

Independence-Development Ltd

Edwin Therapeutic Unit

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 ●

Summary of findings

Overall summary

The inspection took place on 24 January 2019 and was unannounced.

Edwin Therapeutic Unit is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The service was registered to provide care for up to three young people with learning disabilities, autism spectrum disorder, mental health issues and eating disorders. There was one person living at the service as another person had transferred to another service the week before the inspection.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

There was a registered manager in post who was present during inspection. 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.

At the last inspection on 30 November 2017, the overall rating of the service was 'Requires Improvement'. We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. People were not supported to maintain and develop their independence nor to meet their assessed needs and goals.

We required the provider to take action to make improvements. The provider sent us an action plan detailing how they planned to address the breaches of Regulations and said that this would be completed by the 31 March 2018.

We also made recommendations about the helping people to maintain a balanced diet and to make sure staff skills were kept up to date with best practice.

At this inspection, we found the service had improved. The registered manager had led a cultural shift in the staff team so that they were clear about the aims of the service. These were to support people to maintain and develop life skills. People were encouraged to work towards achieving their goals, to take steps towards independence and be responsible for their meals.

The frequency of staff training in key areas had changed to help ensure they knew how to support people's individual needs.

Staff knew what steps to take to safeguard people from situations in which they may be at risk of experiencing abuse. Risks to people's safety had been assessed, monitored and managed to make sure people were protected from harm. There were enough care staff to provide people with the care they needed. Checks had been completed before new care staff had been appointed. Suitable provision had been made to prevent and control infection. Lessons had been learned when things had gone wrong. There were policies and procedures for the management of medicines and staff had received training in how to give and record people's medicines.

People were helped to access healthcare services. Staff understood how to support people to make informed choices and decisions. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff communicated with people in a kind manner and treated them with dignity and respect. Positive and valued relationships had developed between people and staff. People were supported to pursue their hobbies and interest. People had access to advocates when necessary. People were asked for their views about the service and there were opportunities for them to raise any concerns or complaints so they could be acted on. The quality of the service was monitored through a programme of checks and audits so that any shortfalls could be addressed.

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.

Risks to people's safety and welfare were managed to make sure they were protected from harm.

Staff knew how to recognise any potential abuse.

Staff had received training in the administration of medicines.

People were protected by the service's recruitment practices and there were enough staff available to meet people's needs.

Is the service effective?

Good ●

The service had improved so that it was effective.

People were responsible for their own meals and staff informed them of healthy food options.

The frequency of staff training had changed to make sure staff had the skills and knowledge to meet people's needs.

People's health care needs were assessed and monitored and people had access to healthcare professionals when needed.

Staff understood when people had capacity to make decisions and any lawful restrictions to their freedom.

Is the service caring?

Good ●

The service had improved so that it was caring.

Improvements had been made so that people were supported to develop their independence and life skills according to the ethos and aims of the service.

People were treated with dignity and respect and as individuals.

Staff were kind and caring and in their approach and knew people well.

Is the service responsive?

Good ●

The service had improved so that it was responsive.

People were involved in the development of their care plans and setting their own goals.

Staff engagement with people had improved which meant that people were involved in appropriate activities.

Information about how to make a complaint was available to people in a format they could understand.

Is the service well-led?

Good ●

The service had improved so that it was well-led.

The registered manager had changed the culture of the service for the benefit of people.

Staff had a clear understanding of how to put the aims of the service into practice.

Effective quality assurance and monitoring systems were in place which included asking people for their views of the service.

Edwin Therapeutic Unit

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.

Before the inspection, we looked at previous inspection reports and notifications about important events that had taken place at the service. A notification is information about important events, which the provider is required to tell us about by law. We also asked the provider to complete 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 also looked at the provider's action plan which detailed progress towards meeting the breaches of Regulations.

This inspection took place on 24 January 2019 and was unannounced. The inspection was carried out by two inspectors.

We spoke with the person who used the service, two care staff, the registered manager and personnel officer. We received feedback from a commissioner and a care manager from the local authority.

A number of records were looked at including two care plans and associated risk assessments, three staff recruitment records; the staff training programme; health and safety records; and quality and monitoring audits.

