

Ashley House Care Homes Limited

Edward House Care Home

Inspection report

7 Cottenham Road
Walthamstow E17 6RP
Tel: 0208 509 3429

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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 inspected Edward House Care Home on 29 May 2015. This was an announced inspection. The service was given 24 hours' notice because we needed to be sure that someone would be in.

The service provides accommodation and support with personal care for up to three adults with mental health conditions. At the time of our inspection three people were using the service.

There was not a registered manager at the service at the time of our inspection. The previous registered manager left the service in January 2015. The manager told us they had been acting in the role since January 2015 and planned to be until a registered manager is appointed. The service had notified the Care Quality Commission

about the absence of a registered manager for a continuous period of 28 days or more. 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.

People who used the service and their relatives told us they felt safe and were happy with the care and support provided. We found that systems were in place to help ensure people were safe. For example, staff had a good

Summary of findings

understanding of what constituted abuse and the abuse reporting procedures. People's finances were managed and audited regularly by staff. People were given their prescribed medicines safely.

We found people were cared for by sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Staff received regular one to one supervision and undertook regular training. People had access to health care professionals and the home sought to promote people's health. The manager and staff had good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS). People using the service all had capacity to make their own decisions about their care and support and nobody's freedom was restricted. All the staff we spoke to demonstrated an understanding of MCA and DoLS and worked in line with the code of practice when supporting people. Arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met. People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The support plans contained a good level of information

setting out how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when supporting them. Staff knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the service.

We found that people were supported to access the local community and wider society. People using the service pursued their own individual activities and interests, with the support of staff if required.

There was a clear management structure in the home. People who lived at the home, relatives and staff felt comfortable about sharing their views and talking to the manager if they had any concerns. The manager demonstrated a good understanding of their role and responsibilities and staff told us the manager was always supportive. There were systems in place to routinely monitor the safety and quality of the service provided.

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. There were robust safeguarding and whistleblowing procedures in place and staff understood what abuse was and knew how to report it.

Risks were assessed and managed well, with care plans and risk assessments providing clear information and guidance for staff. People were given their prescribed medicines safely.

We found that staff were recruited appropriately and adequate numbers were on duty to meet people's needs. However, staff members told us arrangements were not always in place to cover staff when people had appointments.

Good



Is the service effective?

The service was effective. The provider ensured staff received training and were well supported to meet people's needs appropriately.

The provider met the requirements of the Mental Capacity Act (2005) and DoLS to help ensure people's rights were protected.

People were supported to eat and drink sufficient amounts of nutritious food that met their individual dietary needs.

People's health and support needs were assessed and appropriately reflected in care records. People were supported to maintain good health and to access health care services and professionals when they needed them.

Good



Is the service caring?

The service was caring. People were happy at the home and staff treated them with respect and dignity.

Care and support was centred on people's individual needs and wishes. Staff knew about people's interests and preferences.

People using the service and their representatives were involved in planning and making decisions about the care and support provided at the home.

Good



Is the service responsive?

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service.

We saw people's plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

People using the service and their representatives were encouraged to express their views about the service. Systems were in place to ensure complaints were encouraged, explored and responded to in a timely manner. People knew how to make a complaint if they were unhappy about the home.

Good



Summary of findings

Is the service well-led?

The service was well-led. The service had a manager in place and staff told us they found the manager to be approachable and supportive.

Various quality assurance and monitoring systems were in place. Some of these included seeking the views of people that used the service.

Good



Edward House Care Home

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.

The inspection was led by an inspector who was accompanied by an inspection manager.

Before we visited the home we checked the information that we held about the service and the service provider. This included any notifications and safeguarding alerts. We also contacted the local borough contracts and commissioning team that had placements at the home and the local borough safeguarding team.

During our inspection we observed how the staff interacted with people who used the service. We looked at how people were supported during our inspection which included viewing two bedrooms of people who lived at the service with their permission. We spoke with all three people who lived in the service and two relatives on the day of the inspection. We also talked with the manager and a support worker. We talked with another support worker after the inspection. We looked at three care files, staff duty rosters, two staff files, a range of audits, complaints folder, minutes for various meetings, medicines records, accidents & incidents, training information, safeguarding information, health and safety folder, and policies and procedures for the service.

Is the service safe?

Our findings

People and their relatives who told us they felt safe and were happy living in the service. One person told us, "I do feel safe." Another person said, "I feel safe."

