

# Framework Housing Association

## Edwin House

### Inspection report

Millers Court  
Off Radford Boulevard  
Nottingham  
Nottinghamshire  
NG7 3DP

Tel: 01158504002  
Website: [www.frameworkha.org](http://www.frameworkha.org)

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### Ratings

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

# Summary of findings

## Overall summary

### About the service

Edwin House is a residential care home providing accommodation for persons who require personal care and/or treatment for substance misuse. A maximum of 63 people are permitted to stay at the service.

The service provides support to people with a wide range of ages with varying levels of treatment and support required for their substance misuse. This is provided across two separate buildings. Edwin House focuses on providing up to 43 people with the initial accommodation required. The Level is a medically managed inpatient detox unit that provides individually tailored programmes of treatment and care for people who need medically assisted stabilisation or detoxification from alcohol or other substances. The Level accepts referrals from specialist community drug and alcohol teams located throughout the UK, and accommodates up to 20 service users.

At the time of the inspection 31 people resided at Edwin House and 8 at The Level.

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

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.

People told us they received safe care and treatment. Measures were in place to protect people from the risk of abuse. Risks to people's health and safety were assessed, monitored and changes acted on. People were supported through a robust programme that assisted them with trying to end their substance misuse.

There were enough skilled, trained, and experienced staff to provide safe care. Recruitment was on-going at Edwin House. It was acknowledged that agency staff use was high, but plans were in place to address this. There was no impact on the quality of care provided. Medicines at The Level were well managed. Edwin House had similar measures in place to manage people's medicines safely, although there were some issues with the administration and management of 'when required' medicines. This was rectified during the inspection and will be checked at our next inspection.

At Edwin House, some people's bedrooms were unclean and posed an infection control risk. However, the people affected had the capacity to make their own decisions. Records showed staff had on numerous occasions attempted to work with people to clean their bedrooms. This attempted support continues. There were no concerns with people's bedrooms at The Level.

Communal areas at Edwin House and The Level were clean and tidy and procedures were in place to reduce the risk of the spread of COVID-19 and other infections. Learning from accidents and incidents took place, appropriate notifications were forwarded to the relevant authorities.

There was a clear structure in place for monitoring risk, assessing staff performance, and driving improvement and development. There were two registered managers in place, one for Edwin House and one for The Level. They were supported by senior management to carry out their role. The registered managers understood and adhered to the regulatory requirements of their role. They were well liked by the people they supported and staff. The provider acted on feedback from people and staff.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

The last rating for this service was good (published 19 September 2019)

#### Why we inspected

We received concerns in relation to the cleanliness of people's bedrooms and the support people received with personal care at Edwin House. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained as good based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm from these concerns. Please see the Safe and Well-led sections of this full report.

We looked at infection prevention and control measures under the safe key question. We look at this in all care home inspections even if no concerns or risk have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Edwin House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

# The five questions we ask about services and what we found

We always ask the following five questions of services.

<p><b>Is the service safe?</b></p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p><b>Good</b> ●</p>
<p><b>Is the service well-led?</b></p> <p>The service was well-led.</p> <p>Details are in our well-led findings below.</p>	<p><b>Good</b> ●</p>

# Edwin House

## 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 provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was completed by 3 inspectors and a nurse specialist advisor.

#### Service and service type

Edwin House is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Edwin House is a care home with nursing care provided in one of two buildings. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there were two registered managers in post.

#### Notice of inspection

This inspection was unannounced.

### What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We reviewed information we had received about the service since registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We also contacted the Home Office to gain information about the issues regarding the staff.

We used all this information to plan our inspection.

### During the inspection

We spoke with 5 people who used the service and asked them about their experience of the care provided. We spoke with 5 support staff, a team leader, advanced nurse practitioner, 2 registered nurses, partnership manager, 2 therapy workers, 2 registered managers, operations manager and service director who was also the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also contacted external health and social care professionals and asked them for their views of the quality of the service provided. We used all this information to help form our judgements detailed within this report

We asked the registered managers to provide us with a variety of policies and procedures and additional information. All information was sent within the required timeframe. We reviewed a range of records. This included all or parts of 7 people's care records, medication administration records and the daily notes recorded by care staff. We looked at 3 staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including policies and procedures and training records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- We found some bedrooms at Edwin House building did pose an infection control risk. However, we reviewed the care records for these people and found they had mental capacity to make their own decisions and had received regular advice and offers of assistance from staff to maintain a clean bedroom. They were also receiving external guidance on 'life skills' to support them with gaining the skills required to return to independent living. There was no impact on the health and safety of others living at Edwin House.
- The registered manager for Edwin House told us they and their staff, would continue to educate and support people on the benefits of maintaining a clean bedroom. There were no concerns about the cleanliness of people's bedrooms at The Level.
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

### Visiting in care homes

There were no restrictions on people receiving visitors at Edwin House or The Level. Visitors were encouraged to respect mealtimes, or when people were receiving treatment and not visit during this time.

