

The Edmund Trust

Edmund House

Inspection report

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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 

Overall summary

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an announced inspection, which meant the provider was informed about our visit prior to the date to ensure managers and staff would be available in the office.

At the last inspection in August 2013, we found there were no breaches in the legal requirements for the areas we looked at.

Edmund House provides support to approximately 30 people with physical and learning disabilities, who live in their own homes, in the Cambridge area. The service had a registered manager. A registered manager is a person

Summary of findings

who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law; as does the provider.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could make decisions for themselves were protected. The records we looked at showed that where people lacked the capacity to make decisions about their care, best interest meetings were held in conjunction with appropriate professionals.

The three people we spoke with in a supported living setting, said they were very happy with the staff who understood their needs, and helped them to remain as independent as possible. Most people in their own homes that we spoke with were happy with the communication that they had with the office staff. People and their relatives also told us that they were content with the staff who provided their personal care and support.

People using the service said they received safe and effective care which met their needs and promoted their well-being when they had a regular staff member. Procedures were in place to reduce the risks to people who use the service, if their regular staff member could not make the visit to provide their care. The welfare and safety of people who use the service were also minimised because there were individualised risk assessments.

We found evidence that staff training was sufficient to equip staff with the appropriate skills to support people and staff demonstrated that learning was put into practice. The provider had a system to assess staffing levels and make changes when people's needs changed. This meant that they could be sure there were enough qualified staff to meet people's needs.

People told us they were able to express their views about their care, and would find it easy to communicate with support staff or office staff if they had any concerns. The registered manager investigated and responded to people's complaints in accordance with the provider's complaints procedure.

Summary of findings

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 safe.

People told us they were aware of which member of staff would be visiting them. This meant people's safety and security was protected because they knew who would provide their care.

The service had effective systems in place to identify abuse or poor practice and respond appropriately. Staff had received training in the safeguarding of vulnerable adults and understood their responsibilities.

There was an effective recruitment procedure to ensure that staff had the skills and experience necessary to provide quality care.

Good



Is the service effective?

The service was effective.

Staff knew people well and understood their individual care and support needs.

Staff they had the appropriate knowledge and training to meet people's needs.

Care plans showed the most up to date information on people's needs, preferences and risks to their care. Staff consistently followed these guidelines to ensure they delivered effective care.

Good



Is the service caring?

The service was caring.

People told us they were treated with kindness and compassion by staff who cared for them and their privacy and dignity was respected.

People were encouraged to remain as independent as possible and engage in activities of their choice.

Relatives told us they felt that the service genuinely cared for the people they supported.

Good



Is the service responsive?

The service was responsive.

People who used the service or their relatives were involved in their plan of care and staff members responded to people's needs.

People were able to communicate with the office staff when they needed and were informed as to which member of staff would provide the support they required.

The service had an effective complaints system and people were aware of how to make a complaint about the service.

Good



Is the service well-led?

The service was well led.

There was a registered manager in post.

Good



Summary of findings

Staff said the management team had an open culture and were confident that their opinions were respected. They were aware of how to raise a concern about any poor practice, but none of them had needed to do so.

There were systems in place to monitor that there were sufficient number of staff to meet the needs of people and to monitor the quality of the service.

Edmund House

Detailed findings

Background to this inspection

This announced inspection was conducted by an inspector and an Expert by Experience. An Expert-by-Experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our Expert had experience in caring for someone with learning disabilities.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed historical data that we held about safeguarding and other incidents happening in the service that the provider is required to tell us about. We contacted the local authority and reviewed the information we asked the provider to send to us.

During the visit, we spoke with seven people who received support from the service, four relatives, six care staff and the registered manager. We reviewed people's care plans and other relevant information to help us understand people's care and support needs.

We looked at other records related to people's care and the running of the service, including a service user quality assurance survey questionnaire, staff recruitment and supervision records. A copy of the client satisfaction survey was also provided for us to review as part of our planning for this inspection.

This report was written during the testing phase of our new approach to regulating adult social care services. After this testing phase, inspection of consent to care and treatment, restraint, and practice under the Mental Capacity Act 2005 (MCA) was moved from the key question 'Is the service safe?' to 'Is the service effective?'

The ratings for this location were awarded in October 2014. They can be directly compared with any other service we have rated since then, including in relation to consent, restraint, and the MCA under the 'Effective' section. Our written findings in relation to these topics, however, can be read in the 'Is the service safe' sections of this report.

