

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.

Records showed people were supported to have their health needs met, with access to health professionals as required.

Relatives of people told us their relationships with the staff team was good. They said their privacy and dignity was respected. They also said they were able to express their views and preferences and staff responded appropriately.

There were systems in place to ensure concerns and complaints were responded to in an appropriate way.

Comprehensive quality assurance processes were in place that monitored a wide scope of practice and procedure by staff, identified shortfalls and drove improvements. The provider worked collaboratively with other agencies and organisations to meet people's needs.

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

Rating at the last inspection

At the last inspection the service was rated Requires Improvement (published 18 February 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected:

This was a planned inspection in line with our inspection schedule. We found the service met the characteristics of a "Good" rating in all areas.

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.

St Edwards Close

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 to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

St. Edwards Close is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service did not have a manager who was registered with the CQC, the previous registered manager left in January 2020. In the absence of a registered manager, the provider is legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

The inspection took place on 10 and 27 February 2020. The first day 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection:

We spoke with three people who used the service. We also spoke with the deputy area manager, the lead manager for adult services, the deputy home manager and three staff. We observed medicines being

administered and the support people received in communal areas, including the preparation and consumption of meals. We reviewed three care records and medicine administration records (MAR). We looked at five staff recruitment files, together with the provider's training schedules. We also examined other documents relating to the management of the service, procedures, quality assurance audits, team and residents meeting minutes and satisfaction surveys.

After the inspection:

We spoke with four relatives and two health and social care professionals.

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 requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Preventing and controlling infection

At our last inspection we found people were not always protected from avoidable harm in the environment. We found control measures to reduce the risk of scalding were insufficient. Hot water temperatures were not routinely checked and people using the service were able to access to hot water unsupervised.

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

After our inspection, the registered manager provided evidence that daily checks on all hot water temperature outlets were put in place together with thermostatic mixer valves that regulate water temperatures to the recommended safe limit.

Preventing and controlling infection

- Training records evidenced that staff received training with food hygiene as a part of their induction training and refresher training as part of their further development programme. This has helped to prevent the spread of infection amongst people.
- The provider ensured staff were supplied with the necessary equipment and materials to use to prevent the spread of infections when providing personal care to people.
- The provider had an infection control policy and procedure in place that staff were aware of and worked within. This helped to reduce risks to people from the spread of infections.

Assessing risk, safety monitoring and management

- The provider carried out holistic risk assessments relating to people's care. The plans for managing those risks were integrated into people's care plans. This provided guidance for staff to follow so they could support people safely.
- General risk assessments for the environment such as legionella testing, health and safety and fire risks has helped to keep people and staff safe in the home.
- The provider had an appropriate whistleblowing policy and procedure in place that staff knew about and felt confident to follow if the need arose.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they thought the service was safe. Relatives comments included, "My [family member] seems very happy there, staff look after them all safely", "We think they are safe. I have never had any concerns about that."
- Staff told us they had received training for safeguarding adults. We saw training certificates that supported

this.

- Staff were able to describe the types of abuse they might encounter in their work and they knew how to recognise them. They were aware of the necessary actions they should take if they had any concerns.
- The provider had appropriate policies and procedures in place that were linked with the local authority. Staff were required to sign the policies and procedures to indicate they had read and understood them.
- Records showed that when concerns were raised, staff responded in line with the provider's policies and procedures in partnership with the local safeguarding authorities.

Staffing and recruitment

- Staff records included appropriate recruitment procedures and checks on criminal records, identity and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- Staffing levels met people's assessed needs.

Using medicines safely

- Following an incident where one person missed a dose of their medication a new auditing tool was introduced to ensure the administration of medicines were checked by senior staff. We checked the records that evidenced this was implemented successfully.
- The deputy manager told us that only staff who completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff told us they had been trained in the administration of medicines which they said had helped them to administer medicines safely to people. We saw certificated evidence that supported this.
- The provider's policies and procedures for medicines helped to ensure people received them safely and as prescribed. Staff were required to read these policies and procedures and to sign to agree to work within them.
- Medicines administration records [MARs] were completed as required. There were no unexplained gaps in the records.
- We undertook a stock take check of stored medicines and we found stored medicines matched the recorded levels on MAR sheets.
- An audit carried out by the pharmacist in March 2019 confirmed policies and staff procedures for the safe administration of medicines to people were safe and satisfactory.

Learning lessons when things go wrong

- Accidents were reported appropriately to the CQC and risk assessments revised. Staff told us new risk management strategies were drawn up to minimise any re-occurrences. Staff told us these actions had prevented similar situations from arising again and people were now better protected from potential harm.
- The recording format used to log any accident or incident was appropriate and included a section designed to enable improvements to be made to policies and practices where necessary.

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 requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

At our previous inspection we found parts of the premises were in need of repair or redecoration. In particular, improvements were needed with the bathrooms. Bathroom equipment was broken and the bathrooms required redecoration and repairs.