People using the service were protected from harm and kept safe. Staff were able to explain the procedure they would follow in the event of any concerns about people's safety. They all knew the different types of abuse and had a good understanding of the provider's policy for safeguarding. One staff member told us, "I would tell my manager straight away. If they did nothing I would tell the social worker and CQC." We saw records that safeguarding training had been delivered to staff. Staff we spoke with knew about whistleblowing procedures and who to contact if they felt concerns were not dealt with correctly.

The manager told us there had not been any allegations of abuse since our last inspection. The manager was able to describe the actions they would take if incidents had occurred which included reporting to the Care Quality Commission (CQC) and the local authority. This meant that the service and the manager knew how to report safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively. The local safeguarding team did not express any concerns about the service.

We checked three financial records of the people using the service and did not find any discrepancies in the record keeping. The home kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked and we saw records of this. This minimised the chances of financial abuse occurring.

We saw that incidents had been recorded in the accidents and incidents log. Where incidents had occurred, we saw these had been investigated and there had been changes to risk assessments, care planning and staffing. For example, one person had incidents for behaviours that challenged. We saw risk assessments and care plans had been updated of different approaches of meeting the needs for this person. Records confirmed that incidents had decreased for this person.

Individual risk assessments were completed for people who used the service. Staff were provided with information as to how to manage these risks and ensure people were

protected. In the records that we saw, some of the risks that were considered included physical health, medicines, nutrition and challenging behaviour. Staff we spoke with were familiar with the risks that people presented and knew what steps needed to be taken to manage them. Staff told us they managed each person's behaviour differently according to their individual needs. Clear guidance was in place about how staff should work with people to de-escalate situations that might lead to behaviours that challenged others.

There was enough staff to meet the needs of people. We saw there were support workers available to provide personal care and support to people when they needed it. On the day of our inspection we saw additional staff to cover support workers who supported people with activities in the community. One staff member told us, "I have enough time to spend with people." A person told us, "Enough staff working here."

The premises were well maintained and the manager had completed all of the necessary safety checks and audits. We saw that fire safety checks and drills were done regularly. Fridge and freezer temperature checks, portable appliance testing and gas safety inspections were carried out at appropriate intervals to ensure people's safety.

We looked at staff files and we saw there was a robust process in place for recruiting staff that ensured all relevant checks were carried out before someone was employed. These included appropriate written references and proof of identity. Criminal record checks were carried out to check that newly recruited staff were suitable to work with people.

People received their prescribed medicines as required. We saw medicines were stored appropriately in a locked metal cabinet that was kept in a locked office. We found that medicines administration record sheets were appropriately completed and signed by two staff when people were given their medicines. We checked medicines records and found the amount held in stock tallied with the amounts recorded as being in stock. Guidelines were in place which provided information to staff about when it was appropriate to administer medicines that were prescribed on an 'as required' (PRN) basis. The manager told us, and staff training records confirmed, that all staff authorised to handle medicines on behalf of the people who lived in the home had received medicines training.

Is the service effective?

Our findings

People were supported by staff who were well trained and supported and had the skills necessary to meet their needs. One person told us, "I love living here." Another person told us, "The staff do a good job." A relative said, "It's quite good. It is the first time [relative] settled and doing well."

Staff files showed training that had been completed for each member of staff, along with dates for training that had been booked for the coming year. The training included person centred care, safeguarding adults, health and safety, manual handling, nutrition, first aid, challenging behaviour, medicines, dementia awareness, report writing, Mental Capacity Act 2005 & Deprivation of Liberty Safeguards (DoLS), fire safety, infection control, and equality and diversity. The staff files showed us that all of the staff had completed the induction programme, which showed they had received training and support before starting work in the service. Staff told us they received regular training to support them to do their job. One staff member told us, "I do enough training to do my job. They will support me to do other training." Another staff member said, "All mandatory training is provided and we are getting additional IT training."

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "Supervision is every six weeks. We talk about the job role, support and training, and the client's needs." Another staff member said, "Supervision is very good as it helps to voice any problems." All staff we spoke with confirmed they received yearly appraisals and we saw documentation of this.

We spoke to the manager about the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). They had a good understanding of the MCA and DoLS and made sure that people were supported to maintain their freedom. Services should only deprive someone of their liberty when it is in their best interests and there is no other way to look after them. The manager knew how to make an application for consideration to deprive a person of their liberty, but confirmed that there was not anyone who used the service who was deprived of their liberty. All of the staff we spoke to understood the MCA and DoLS and made sure that people's freedom was protected. We saw that all of the

people using the service were able to leave the home when they wanted and had their freedom to do as they wished. People told us they were able to go out on their own. One person said, "I can go out when I want and I have a key."