Is the service safe?

Our findings

People told us they felt safe living at the service and that staff talked to them about how to keep themselves safe. Staff had received safeguarding training and knew how to recognise and protect people from the risk of abuse. Staff felt confident to raise any concerns with the registered manager and that they would be acted on. They also knew how to "blow the whistle" which is where staff are protected if they report the poor practice of another person employed at the service, if they do so in good faith. The provider had reported potential abuse to the local authority safeguarding team when it was identified. A social care professional told us that the service had followed advice and guidance on keeping people safe.

Potential risks to people's safety in their daily lives had been identified and strategies were in place to guide staff how to manage these risks. This included risks in relation to people's behaviours, finances, medical conditions, when using social media and when in the local community. Risks had been rated so staff were aware of the potential impact of harm if control measures to minimise the risks were not followed. Staff knew how to follow this guidance to keep people as safe as possible. Staff explained how they had followed written guidance when supporting people who had had a seizure. This included when to seek medical assistance. Staff had followed protocols about what to do if a person absconded, to ensure their safety and well-being. Risk assessments were regularly reviewed when people's needs changed, to ensure that they contained up to date guidance.

Some people presented behaviours that may challenge themselves or others. The type of behaviour was identified, together with any known triggers for the behaviour. Discussions had taken place with people about their behaviours and their motivations recorded from their point of view to help staff understand the situation from the person's point of view. For example, sometimes people were not aware of the effects of their behaviour on others and guidance was that staff should inform the person about this so they had a better understanding.

Checks and monitoring of the environment and equipment helped to make sure that the environment was safe and equipment was fit for purpose. This included making sure that fire equipment was in working order and that electrical and gas appliances at the service were safe. Staff had received training in how to evacuate people safely in the event of a fire and a programme of fire drills had been established. Each person had a personal emergency evacuation plan (PEEP), which set out the specific requirements to ensure that they were safely evacuated from the service in the event of a fire. A representative from the fire service had visited to talk with people about fire safety so they had a better understanding of any risks to their safety.

A record was made of any accidents or incidents, detailing what had occurred and the action taken in response to the situation. The registered manager monitored and analysed all events so that action could be taken to reduce the chance of the same things from happening again. The provider was informed of all events so they had an overview of the service. The registered manager described a situation that had occurred and how they would address it differently next time, as a result of lessons that they had learned.

Staffing levels were assessed in partnership with the local authority when people first moved to the service. People were supported on one to one support hours and there was one staff member available during the day and a waking night staff. People told us there was always a member of staff available to support them in their home and when wanted to go out.

Staff recruitment practices ensured people were protected from the risk of receiving care from unsuitable staff. Appropriate checks were carried out which included obtaining a person's work references, right to work in the UK, a full employment history and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care and support services.

No one at the service needed staff to support them with any prescribed medicines at the time of the inspection. Systems were in place such as medicines policies and procedures, staff training and a facility to safely store medicines, so that people could be supported with their medicines if this was needed. People were encouraged to visit the pharmacy themselves and to seek advice if they needed any homely remedies, such as for a cold or cough.

Steps had been taken to prevent and control infection. Staff undertook training in infection control, were provided with the necessary personal protective equipment and the service was clean on the day of the inspection. Staff kept the service clean with the assistance of the people who lived there. One person told us how they had worn a mask to protect them when using cleaning fluids.

Is the service effective?

Our findings

At the last inspection on 30 November 2016, we made a recommendation about promoting healthy eating. This was because although information was available about healthy eating, this guidance was not taken into consideration when supporting people with their food choices.

At this inspection on 24 January 2019, we found that people had access to information about a balanced diet in a way they could understand, so they could make an informed decision about their own diet. People had been asked about what they wanted to eat, including which fruit and vegetables they liked. People planned their meals and agreements made sure there was a balance between when people cooked for themselves and when they ate out.

At the last inspection on 30 November 2016, we made a recommendation about staff training. This was because staff training and knowledge in key areas such as safeguarding, was only refreshed every two years.