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

Following our inspection, we were provided with an action plan that outlined how these improvements would be implemented. At this inspection we found all the bathrooms were completely refurbished and redecorated to a high standard and the provider was no longer in breach of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- People's care files demonstrated people's physical, mental and social needs were all assessed as part of the needs assessment process. People's care, treatment and support was delivered in line with current legislation and standards which helped to achieve effective outcomes.
- Needs and risk assessments were used to develop individualised care plans which provided staff with information on how best to support people to meet their needs.
- People's relatives confirmed they were involved in the review process of their family member's care. One relative said, "I was invited to a review by the home recently. The local authority care manager attended as well."
- Assessments considered people's protected characteristics under the Equality Act 2010 to make sure that if the person had any specific needs, such as those relating to their religion, culture or sexuality, the staff could meet those needs. An example of this for one person was how they were enabled and supported by staff to attend church every Sunday.

Staff support: induction, training, skills and experience

- The managers showed us the staff teams training records. We saw staff had effective training that included induction and other training courses. They told us this helped them to develop their skills and knowledge appropriately for their roles. The managers said training was refreshed regularly and delivered by a variety of methods including e-learning and classroom-based learning depending on the topic. For example, health and safety training was classroom based.
- One to one supervision sessions were held with staff as well as team meetings. We saw the minutes of

these meetings. Any issues were raised with staff so improvements could be made.

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

- People were supported by staff to eat and drink enough to maintain a balanced diet. People were able to express their preferences when making menu choices. People's cultural needs were taken into account when menus were drawn up. For instance, one person said they enjoyed curry and this was provided for them. People said they enjoyed the food they received.
- Relatives also said their family members enjoyed the meals they received. Staff told us they thought people had a healthy and nutritious diet.

Supporting people to live healthier lives, access healthcare services and support

- The provider worked closely with health services to make sure people's needs were met. Regular appointments with dentists, opticians, chiropodists and GPs were arranged for people according to their needs. The care plans we inspected included details of health professionals and there were procedures for staff to follow in reporting any health emergencies.
- The managers told us maintaining good health for people was a priority so regular health checks were carried out. We saw up to date records that showed people received these checks.
- Relatives told us they thought their family members were supported to be healthy by having these health checks but also by being encouraged to participate in physical exercises such as going to the gym and swimming.

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

- People's views were sought about the design and decoration of their bedrooms. They were involved in choosing the colour schemes and we noted a wide range of colours and decor with personal objects, pictures and photographs. There was a main lounge where people were able to socialise, an enclosed and secluded garden that enabled people to have a quiet space to relax when they needed to.
- Staff told us people were able to get involved in the gardening work and growing flowers and vegetables with some assistance from staff. We saw that people took pride in this.
- One person showed us their room and was clearly happy with their personal possessions and things that were important to them.
- Communal areas were decorated in a homely style that people had been able to contribute to. This increased their appreciation of these comfortable areas and provided them with good space to socialise and join in with people.

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Some people's safety needs required a DoLS to be in place, records evidenced applications were made to the appropriate local authorities and authority granted.

- The managers were aware of their responsibilities under these principles.

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 good. At this inspection this key question 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; equality and diversity

- Relatives made positive remarks about the staff and the care and support they offered their family members. Comments included, "They [family member] are really happy living at St Edwards, it is their home and they see it as that. The staff are kind and caring and committed to providing good care to people" and "They are so well cared for."
- We observed staff treated people with kindness through the inspection, spending time interacting with them and encouraging them with their activities.

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

- Staff said they made it a priority to involve people as much as possible in making decisions about their care. We observed staff offering people choices about what activities they wanted to do.
- Staff understood the best ways to communicate with people to help them make choices and express their views. For example, staff described to us the different ways people who had limited communication expressed their preferences. We observed staff gave people the time they needed to communicate.

Respecting and promoting people's privacy, dignity and independence.

- People were supported to dress as they chose. A relative told us, "[Family member] is always well dressed." We saw people were dressed in clean and appropriate clothes.
- Relatives told us staff treated their family members with respect. We observed staff spoke to people pleasantly and used their preferred names.
- Staff told us how they maintained people's dignity when providing personal care, such as ensuring people remained covered as far as possible and that doors and curtains were closed.
- Relatives told us staff welcomed visitors to the service and kept family members up to date with people's progress. This helped people maintain important relationships.
- People's right to confidentiality was protected. We observed staff maintained confidentiality when discussing individuals' care needs. People's personal information was kept secure and records were only accessible to authorised staff. Staff had received training on the principles of privacy and dignity and person-centred care.

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 good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

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

- People's needs were comprehensively and holistically assessed. Care plans were developed based on these assessments and were agreed by the person and their relatives. Assessments and care plans were reviewed to ensure they remained appropriate and responsive in meeting people's needs.
- People said they were happy with staff who provided them with the care and support they required. Relatives said they were happy with the service being provided. They told us the managers were responsive to any requests made of them.
- Care plans set out detailed information about people's preferences, needs and the tasks staff were expected to carry out to meet people's needs. Staff completed a monthly record summarising the care and support provided as well as any significant observations or issues.