People were asked for their consent for care and were encouraged to be independent and make their own decisions about care and support. This consent was recorded in people's care files and reviewed as a part of the regular care plan review process. Staff members told us they would always talk to people about what they wanted and provide this for them. One staff member told us, "We ask for everything." Another staff member said, "I will always ask if they want to take their medication."

People we spoke with told us they liked the food and were able to choose what they ate. One person told us, "I cook sometimes. I buy the food for myself and cook it for myself." The same person said, "Sometimes the staff cook me dinner. It is a good variety and nutritious." Another person said, "The food is nice. Sometimes I help to cook the food." People were supported to be involved in decisions about their nutrition and hydration needs in a variety of ways. These included helping staff when buying food for the home and providing feedback on food in resident meetings. Staff told us and we saw records that people planned their food menu weekly. We saw on the day of the inspection that people were eating a variety of meal choices. On the day of the inspection we saw that one person had changed their mind on what they wanted for lunch and they chose an alternative meal. We saw fruit was available to people in the kitchen. We saw food and fluid intake was recorded daily and weight records for each person which were up to date.

People's health needs were identified through needs assessments and care planning. We spoke with people about the access to health services. One person told us, "[Staff] take me to the doctor and I see the dentist." Another person said, "I can see the doctor when needed. Staff help me make appointments." Records showed that all of the people using the service were registered with local GP's. We saw people's care files included records of all appointments with health care professionals such as GPs, dentists, chiropodist, district nurse, psychiatrist and community psychiatric nurse. Records of appointments

Is the service effective?

showed the outcomes and actions to be taken with health professional visits. People were supported to attend annual health checks with their GP and records of these visits were seen in people's files.

Is the service caring?

Our findings

People and their relatives told us they thought that the service was caring and they were treated with dignity and respect. One person told us, "The staff respects dignity and privacy." A relative told us, "They give [relative] respect."

We observed staff interacting with people in a caring and considerate manner. People were relaxed around the staff and having conversations with them. We saw that staff always knocked on people's doors, called their preferred names out and asked permission to come in and talk to them. Throughout our visit we saw positive, caring interactions between staff and people using the service.

Staff members knew the people using the service well and had a good understanding of their personal preferences and backgrounds. Each person using the service had an assigned key worker. Keyworker meetings were held regularly and we saw records of this. A staff member said, "I am the key worker for [person]. I do a monthly review. We look at care needs, shopping and other issues."

People's needs were assessed and care and support was planned and delivered in line with their individual care plan. People living at the service had their own detailed and descriptive plan of care. The care plans were written in an individual way, which included family information, how people liked to communicate, nutritional needs, likes, dislikes, what activities they liked to do and what was important to them. The information covered all aspects of people's needs and clear guidance for staff on how to meet people's needs.

We saw people were able to express their views and were involved in making decisions about their care and support. They were able to say how they wanted to spend their day and what care and support they needed. The service supported people to become more independent in other ways, for example with helping with household cleaning, doing laundry, preparing food and activities in the community.

People's needs relating to equality and diversity were recorded and acted upon. Staff members told us how care was tailored to each person individually and that care was delivered according to people's wishes and needs. This included providing cultural and religious activities and access to their specific communities. For example, one staff member described how one person was from a specific cultural background and they enjoyed listening to the radio and food from their country. Records we looked at confirmed the information the staff member told us was correct. One staff member told us, "[Person] and I speak the same language. [Person] and their family can express in their language so I can assist."

People told us their privacy was respected and staff didn't disturb them if they didn't want to be disturbed. One person told us, "I get privacy." Staff we spoke with understood what privacy and dignity meant in relation to supporting people with personal care. They gave us examples of how they maintained people's dignity and respected their wishes. One staff member said, "I will always knock before I go in someone's room." Another staff member said, "I will always close the door and windows before giving personal care."

Is the service responsive?

Our findings

People told us how they had been involved in their care planning. Relatives told us the service was able to meet their relative's needs and that they were satisfied with the level of support provided. One relative said, "It's quite good. If there is a problem staff will call me."