At this inspection on 24 January 2019, people were supported by staff who had ongoing training. Staff completed safeguarding training yearly and this was also discussed at supervision. Most training was provided on-line but face to face training was also being introduced to meet staff's different learning needs. Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. This included training in positive behaviour support (PBS). PBS is used to support people who present behaviours that may challenge in the most appropriate way. New staff were also assessed against the standards of the Care Certificate and then encouraged to take a level two Diploma in health and social care. To achieve these awards staff must prove that they have the ability and competence to carry out their job to the required standard.

Staff were given opportunities to review their individual work and development needs through individual supervision sessions, team meetings and staff appraisals. Supervision and appraisals are processes which offer support, assurances and learning, to help staff development. Staff said they felt well supported and could approach the registered manager at any time if they needed support in addition to the formal planned sessions available.

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 with appropriate legal authority. 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, whether any restrictions on

people's liberty had been authorised and whether any conditions on such authorisations were being met. Staff had received training in the principles of MCA and understood its main principles. When applications under DoLS had been authorised, the provider had ensured staff practices enabled any conditions applied to be met. People had access to lay advocates and independent mental capacity advocates to ensure decisions were made in their best interests. Advocates help people express their needs and wishes and weigh up and take decisions about the options available to them.

Before people moved to the service, the provider obtained information about people's assessed needs from the local authority, including plans about their future goals and aspirations. This included information about people's education, family and social relationships, healthcare and personal care needs. The provider also took into consideration the compatibility and matching of interests between people currently using the service and potential applicants.

People's health needs had been assessed and they had access to health care professionals when they needed them such as their GP, optician, speech and language therapist and dentist. A record was made of all medical appointments and outcomes so their health needs and any actions could be monitored. People's medicines were kept under review with their doctor and this had resulted in one person stopping taking their prescribed medicines. This had had a positive effect on the person. Staff were vigilant in keeping an eye on any changes in the person's health and well-being so that they could report them to their doctor if needed.

People told us that they were pleased with the way their home had been decorated and said they could put up posters of their choice on the communal areas. They said they had access to two lounges in addition to their own bedroom. People could move freely around their home and had access to a small garden to the rear of the property. Risks in relation to premises and equipment were identified, assessed and well managed.

Is the service caring?

Our findings

At the last inspection on 30 November 2016, the provider had failed to ensure that people were supported to maintain and develop their independence in line with their assessed needs.

At this inspection on 24 January 2019, we found that staff supported people to take responsibility for their own independence. Previously staff had done tasks for people, but now people were encouraged to do things for themselves such as cooking, shopping and budgeting, in line with the aims and values of the service. People told us that they were given a budget each week to spend on food and activities. They told us that they planned their own meals and then went to the shops to buy the necessary ingredients. People were also responsible for making sure they had clean clothes. One person said, "I have been doing my own cleaning. I have even cleaned someone else's room as it was so bad. I have cooked carbonara and curry. I'm getting some money so I can buy my own bed and wardrobe. I'm going out to buy some clothes now".

People told us that staff knew them well and that they were kind and caring. A social care professional said, "The service is caring and we have always been pleased with the staff there and their caring attitude". People used touch to show their affection for staff and staff responded appropriately. There were positive interactions between people and staff. People chatted with staff who took time to listen and respond to what they had to say. Staff were calm and patient in their interactions but also ensured that people were clear about the agreed rules of the service. Although people could express their feelings verbally, care plans gave additional guidance to staff about recognising people's emotions. This helped staff to recognise and respond when people were happy, sad or angry. People's needs in respect of their disability, gender, culture, beliefs and sexual orientation were identified in the care planning process.

People said they were involved in making choices and decisions about their care and support such as what they ate and how they wanted to spend their time. One person showed us their pet and described what they had to do to look after it. This person said taken their pet to the vet when it had been unwell. People knew they had a care plan which contained personal information about them and explained their feelings and wishes from their point of view to indicate their involvement in its preparation.

Suitable arrangements had been made to ensure that private information was kept confidential. Written records that contained private information were stored securely when not in use. Computer records were password protected so that they could only be accessed by authorised members of staff.

Is the service responsive?

Our findings

At the last inspection on 30 November 2016, the provider had failed to ensure that people's assessed needs and goals were met.

