Ashley House Care Homes Limited

Edward House Care Home

Inspection report

7 Cottenham Road
Walthamstow
London
E17 6RP

Tel: 02085093429

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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

We inspected Edward House Care Home on 18 July 2017. This was an announced inspection. The service was given 48 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 two people were using the service. At the last inspection on May 2015 the service was rated as Good.

The service did not have a registered manager in post. The service had an interim manager in the role since September 2016 while the role was advertised. The provider told us a new manager had now been appointed and had started induction. We spoke with the newly appointed manager who told us they had started the process to register with the CQC as the registered manager. 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 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. Staff had a good 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 interim 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.

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.

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

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**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.

This inspection took place on 18 July 2017 and was announced. The service was given 48 hours' notice because we needed to be sure that someone would be in.

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

The inspection team consisted of one inspector. During our inspection we observed how the staff interacted with people who used the service and also looked at people's bedrooms and bathrooms with their permission. We spoke with two people who lived in the service. We also spoke with the provider, interim manager, newly appointed manager, and the deputy manager. We spoke to one support worker after the inspection.

We looked at two care files, staff duty rosters, five staff files which included recruitment and supervision records, a range of audits, minutes for various meetings, two medicines records, two finances records, training information, safeguarding information, health and safety folder, and maintenance records.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe. One person said, "I do feel safe."

The service had safeguarding policies and procedures in place to guide practice. Staff told us they had received training in safeguarding adults and records confirmed this. Staff were able to explain the action they would take to escalate concerns. Staff said they felt they were able to raise any concerns and would be provided with support from senior management. One staff member told us, "First thing is to report to the manager. If it continues we can go to CQC and the local authority." Another staff member said, "I would speak to my team leader and manager. If no action taken I would go to the CQC." The service had a whistleblowing procedure in place and staff were aware of their rights and responsibilities with regard to whistleblowing.

The interim manager and newly appointed manager were able to describe the actions they would take when reporting an incident which included reporting to the Care Quality Commission (CQC) and the local safeguarding team. The interim manager told us there had not been any allegations of abuse since our last inspection. This meant that the service reported safeguarding concerns appropriately so that CQC was able to monitor safeguarding issues effectively.

Individual risk assessments were completed for people who used the service and reviewed monthly and six monthly. Staff were provided with information on how to manage these risks and ensure people were protected. Records showed some of the risks considered were nutrition, aggressive behaviour, smoking, hallucinations, self-neglect, absconding, pressure ulcers, and medicines. For example, one person was at risk of aggressive behaviour towards staff. The risk assessment gave clear guidelines how staff were to manage this risk. For example the risk assessment stated, "Attempt to diffuse the situation with empathy when [person] is ready to verbalise feelings. Staff to make time for one to one discussion when [person] calms down." Staff we spoke with were familiar with the risks that people presented and knew what steps were needed to be taken to manage them. This meant risk assessment processes were effective at keeping people safe from avoidable harm.

Financial records showed no discrepancies in the record keeping. The service kept accurate records of any money that was given to people and kept receipts of items that were bought. Financial records were checked each day at handover of staff and we saw records of this. This minimised the chances of financial abuse occurring. This meant the service was supporting people with their money safely.

Medicines were stored securely in a locked cupboard. Medicines administration record sheets (MARS) were appropriately completed and signed by staff when people were given their medicines. Medicines records showed the amount held in stock tallied with the amounts recorded as being in stock. Training records confirmed that all staff who administered or handled medicines for people who lived in the service had received appropriate training. Medicine checks were conducted daily. Records confirmed this. One person told us, "They [staff] give me medicine and I take it. I know what it is for." This meant people were receiving their medicines in a safe way.

Staff rotas confirmed that the numbers of staff on duty ensured that people received safe and effective care. People told us there was enough staff available to provide support for them when they needed it. Any vacancies, sickness and holiday leave was covered by bank staff and agency staff. One person told us, "Always someone here to look after me." A staff member said, "As far as I am concerned [enough staff]. There is staff to cover and take people out." Another staff member told us, "We have agency and permanent staff. We have enough staff."