Is the service safe?

Our findings

One relative told us, “I felt very at ease with this agency. They have introduced all the staff that will be involved and keep us updated with everything.” Another relative told us of a time when they observed the care given to their family member. They said, “I was happy with the way they handled the situation and they did it like I would have done.”

The people we spoke with and their relatives were positive about their involvement in their care package. They told us that all potential risks had been identified and that care staff dealt with them appropriately should they arise and also monitored for emerging risks. One person told us, “I feel safe here.” Everybody we spoke to told us that they felt the service they received was offered safely.

Staff members we spoke with had a clear understanding of the procedures in place to safeguard people from abuse and were aware of the types and indicators of abuse. We received an explanation of the process that staff would use to report abuse and found this was in line with the provider policy. Staff were aware of the correct process to follow if they witnessed or suspected any abusive practice.

A staff member said, “The training here is really good, we all understand about abuse and what to do.” Another told us, “I would not hesitate to act if I thought some one was at risk. We are here to act on behalf of our service users, we need to protect them.”

People’s rights were protected because the staff understood the legal requirements that were in place to ensure this. The Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) set out these requirements. We saw that staff had received training in MCA and DoLS, and staff were able to explain about the systems in place to protect people’s rights.

Staff understood the principles of the MCA and told us that there was a procedure in place to access professional assistance, should an assessment of capacity be required. Staff were aware that any decisions made for people who lacked capacity had to be in their best interests.

The support plans and risk assessments we looked at were informative, clear and up to date. They were reviewed

when required so that they reflected people’s current needs. People using the service told us they knew where they could find the records in their homes if they needed them and staff members confirmed they were always available and acted as guidance for new staff. One said, “The care plans are good, we know what people’s needs are but if there are any changes they are always incorporated into the care plans. They also help us if we need to accompany people to appointments so that we know exactly what is going on.” We saw that individual needs were assessed in relation to people’s capacity and specific needs.

The staff recruitment practices were safe and thorough. We saw personnel files that showed safe procedures were followed, including criminal record checks and work references, to ensure that staff members were suitable to work with people who used the service. Policies and procedures were also in place to make sure that unsafe practice amongst staff was identified and that people who used the service were protected.

We looked at the staff rotas and saw that there were sufficient staff to support people as required, including any additional support hours funded by the local authority. Staff members and relatives we spoke with felt there were enough staff to meet people’s needs. One relative said, “It has never been a problem if I have needed to change times.”

The manager told us they took a planned approach to ensuring there were sufficient numbers of staff, with the right knowledge, skills and experience available to meet the needs of the people who used the service. They explained that when calculating the hours they allowed for additional staff to cover shared hours, such as ‘sleep in’ staff at night, sickness and annual leave.

The service manager told us that staff numbers were calculated based on the number of hours of care each person required. A rota was then produced detailing how many staff members were needed to provide care. Staff members told us that staffing was not an issue because if a new package of care was taken on, that additional staff would be sourced from the provider’s other services.

Is the service effective?

Our findings

People using the service confirmed the staff members always looked at the care records when they visited them and referred to the care plans and risk assessments to ensure they were up to date. One relative said, "A member of staff compiled a folder of local activities that they use with my family member. This is so that they have an easier way of choosing what to do instead of being asked what they wanted, which they found quite challenging." This showed that people received an efficient and effective service that met their current needs.

During our conversations with staff members, they told us how action was taken to get professional help and advice if a person developed any risks to their health or wellbeing. There were risk assessments in place to help protect staff members from environmental issues within people's homes.

The staff members we spoke with were clear about their role and how to provide a good service to people. It was evident from our discussions with them that they knew the people they supported well and understood their needs. One person told us, "All the staff communicate very well with me. It does not matter who I have to support me." Another person said, "The support staff know me and what I like to do. We work together."

We found that people experienced a good quality of life because staff members had the skills and knowledge to meet their assessed needs. We spoke with staff who all told us that the training offered by the service was really useful in ensuring that they were equipped with the skills and knowledge necessary to provide care for the people they supported. Staff members and the management told us

they had completed a range of training that ensured they were able to carry out their roles and responsibilities. Training had been provided to meet the specific needs of people who used the service.

We spoke with staff members who told us they received formal supervision and appraisals of their work. One member of staff told us, "I have regular supervision and the manager checks everything is going well for me." Another staff member said, "We get to discuss learning needs and any issues we may have. We don't have to wait until supervisions though, we can ask questions at any time." This showed that staff's performance and development needs were regularly assessed and monitored.