At this inspection on 24 January 2019, we found that people were involved in discussions about their goals and the support they needed to meet them. People proudly spoke about their achievements, how they were becoming independent and taking on more responsibility for their own actions. People were responsible for daily living tasks including cooking, doing their laundry and budgeting. People were encouraged to develop links in the local community that met their interests. One person regularly attended a club and this has resulted in them taking part in some work experience. This person also described how they had raised money for charity by selling cakes in the local community. This had given the person the idea of selling some of their own things that they did not want to gain some extra money. People understood about the house rules and were given clear boundaries and expectations which had a positive effect on their well-being.

People were supported to maintain and develop relationships with people who were important to them such as family and friends. Special events were celebrated. One person told us about their plans for celebrating their birthday. Although staff recognised the importance of respecting people's individuality, a social care professional had identified that person-centred care was an area where the service could develop further.

People's care plans contained personalised information on all aspects of people's physical, mental, emotional and social needs. A one-page profile was available which gave a short summary and overview of people's support needs. Care plans included people's past history, likes, dislikes, routines and preferences in relation to all aspects of their care. Staff were given information about people's emotional needs such as how these could fluctuate. A clear description was in place of how people presented when they were in a positive frame of mind and how they presented differently when things were not going well for them. People took part in regular meetings with their keyworker to discuss how things were going and monthly reports to the local authority gave an overview of people's care and treatment. Care plans were reviewed on a regular basis and included what was and what was not working well for people.

People's communication needs were identified, recorded and highlighted in care plans in accordance with the Accessible Information Standard. These needs were shared appropriately with others. People had been asked about the format in which they would like their care plan to be written and included words and pictures. The complaints policy and 'Service User Guide' were written using pictures and simple sentences to help people understand their content.

People were asked about their well-being at formal meetings and also had daily conversations with staff and the registered manager. The complaints procedure set out how to make a complaint about the service and how the provider would respond, including agreed timescales. People said they had spoken to staff and the registered manager when they had concerns about the service and that they had listened and acted on them. This had meant that the issues had been resolved without them needing to make a formal complaint.

Is the service well-led?

Our findings

The registered manager was clear about their role and the aims of the service which had been effectively disseminated to the staff team. These aims were to provide a therapeutic service where the reasons for people's behaviours were explored and for people to participate in a variety of leisure activities and build social skills, team spirit and peer development. The registered manager understood their roles and responsibilities and when to notify the Care Quality Commission of important events that took place in the service. Records were accessible and changes had been made so that people's personal information was recorded appropriately.

The registered manager had initiated a change in the culture of the service which had resulted in staff supporting people to do things for themselves, rather than staff doing things for people. Staff were positive about the support they received from the registered manager and there was mutual respect between them and people living at the service. A social care professional said that there had been improvements in the running of the service since the registered manager had been in post. They said that the provider had sought and acted on guidance from external consultants and was open and honest about the skills set of the staff team. Identified encouraging people to be more independent as an area where further improvements could be made.

The provider employed a psychologist and people attended regular sessions. The registered manager was attending an eight-week course on how to support people in a therapeutic way. They said their intention was to share their learning with the staff team once they had completed the course. The registered manager kept their knowledge and skills up to date through sharing best practice at registered managers events and by undertaking additional training in leadership and 'train the trainer'.

People's views were sought daily by staff through conversations and on a more formal basis through keyworker meetings. People had started to be involved in the staff recruitment process so their points of view could be taken into consideration when employing new staff to support them. Staff were kept up to date with changes in practice through staff meetings and regular communications.

The provider worked in partnership with other agencies to enable people to receive 'joined-up' care. This included working with commissioners, social workers, advocates and health care professionals.

Arrangements had been made for the service to learn, innovate and ensure its sustainability. There was a structured programme of weekly and monthly audits which included checking health and safety, care plans, and accidents and incidents. The provider also employed an external consultant who assessed if the service was safe, effective, responsive, caring and well-led. This included looking at records, the premises, talking with the registered manager, staff and people. The consultants last report in December 2018 gave some suggestions for improvement in auditing systems and record keeping which were being reviewed.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can

be informed of our judgements. We found the provider had displayed their rating at the service and on their website.