The service had a robust staff recruitment system. Records confirmed that appropriate checks were carried out before staff began work, references were obtained and criminal records checks were carried out to check that staff did not have any criminal convictions. This assured the provider that employees were of good character and had the qualifications, skills and experience to support people who used the service.

The premises were well maintained and the service had completed a range of safety checks and audits. The service had completed all relevant health and safety checks including fridge temperature checks, first aid, fire system and equipment tests, gas safety, portable appliance testing, electrical checks, and water temperature. One person said about the service, "It is very clean." The systems were robust, thorough and effective.

Good

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, "[Staff member] is a lovely man."

Staff files showed training that had been completed for each member of staff. 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. Records showed staff had completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers adhere to in their daily working life. Staff told us they received regular training to support them to do their job. One staff member told us, "Training is good. We do refresher courses in the classroom. They [provider] gave me the opportunity to do [national qualifications]." Another staff member said, "It's regular [training]. Usually twice a month and we do practical."

Staff received regular formal supervision and we saw records to confirm this. One staff member said, "It's done every eight weeks. It's good as helps you with what you want to achieve." Another staff member told us, "It's one to one with the manager." Records showed staff received annual appraisals.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The interim 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 the freedom to do as they wished. People told us they were able to go out on their own. One person said, "You are in control. Everyone has a key." Another person told us, "I go around the corner to buy cigarettes." A staff member told us, "Everybody has capacity here. Everything has to be done in the best interest of the person."

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 what they want to eat and what to wear." Another staff member said, "I need to ask them about their personal care."

People we spoke with told us they liked the food and were able to choose what they ate. One person told us, "Sometimes I cook my own food. They [staff] cook different things." The same person said, "Sometimes they cook me [culturally specific] food." Another person said, "The food is lovely." 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 fruit was available to people in the lounge area. One person said, "Always fruit here." Records showed food intake was recorded daily and weight recorded monthly for people.

People's health needs were identified through needs assessments and care planning. One person told us, "I would tell them [staff] and they would book appointment for the GP." Records showed that all of the people using the service were registered with local GP's. Records showed health appointments were being recorded which included health care professionals such as GPs, dentist, chiropodist, optician and psychiatrist. Records of appointments 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. People had a 'health admission sheet', which was a document in their care file that gave essential medical and care information, and was sent with the person if they required admission or treatment in hospital. This meant that people were supported to maintain their health.

Good

Is the service caring?

Our findings

People told us they thought that the service was caring and they were treated with dignity and respect. One person told us, "I love it here. Lived here years and years. They [staff] are very caring."

Observations showed people were comfortable with staff and were happy to be around them. People and staff had been at the service for a long time. Staff were friendly and kind in their support and responses to people, their attitude was respectful and they showed that they understood people's individual characters and needs. Throughout our visit we saw positive, caring interactions between staff and people using the service. For example, one person was attending a health clinic on the day of our visit. The person was concerned about the visit and we observed a staff member reassuring the person.

People told us their privacy was respected by all staff and told us how staff respected their personal space. Staff described how they ensured that people's privacy and dignity was maintained. One staff member told us, "We give them respect. For example we ask if they want their medication. If going to their room I will knock." Another staff member said, "In the morning I check on [person] and ask to let me in her room. Sometimes she doesn't feel like it." One person told us, "They [staff] don't come into my room until they ask me."

Our observations showed that staff asked people about their individual choices and were responsive to that choice. People told us individual choices were respected. One staff member told us, "They 100% have choices." Another staff member said, "Everyone has choices. In the morning they can say if they want a bath. It's their choice." One person said, "I get up when I want." Throughout the inspection we saw people going out, sitting in the garden and making themselves drinks.

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. A staff member said, "I check appointments and if [person] needs anything."

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.

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 liked culturally specific food. The person confirmed that the service supported them with this. Discussions with staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel

accepted and welcomed in the service. The interim manager told us, "I have to respect them and treat them equal. They have to be given full support. We shouldn't discriminate." A staff member said, "There is no problem here. Everyone has their own choice." Another staff member told us, "I don't have the right to judge. Treat everyone equally."

