

The Edmund Trust

Edmund House

Inspection report

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Ratings

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

Summary of findings

Overall summary

Edmund House is registered to provide personal care to people in their own homes. At the time of this inspection there were 61 people using the service who had a learning disability.

This announced inspection took place on 12 June and 14 July 2017.

At the time of the inspection there was a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 experienced a level of care and support that meet their needs, and promoted their health and wellbeing. People were happy, felt safe and felt cared for. Staff were aware of how to reduce risks to people and what to do if they thought anyone had been harmed. People and their relatives were involved in the recruitment of new staff. People received their medication as prescribed from staff that had been trained and deemed competent to administer medication.

Staff received the training and support they needed to be effective in their roles. Staff completed thorough inductions when new to the service and were given time to get to know people and understand how they liked their support to be delivered.

Staff knew how to implement the guidelines of the Mental Capacity Act (MCA) 2005 to ensure people's rights were upheld. People only had restrictions placed on them when the correct procedures had been followed.

People were cared for by staff who knew them really well and who had been well trained to support people. Staff were kind and caring and encouraged people to make decisions. People and their families were involved in the planning of their care. People's care plans were detailed and very personalised which helped staff deliver the support people wanted and needed. Staff supported people to take part in activities that they enjoyed.

The registered manager provided strong leadership and had a clear vision about the direction of the service. They were highly committed to improving people's lives and ensuring people had the best care they could receive, and expected the same high standards from the staff who were as committed to these values as the registered manager was. The registered manager and provider had put procedures in place to continuously review the service they were delivering. This identified areas of good practice and where improvements were needed. Action plans detailed clearly what action was needed and by whom.

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.

People were protected from the risk of harm. Staff were aware of the policies and procedure to follow which advised them what to do if they had any concerns.

People were protected against risks to their health and welfare from staff who knew how to keep people safe.

People received their medication as prescribed.

There were enough staff to meet people's needs and to support them when they wanted help. Robust recruitment practices were in place.

Is the service effective?

Good ●

The service was effective.

People experienced a level of care and support that promoted their health and wellbeing.

Staff had worked closely with health professionals to ensure people received a personalised service.

People received the support with food and drink that they required.

Is the service caring?

Good ●

The service was caring.

People were cared for by staff who were kind and who delivered care in a compassionate way.

People's likes and preferences were very well explored by the staff. These were included in the person's care plans and this had resulted in personalised care being provided.

Is the service responsive?

Good ●

The service was responsive.

People had detailed support plans which were detailed and clearly reflected their preferences.

The staff worked closely with people, relatives and other professionals to recognise and respond to people's needs.

Staff made sure daily activities were tailored to meet people's preferences and abilities.

Is the service well-led?

The service was well-led.

The registered manager and their senior staff offered strong leadership and had a clear vision about the direction of the service.

The registered manager was committed to improving people's lives and ensuring people had the best care they could receive.

There were procedures in place to identify any improvements that were needed and ensure that they were acted upon.

Good ●

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Detailed findings

Background to this inspection

Start this section with the following sentence:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection at the service's office and a visit to one person using the service took place on 12 June 2017 and was announced. Telephone calls were made to people's relatives on 14 July 2017. The inspection was announced as it is a domiciliary care service and we needed to ensure someone would be available. The inspection was carried out by one inspector.

Before our inspection we reviewed the information we held about the service, including notifications. A notification is important information about particular events that occur at the service that the provider is required by law to tell us about. We contacted local authority commissioners and healthcare professionals that had contact with the service to obtain their views about the service. We sent surveys to people who use the service, their relatives, staff and healthcare professionals.

During our inspection we spoke with three people who use the service and three relatives of a person who used the service. We also spoke with the registered manager, service manager two team leaders and two support workers. We looked at the care records for three people. We also looked at records that related to health and safety and quality monitoring. We looked at medication administration records (MARs). We observed how the staff supported one person in their own home. Observations are a way of helping us understand the experience of people using the service.

Is the service safe?