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 understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were involved in decisions about their care and support. There was detailed information in care plans about people's personal preferences, their likes and dislikes and what was important to them.
- Guidance for staff explained how they preferred to communicate and how staff should respond. Some people used sign language, others preferred to use pictures and objects of familiarity to help them communicate.

Improving care quality in response to complaints or concerns

- The provider had an appropriate policy and procedure in place for complaints. This included an appropriate timescale within which they might expect a response to their concerns.
- Staff were aware of how to assist people if they had a concern or a complaint to make. Any feedback received was used to develop and improve the services.
- People and their relatives told us they would talk with staff or the managers if they had a complaint or concern. They were confident they would be listened to and their issues dealt with seriously and in a timely fashion.

End of life care and support

- The managers told us they were not providing end of life care for anyone at present. However, they said they were developing an appropriate policy and procedure with a local hospice to put in place in the near future.

- Staff told us they had received training on end of life care.

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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care.

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

- At the last inspection although regular quality monitoring systems were in place the coverage of these audits were not always as comprehensive or effective as they needed to be. They failed to identify the potential risks to people from the lack of hot water temperature checks. The auditing processes had identified the need to refurbish the bathrooms, but the remedial work was not progressed. This meant people were unable to use the bathroom facilities.
- The registered manager left in January 2020 and the deputy manager was acting manager with the support of the two regional managers. Since the last inspection they had reviewed the range and effectiveness of their auditing systems and actions were taken when shortfalls or areas for improvement were identified. For example, regular weekly hot water tests were now carried out by staff. Records indicated hot water temperatures were always within the safe and prescribed limits. People were appropriately protected from the risk of scalding from excessive hot water temperatures.
- Management monitoring tools included systems to review incidents and accidents which helped to ensure action was taken to prevent a recurrence. The registered manager was aware of their responsibility to submit notifications to CQC of notifiable events. Notifications had been submitted in a timely way.
- Weekly and monthly audits provided information about how well the service was running and any identified actions. Areas checked included the safe administration of people's medicines, care records, staffing records, complaints, premises, accidents and incidents, health and safety and safeguarding. The reports were sent to the regional managers and to the provider's quality assurance department. This enabled the organisation to have an overview of the service and any risks so these could be jointly managed. This system also allowed for any themes or trends to be identified and acted on.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 an effective management and staffing structure in place that promoted person-centred care and transparency. The managers understood their duty of candour and staff their responsibilities under their duty of care.
- People and their relatives were positive about the service they received. They said the managers and staff were committed to providing good, high quality care.
- People said they felt listened to. They told us they were able to discuss any concerns they had with staff and the deputy manager. Staff said there was an open and transparent culture at the service that met the

needs of the people they supported.

- Staff meetings enabled staff to share information about people's care and support, develop or refresh their knowledge and skills and keep updated with current practice. Meetings were used to share learning, best practice and updated policies and procedures. Staff used a communication book to convey information about people between shifts. Daily planners were used to keep staff informed about any changes to people's well-being or other important events.

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

- People living at St Edwards Close had lived there for long periods of time, some in excess of 20 years. The staff team was also quite stable except for the recent departure of the registered manager. This meant people experienced good levels of continuity in the care and support they received. People and staff knew each other well.
- People received a service from staff who were happy and passionate about their work. Staff said they worked in an open and friendly culture. One staff member said, "There is a good sense now of cohesiveness among the team. The senior managers have provided us with good support, especially after the registered manager left."
- Staff told us their priority was to ensure people were engaged and involved as much as they could be with the care and support provided by staff. One staff member said, "We try to involve people in every aspect of their care. It is their life and that's what we would want if we were in their position." Relatives confirmed their family members were the central focus of all care provided by staff at St Edwards Close.

Working in partnership with others

- The provider sought information, advice and guidance from other agencies and from best practice guidelines. These included social services, GP's and other healthcare professionals. Records showed how the service engaged with other agencies and professionals to support people's needs.
- Staff told us they had good working partnerships with health and social care professionals.
- Health and social care professionals told us the deputy manager and the staff team worked in conjunction with them to ensure the best possible outcomes for people and they believed staff always acted in people's best interest.
- Relatives told us their input was sought, valued and they felt listened to and respected. They told us they were kept up to date on the progress of their family members, invited to care plan reviews and other social events such as summer BBQs and Christmas parties.

Continuous learning and improving care

- Minutes of team meetings showed staff were provided with good opportunities to raise any issues they felt necessary. Staff told us they were able and encouraged to bring ideas they had about improving the service and developing new ways of working. The minutes showed that best practice areas were discussed as well as issues relating to health and safety and working with other agencies.
- Quality assurance systems helped to ensure areas for improvement were identified and action taken to continuously improve the quality of the service provided. Staff regularly spoke with people to ensure they were happy with the service they received. The registered manager worked alongside staff to monitor their practice as well as undertaking other checks of staff working to review the quality of the service provided. As an example, annual medicines competency checks were carried out for each staff member administering medicines to people so as to ensure this continued to be done safely.