We looked at people's bedrooms with their permission. The rooms were personalised with personal possessions and were decorated to their personal taste, for example with family photographs, pictures on the wall and a television.

People were supported to maintain relationships with their family and friends. Details of important people in each individual's life were kept in their care plan file. Relatives and friends were welcomed to the service and there were no restrictions on times or length of visits. People confirmed that they were able to keep in touch with their family and friends and were supported to do the things they wanted to do. One person told us, "Family visit when they want."

Good

Is the service responsive?

Our findings

People told us they were involved in their care planning. One person said, "They [staff] question me about the care plan. They do listen."

Care records contained detailed guidance for staff about how to meet people's needs. Care files also included a section called "personal information form" which had the life history of the person. There was a wide variety of guidelines regarding how people wished to receive care and support including personal care, smoking, communication, finances, medicines, hydration and nutrition, night time care, aggressive behaviour, mental health, family contact, and social needs. The care plans were written in a person centred way that reflected people's individual preferences. For example, one care plan stated, "I prefer to be woken up at 8am in the morning on weekdays and from 9am on weekends." Another example, a care plan stated, "Sometimes I get angry very quickly and I get aggressive towards staff when they ask to support me. It is not my fault. It is the medication that makes me act this way." Care plans were written and reviewed with the input of the person, their relatives, and staff members and records confirmed this. Staff told us care plans were reviewed monthly and six monthly. Records confirmed this. 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 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 went shopping and another person went out for lunch and visited a friend in hospital. People were supported to engage in activities outside the home to ensure they were part of the local community. We saw activities included going shopping, cooking skills, cinema and walks. One person said, "If I get bored I walk to the market." Another person told us, "I'm never bored. They have games here."

Resident meetings were held regularly and we saw records of these meetings. The minutes of the meetings included topics on planning a summer holiday, activities, food menu, and health appointments. People confirmed resident meetings took place.

There was a complaints process available and this was available in 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. The complaints policy had 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'd complain to the manager." The service had no complaints recorded since the last inspection.

Good

Is the service well-led?

Our findings

The service did not have a registered manager in post. The service had an interim manager in the role since September 2016 while the role was advertised. The provider told us a new manager had now been appointed and had started induction. We spoke with the newly appointed manager who told us they had started the process to register with the CQC as the registered manager. Records confirmed this.

People told us they found the interim manager to be helpful and supportive. One person told us, "[Interim manager] is a lovely person." Staff told us they found the interim manager to be supportive. One staff member said, "She asks my opinion. She has an open door for staff and service users." Another staff member told us, "[Interim manager] is hard working. Everything is about the clients and their best interests." We saw during our visit that people who used the service and staff were relaxed and at ease discussing issues with the interim manager.

Staff told us the service had regular staff meetings. One staff member said, "They happen every eight weeks. Talk about cleanliness, medication, activities and service users. They are very good." Another staff member told us, "We talk about clients and what they want to do." Records confirmed that staff meetings took place. Agenda items at staff meetings included resident's welfare, record keeping, medicines records, hydration, training, supervision and teamwork.

The interim 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 every six months. Records confirmed this. Topics for people included accommodation, food and nutrition, staff support, privacy and finances. Overall the survey results were positive. The service also carried out a regular staff survey. The survey covered topics such as training, management, concerns, and if people have choices and opportunities in the service. Overall the staff survey results were positive.

The service 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 interim manager also told us they did a weekly check of the home which included checking medicines, the premises, and general environment. Records confirmed this.

The interim manager told us and records showed that the provider carried out a quarterly audit and check on the service. The audit included looking at recruitment, training, supervision and appraisals, complaints, fire safety, first aid, risk assessments and support plans and medicines.

Records showed an external clinical commissioning unit had audited the service on 10 April 2017. The audit had looked at staffing, record keeping, medicines, falls, infection control, training, and family involvement. Areas of concern from the audit were identified in an action plan and acted upon so that changes could be made to improve the quality of care. Records confirmed this. This meant people could be confident the quality of the service was being assessed and monitored so that improvements could be made where required.