We spoke with five staff members who knew the needs of the people they supported well. They were able to clearly describe people's needs and preferences. We asked them how they were made aware of changes in people's needs. They told us that there were a number of ways in which information was shared. These included a communication book, people's daily records and a verbal handover session at the beginning of every shift where the incoming staff members were updated on any relevant information. One member of staff told us that they regularly met with a person for whom they were key worker [named worker] for. This ensured that they were involved in deciding about their care and what was important to them.

People told us that they had access to health care professionals when they needed them. For example, we saw that people accessed their GP, the learning disability team and other relevant professionals. Each person had a summary of their needs, information about medication and how they communicated. This ensured that if they were admitted to hospital, health professionals would know about their needs and how to provide good care and support.

Is the service caring?

Our findings

We visited three people who received support from the provider in a supported living environment. The staff member on duty asked if people would mind us talking with them. One person told us, "I am treated kindly and with respect. I have only just moved here but I think it will be alright." Another person said, "The staff are kind and they respect my privacy. They knock on my door before they come in." We spoke with a relative who told us, "They treat people kindly and do show respect. I have never had any issues in respect of this." This demonstrated that people's privacy and dignity was respected and that staff had a friendly approach.

People and the relatives we spoke with were complimentary about staff members. One person said, "Staff listen to me and I can always ring here [head office] for support if I need." Three other people told us that the management were approachable and their concerns were listened to. People were involved in determining the kind of support they needed to have choice and control over their lives. We were told by family members that staff offered people choices, for example how they spent their day and what they wanted to eat, and that these choices were respected.

We saw people's diversity, values and human rights were respected. The staff members we spoke with were able to give examples of how they supported people in a respectful way, so that their specific needs were met. For example, by delivering care and support using picture cards or gestures to assist people with various communication needs.

People told us they were treated with kindness and compassion and that staff really cared for them. For example, one person told us of a situation when they became distressed and required additional support to cope with an incident. They told us that the staff member, "Made me feel better and listened to me." Another person told us, "The staff are very caring" and named the ones they particularly liked. They said, "I can talk to them" and "I'm never bored." A relative said, "I am very impressed with the way my [relative's] carer talks to [them] instead of through me." They felt this had enhanced the person's self esteem and told us that they now phoned their carer directly which they had previously been unable to do. This showed that staff responded in a caring way to people's needs.

The registered manager confirmed that a core team of staff had worked at the service for some time and knew the people they supported well. Staff members talked with great feeling about people, it was evident that they cared for the people they supported. For example, one member of staff spoke in detail about the needs of the person for whom they were key worker. They told us that they had consulted with the person's family to help them develop their care plan. They had a good knowledge about the person's background, current needs, what they could do for themselves, how they communicated and where they needed help and encouragement. This meant that staff members valued the people they supported.

Systems were in place to encourage people to make their views known about the kind of care and support they wanted. We looked at feedback forms completed by people who used the service. These reflected that people had the ability to make comments about the support they received.

Is the service responsive?

Our findings

All the people we spoke with and their relatives were involved in making decisions in relation to their care, support and where required treatment. Records showed that relatives had been involved in the development and review of people's care plans.

The support plans that we reviewed demonstrated that the service had conducted a full assessment of people's individual needs to determine whether or not they could provide them with the support that they required. Plans of care were in place to give staff guidance on how to support people with their identified needs such as personal care, activities, communication and with their evening routine.

We saw that people were supported to take part in chosen activities that were important and relevant to them, including various day services, clubs and going shopping. One person told us, "I have one to one staff support and I can go out when I want to."

Family carers all stated that they were able to talk with the manager's of the service. One relative told us that they had an "Open line of communication" with the carers at her family member's home. Three relatives said that they were treated as co-carers by the staff and they felt staff members were willing to listen and act on their feedback. They were also complimentary about the flexibility of the service so that relatives could accumulate hours occasionally or ask for extra support in a crisis. This meant that the service was organised in a way that promoted people's independence and ensured their individual needs were met.

Some of the people who used the service had communication difficulties which meant they were unable to verbally comment on decisions regarding their care. Where people were unable to express their views we were told that different methods had been used to help them communicate their needs and wishes. For example we saw evidence of pictorial images that were used to enhance communication. Care plans and questionnaires about the service and procedures for making complaints had been written in an easy read format to help people access information.