Our findings

All 18 people that use the service that replied to our questionnaire stated that they, "Felt safe from harm or abuse from my support workers." People and their relatives told us that they felt safe. One person told us this was because, "Edmund Trust are much better than my last organisation."

Staff were knowledgeable in recognising signs of potential harm. They were able to tell us what they would do if they suspected anyone had suffered any kind of harm. Staff were knowledgeable about contacting the appropriate agencies responsible for safeguarding if ever they needed to report any incidents or if they had any safeguarding concerns. Staff told us that the contact details to report any allegation of harm were displayed. Staff told us and the records confirmed that they had completed training in safeguarding people from harm and this was also discussed during supervisions and team meetings.

The registered manager told us that the risk assessment process and forms had been improved to ensure that any risks to the person, staff and the general public were assessed.. Detailed risk assessments had been undertaken by a staff member trained to do so.. Staff were able to tell us how they followed risk assessments. They told us that risks to people were minimised but that they could still carry out the tasks and activities they wished to. For example, one person liked to have time to relax in the bath without any staff present in the bathroom. We saw that risk assessments had been reviewed and updated where necessary.

Policies and procedures were in place in case anyone had an accident or incident. Accident forms would be completed by the member of staff working with the person and reviewed by the registered manager. This meant that any action to prevent the accident from reoccurring could be taken.

There was a sufficient number of staff employed to meet people's needs. The support provided ranged from two-hourly visits to 24 hours a day. The registered manager stated that they always tried to cover any unplanned absence from within the existing team. However, staff from other agencies were sometimes used. The registered manager stated that agency staff were only used when this was appropriate for the person using the service and that they requested the same staff members so that they got to know the people they were working with. Where appropriate people were given a copy of the rota so that they knew who would be working with them. This was also provided in a picture/photo format where required. People told us that staff were always available when they needed them.

Staff told us and records confirmed that when they had been recruited they had completed an application form and had attended an interview. People's support plans included a profile regarding what skills, knowledge and interest would be ideal for their support workers. As well as a formal interview with the managers of the service potential staff were also interviewed by people who used the service to ensure they were suitable. Where appropriate the relatives of people who used the service had also been involved in the recruitment process. References and acceptable criminal records checks had been completed before they were employed. This showed that appropriate checks had been carried out and staff were assessed as suitable to work in the service.

Medication was administered by staff who were trained and assessed to be competent to do so. Staff told us and records confirmed that they had completed medication administration training. Staff undertook a competency assessment to ensure that they had the required skills and knowledge to administer medication in a safe way. One member of staff told us that they had completed extra training so that they could assess the competency of staff to administer medication. Regular audits of the medication records were being carried out to identify and rectify any issues as needed.

Personal emergency evacuation plans were in place for each person. This meant that staff had the information they needed if people needed to be assisted out of their homes in an emergency.

Is the service effective?

Our findings

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. One member of staff told us, "Even when there are agreed restrictions – within that I still try to offer a choice. When needed I give guidance so that it is a safe choice."

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 MCA. We checked whether the provider was working within the principles of the MCA and found that where applicable capacity assessments had been completed. When best interest decisions had been made these had been recorded in detail. Staff had a good understanding of the principles of the MCA. Staff were aware that people could make what they thought may be "unwise" decisions but if they had the capacity to make the decision they this was respected. Staff told us they offered people choices as much as possible. For example one staff member told us, "I always offer [name of person] a choice of drinks. I know he will always choose coffee but I always offer a choice just in case one day he wants something different."

All of the staff that we talked to spoke positively about the training they had received. One member of staff told us that they really enjoyed the training as it was classroom based which meant that they could ask questions if they were unsure about anything. The records showed that staff had completed the provider's mandatory training or were booked to do so. All new staff completed an induction. One member of staff told us that although they had work in care for many years the induction, "Made me aware of all the stuff I didn't know." 13 of the 14 staff that answered the CQC questionnaire stated that they received the training they needed to enable them to meet people's needs, choices and preferences. The registered manager explained that there was a system in place so that action could be taken if a member of staff did not attend the booked training.