### Assessing risk, safety monitoring and management

- People were able to carry out their own personal care. Records showed people were regularly offered support from staff if needed. Where people were resistant to maintaining their personal care, staff spoke with them and offered encouragement for them to do so whilst ensuring people's right to lead their lives in their own way was respected.
- People told us they received the care and support needed to be safe and to help them to reduce reliance on substances that could cause them harm.
- There was a positive approach to risk taking. The provider understood people's reliance on drugs and/or alcohol and focused on supporting people to reduce or end people's addictions. People were supported to

gain the skills required to leave the home, live independently, and free from a life of substance misuse.

- There was a structured programme in place that started by providing people with accommodation at Edwin House and support provided with the immediate risks to their health. Where people were able and willing to do so, they engaged on an intensive programme of detox and abstinence at The Level designed to reduce people's addiction(s). Each programme was designed to support people's individual needs with many successfully completing the programme.

- Other risks to people's health and safety were regularly assessed, monitored, and acted on.

Regular checks on the maintenance of the home, equipment and fixtures and fittings were carried out. Gas and fire safety checks were regularly completed.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse and neglect.

- People told us staff provided safe care and felt safe. A person said, "Yes I feel safe. A lot of staff remember me from when I was last here. I get on really well with them all." Another person said, "I have no complaints at all. I feel safe. There is a staff member called [name], they say if you have a problem to come and speak to them. All of the staff have said that."

- All staff spoken with had a good understanding of how to identify and act on the signs of potential abuse and neglect. They knew how to report concerns if needed. One staff member said, "I have done training on it, I could raise a safeguarding (alert), contact the CQC or call the police. I would try and speak to the individual and see what could be done and get their consent for referrals. I would also speak to management for advice if they didn't feel able to approach them."

- The registered managers had ensured the relevant authorities were notified when a safeguarding incident had occurred. Records showed these incidents were recorded, reviewed, and used to reduce the risk of recurrence, reducing the risk to people's safety.

Staffing and recruitment

- There were enough suitably skilled, trained, and experienced staff to keep people safe.

- Our observations confirmed, and people told us that there were enough staff in place provide safe care. One person said, "There are more than enough staff, they are everywhere you look." Another person said, "I press my buzzer in my room, and they come to me. They also check in fairly regularly. I have never been left for long periods."

- Staff were recruited safely. This included checks on criminal records, employment history and identification. This reduced the risk of people receiving care from unsuitable staff.

- Agency staff were currently used to cover some staffing shifts at Edwin House. There was an active on-going recruitment drive to recruit full time staff. This included the recruitment of a medicines coordinator to manage and oversee all medicines processes to ensure compliance.

#### Using medicines safely

- Procedures were in place to ensure people's medicines were managed safely.
- People told us they received their medicines safely and their medicines were well managed. A person explained their daily routine where they collected their medicines from staff and then took those medicines independently of staff. They were happy with this process.
- Medicines were stored safely. They were disposed of appropriately. People's care records contained guidance for staff on how they liked (or needed) their medicines to be administered.
- We did highlight a concern regarding 'as required' medicines (sometimes referred to as 'pro re nata' (PRN)). These medicines are to be given when needed such as in times of unexpected pain or other symptoms such as distress, discomfort, or anxiety. Each of these medicines required detailed protocols to inform staff when they should be administered.
- We found some of these protocols at Edwin House were either not in place or lacked detail and could lead to the risk of inconsistent administration. The registered manager for Edwin House agreed and immediate action was taken to address this. We found no evidence that people had received these medicines in a way that could cause them harm.
- We found no concerns with medicine management at The Level.