One relative told us they thought the service had been particularly sensitive to their family member's needs by ensuring a core team of just three workers supported them. This enabled them to build up their confidence and not feel upset if one of them left. This showed that people received the individual support and care they needed, when they needed it, which helped ensure their safety and welfare.

Where people lacked capacity to make decisions about their care, we saw that mental capacity assessments had been completed. For example, we saw that where people had been assessed as not having capacity to manage their finances, meetings had taken place with the relevant people and appropriate arrangements had been made in the person's best interests. We also found that end of life care decisions had been considered using this process, ensuring that people had support from appropriate people.

The care plans we looked had been developed using information regarding the person's interests and preferences as well as their health care needs. We saw in one person's care plan that their needs had changed significantly over the past year. The care plan had been regularly updated with clear guidance for staff on how best to support the person.

Staff told us that when complaints were raised they were informed of the content and that they were discussed at staff meetings or in supervisions. This meant that areas for improvement could be identified and measures put in place to avoid the issue from happening again. One member of staff said, "It is useful to know what took place so we can all learn and make improvements. We need to learn to get better." We found that the provider's complaints policy and procedure contained the contact details of relevant external agencies and outlined clear stages within the complaints procedure.

Staff told us they were aware of the complaints procedure and knew how to respond to complaints. Relatives told us that they did not have any concerns about the service; but knew how to make a complaint if necessary and felt confident any complaint would be dealt with appropriately. People told us they did not have any concerns about the service, and were happy with how staff treated them.

Is the service well-led?

Our findings

We saw that systems were in place that enabled open communication between the people that used the service, their relatives, managers and the staff. People told us they felt involved in individual reviews and those which concerned the service and service improvement. One person said, “I always get told about things that concern us so I can make a decision and have my say.” A relative said, “I know who the manager is and would contact them if I needed to. I am not worried about making my views known and always get a response back. It is a two way thing and I always get listened to.”

Staff told us that regular staff meetings took place in the service, where staff members discussed a variety of issues, such as keeping safe and changes in respect of people’s needs. One staff member said, “That is one good thing about this service, that we get to have meetings and talk about things, we all know what is going on and have the same common goal.”

There was a registered manager in post. We found that the management and leadership in place assured that staff delivered quality care which was centred on the needs of the people who used the service. Records we looked at, confirmed that people’s care was led by trained staff who demonstrated clear values in relation to involvement, dignity and respect. Staff told us that they wanted to improve the service for the benefit of the people they supported and would always listen to people’s ideas, as they may prove valuable in improving and developing the delivery of care.

Staff members told us that their manager treated them fairly and listened to what they had to say, valuing their input and feedback. They told us that they could approach the manager, or a team leader at any time if they had a problem. Staff understood their right to share any concerns about the care at the home. All the staff we spoke with were aware of the provider’s whistleblowing policy and they told us they would confidently report any concerns in accordance with the policy.

Staff members told us they had regular supervision where they had the opportunity to receive support and guidance

about their work and discuss their training needs and ways to improve the service. One staff member told us, “I enjoy having supervisions as they help me to focus on what I want to do in the future. They are always really useful and allow me to put forward any ideas I have to better things.”

The registered manager informed us that new staff members worked with more experienced staff during their induction period. This ensured that they got to know people and how they preferred to be supported. New staff received the correct training and support before they were able to move into working in the domiciliary part of the service. Staff told us that following on from their induction they had access to a lot of training so that they had the skills and knowledge to carry out their roles and responsibilities.

Accidents and incidents were analysed and a summary was completed to identify any trends. This meant action could be taken to make improvements and reduce risks to people who used the service.

We saw that concerns and complaints were responded to promptly and were used as an opportunity to improve the service. Records showed that the service worked well with the local authority to ensure safeguarding concerns were effectively managed. The documentation showed that management took steps to learn from such events and put measures in place which meant they were less likely to happen again. The service had implemented several audits to monitor the quality of care being provided. This included a service improvement plan and a core standards review. We saw that the manager analysed the audits and acted to improve any areas that required improvement.

We looked at how the service reviewed the quality of care people received. The registered manager told us that relatives had been sent questionnaires to complete and explained that once all the questionnaires were received they would analyse the feedback which would be shared with people, staff and relatives, with the action taken to address the issues raised. We were aware that this had happened with previous questionnaires and saw evidence that action had been taken on any issues raised.