People who used the service were involved in decisions about their care and they got the support they needed. We saw that care plans contained comprehensive assessments of people's needs, which looked at all aspects of the person. We looked at care plans which all contained details of medicines, personal care, finances, social activities, hydration and nutrition, mental health, and family contact. Detailed care plans enabled staff to have a good understanding of each person's needs and how they wanted to receive their care.

Staff told us they read people's care plans and they demonstrated a good knowledge of the contents of these plans. We were told that plans were written and reviewed with the input of the person, their relatives, their keyworker and the manager and records confirmed this. Staff told us care plans were reviewed every six months or more often if required. Each person had a member of staff who acted as their keyworker who worked closely with them and their families as well as other professionals involved in their care and support. Regular support sessions were held with the keyworker and we saw records of this.

Staff told us people living in the home were offered a range of social activities. People's care files contained a weekly activities planner. On the day of our inspection one person was supported to visit central London and Buckingham Palace. Records showed this was recorded in the person's weekly planner and the minutes of the resident's meeting. Another person was taken out by relatives to the local area.

People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going to the local shops, local library, visiting places of worship and day trips. We also saw people could engage with activities within the home which included beauty therapy, art therapy, puzzles and gardening. One person said, "I go to church. I love it." Another person told us, "I go to the shop and watch football."

Resident meetings were held regularly and we saw records of these meetings. The minutes of the meetings included topics on activities, food, and complaints procedure. One person told us, "Past meetings have included whether the house was run properly and things like that."

There was a complaints process available and this was available in an easy to read version which meant that those who may have difficulties in reading had a pictorial version explaining how to make a complaint. The complaints process was available in the communal area so people using the service were aware of it. Staff we spoke with knew how to respond to complaints and understood the complaints procedure. We looked at the complaints policy and we saw there was a clear procedure for staff to follow should a concern be raised. People knew how to make a complaint and knew that their concerns would be taken seriously and dealt with quickly. One person said, "I would tell the manager." The relatives we spoke with felt able to raise any concerns or complaints with staff and were confident they would be acted upon. The service had no complaints recorded since the last inspection.

People were supported to maintain relationships with their family. Relatives spoken with confirmed they were kept up to date on their family member's progress by telephone and they were welcomed in the home when they visited. One relative told us, "Staff go the extra mile."

Is the service well-led?

Our findings

The service did not have a registered manager in post. The previous registered manager left the service in January 2015. The manager told us they had been acting in the role since January 2015 and will be until the provider appoints a registered manager. The person acting as the manager was also working for the provider in a senior role. The manager said they are currently advertising the position. The manager had a good understanding of their responsibilities. We saw the details of notifications submitted to CQC which included the service would be without a registered manager for more than 28 days.

Relatives told us they found the manager to be helpful and supportive. One relative told us, "The manager is quite respectful." Staff told us they found the manager to be supportive and approachable. One staff member said, "She is a good manager. I really appreciate my manager and the support given to all staff." Another staff member said, "She is good. Encourages us to read policies. If there is a problem she is always there to find a solution." We saw during our visit that staff were relaxed and at ease discussing issues with the manager who made themselves available to staff as required throughout the day.

Staff told us the service had regular staff meetings. One staff member said, "In staff meetings everyone gets an opinion. We discuss how to improve care needs, handover and cleaning." Records confirmed that staff meetings took place every six weeks. Agenda items at staff meetings included resident's welfare, nutrition and hydration, supervision, training, infection control, policies and procedures and record keeping.

The manager told us that various quality assurance and monitoring systems were in place, some of which included seeking the views of people that used the service and their relatives. For example, the service issued a survey to people and to their relatives. Topics included on the survey covered premises, food and nutrition, staffing and support, respect, and confirmation of key working meetings. Overall the survey results were positive. The service also carried out a yearly staff survey. The survey covered topics which training and personal development. The results overall were positive.

The home collected formal feedback from relatives through the completion of annual surveys. The results overall were positive. One relative commented on a survey, "The standard at this home is highly maintained. The staff are respectful and I am happy my [relative] is here."

We saw records to show that the home carried out regular audits to assess whether the home was running as it should be. The audits looked at premises, medicines, finances, supervision, health and safety and risk assessments. The manager also told us they did a weekly check of the home which included checking medicines, the premises, and general environment. We saw records to confirm this.

The manager told us and records showed that the provider carried out a monthly audit and check on the service. The monthly audit included speaking to the residents for any concerns, premises, discussions about the new care regulations with the manager, nutrition and hydration, supervision, risk assessments and consent.