#### Learning lessons when things go wrong

- The provider ensured lessons were learned when mistakes occurred.
- The registered managers ensured accidents and incidents were recorded, investigated, and reviewed. Meetings were held with senior management to support the registered managers when serious incidents occurred. They worked together to identify causes, make plans to reduce recurrence and to ensure people remained safe.
- The appropriate authorities were notified when an accident or relevant incident occurred.

# 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 our last inspection we rated this key question as requires improvement. At this inspection the rating 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 our last inspection we had concerns that the quality assurance processes in place were not always effective in identifying things that could affect the running of the service and the care provided for people. At this inspection we found improvements had been made.
- The registered managers were supported by senior management to carry out their role. Both registered managers had a clear understanding of their specific roles within the structure of this service. Both had instilled a positive attitude within their staff. Expectations were high of both the management and support staff; the provider rewarded exceptional staff performance.
- Effective quality assurance processes were in place. These were specifically tailored to each part of the service managed by the registered managers. Both had a clear understanding of their responsibilities to ensure people's immediate health and safety with longer term aims to reduce or end people's substance misuse.
- The registered managers worked together when needed, particularly when a person was ready to move from residential care at Edwin House, to receive intensive support through detox and abstinence at The Level. This joined up approach helped people have a smooth transition through the various stages of their treatment programme.
- Following our feedback about some elements of the management of people's medicines, the registered manager at Edwin House took immediate action to rectify the issues. They also amended their quality assurance processes and informed us the recruitment of a medicine coordinator was imminent. Their specialised role will be to focus solely on the management of people's medicines and to be responsible for their overall governance reporting their findings to the registered manager. This will help to reduce risk to people's health and safety.

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 the processes in place that ensured if mistakes occurred, they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People received care and support that helped them to lead their lives, independently of staff support, to reduce or end their reliance on alcohol and/or drugs and to improve their health and on-going safety.

- People spoken with told us the support they received from staff had helped them to address their personal and individual addiction with alcohol and/or drugs. People told us they did not feel judged by staff, felt supported to gain the skills needed to address their addiction and were encouraged to improve their lives.
- We observed positive interactions between staff and the people they cared for. People liked the staff, and it was clear staff had the skills, understanding and empathy to care for and support people.
- The provider had instilled an ethos of improving people's lives and this was reflective in the approach of the registered managers and staff. All staff spoken with spoke passionately about their role and the impact they had on people's lives. All were proud of the many positive outcomes and success stories of people fighting and winning their battle against substance abuse.

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

- People were given opportunities to discuss their care and support needs with staff and management with relatives present where appropriate.
- People told us and records showed they were fully involved and consulted about decisions about their care needs. Some attended face to face meetings with management and external professionals, some had agreed for others to act on their behalf.
- The individualised substance misuse programmes were designed to give people the support they needed, but also required people to be fully committed. The benefits of these programmes were explained to people, additional support of multiple external agencies and professionals provided, and this had led to many people successfully leaving Edwin House and The Level free from substance addiction.
- The views of staff about people's care needs were regularly taken into account and acted on. Regular staff meetings were held. Staff felt valued, respected, and encouraged by management.

Continuous learning and improving care

- There was a culture of continuous learning and improving care and treatment. All staff were committed to improving the lives of those they cared for.
- Post-incident debrief sessions were used to gain staff insight into what may have caused an incident. Their views were taken into account when planning further support for people.
- The registered managers had specialised and experienced staff in place. The registered managers felt confident to delegate some responsibilities to their senior staff, enabling those staff to develop their roles. Staff felt empowered to provide the care and support needed.
- Action plans were in place that recorded things that needed to be completed to improve the overall quality of the service and people's care. These actions were reviewed regularly and where needed, senior management gave their views and recommendations. This ensured actions were completed and staff held accountable for completing them.

Working in partnership with others

- The provider worked with a wide variety of different agencies and professionals in order to give people the best chance of successfully ending their substance addiction.
- We contacted many of the health and social care professionals who had an understanding of the care and support provided and felt able to comment on the quality of the service provided. Almost all of the comments received spoke positively about the impact on people's lives and the successful outcomes for people.
- Comments included; 'One of Edwin House's biggest strengths is their willingness to work with people with very complex needs associated with both substance misuse and mental health. There is mixed results from this, but I believe this is more to do with the complexity and chaotic nature of those they work with rather

than noticeable gaps in the care received.'. Another comment received stated; 'I have visited Edwin House on numerous occasions and have found it provides a much needed service in Nottingham for citizens struggling with substance misuse/housing issues/mental health issues.'