Bespoke training personal to people who used the service was also provided so that staff got to know individuals. Family members of people who used the service were supported to have input into and provide some training. This meant that new staff got to know all about someone's history and how best to support them. New staff had a slow introduction to working with people and carried out numerous shadow shifts before working on their own with people. This helped to reduce people's anxiety of having staff that did not know them.

Staff told us that they felt supported by their line manager and the registered manager. Staff confirmed that they received regular supervisions and an annual appraisal. One support worker told us, "I'm confident to go to the team leader if I'm not sure about something." Staff who had the responsibility of supervising other staff told us they had received training in order to carry it out effectively.

Staff demonstrated to us their knowledge of people's special dietary needs and any food and drink

preferences When any restrictions were in place this had been done in agreement with the person and/or their family members and health care professionals. One person told us "I enjoy the food. My mum helps the staff decide what to cook." One relative told us that their family member was encouraged to choose what meals they would like by using pictures of the food.

The records showed that when people needed to see a doctor or other healthcare professional this was always organised for them in a timely manner. People also confirmed that they were supported to access any healthcare professionals for any issues. One person told us, "If I need to see a doctor the staff take me." Records also showed people had regular access to healthcare professionals and had attended regular appointments about their health needs. One relative told us that when their family member was taken seriously ill the staff recognised the signs and proactively responded and organised emergency medical treatment without delay. They also told us that staff had gone out of their way to organise blood tests for their family member at a local surgery whilst they were on holiday so that they didn't have to cancel their holiday.

Is the service caring?

Our findings

Staff at every level wanted people to be happy and live a life that was meaningful and fulfilling. People we spoke with told us the staff were caring and dedicated. One person told us, "I like the staff because they take me to work and cook for me." Another person told us, "Staff are awesome. They take me out shopping and to the zoo." A third person said, "The staff are kind to me. They are helpful and support us."

We observed positive interactions between people and staff. There was a genuine sense of fondness and respect between the staff and people. People were given the information and explanations they needed, at the time they needed them. For example, staff going off shift explained to the person that they were leaving and when they would be back. Information was provided in suitable formats. For example, one person had a chart with photos of which staff would be working with them and when that week. One person told us, "Staff are kind to me they talk to me in a nice way." One relative told us, "Having the staff there gives [family member] confident, they boost his self-esteem. There's always someone there to advocate for him if he needs them to."

Support plans included information about what was important to people. For example, One person's support plan stated, "I like people to listen to me. I like dogs and like to talk about dogs." Support plans also included information about "Things people couldn't live without and would make them feel miserable if they were not in their life". Information about routines people liked to follow were very detailed so staff knew how important it was to treat everyone as an individual and even the small things were important to them. For example, one person's information included how they would like their bed made. One health care professional told us, "People are supported by staff who know them well and are aware of their communication needs. In my work, they have supported individuals by using photos and objects of reference to support them to make an informed decision."

Staff showed that they respected how people were feeling in how they carried out their role. For example, one person was much more relaxed if the staff member supporting them had the same low calorie drink when they were on a trip out. This information was included in their support plan so that staff could follow it. Their support plan stated "[Name] needs to feel like they are in control and finds it embarrassing if his supporters [staff] tell him to do things. Be subtle and supportive." Support plans also included information about how people would show how they were feeling and how staff should respond to their feelings.

Staff told us they always tried to keep information about people confidential and show them respect. One staff member told us, "I always ask people's permission to use things in their house."

People were encouraged to make as many choices for themselves as possible. Staff worked hard to provide information for them in a meaningful way to help them to make decisions. For example; pictures of different activities were provided so people could choose what they would like to do. One person said, "Staff know what makes me happy. I like shopping and I get to do that." Another person told us, "Staff treat me with respect. They let me make decisions for myself." One staff member told us, "I try to treat people how I would like my family to be treated. I respect their wishes."

Relatives told us they were encouraged to visit their family members and take part in decision making with them. One relative told us, "I'm really, really happy with the support my [family member] receives. It's brilliant. If there are any challenges I know the staff can deal with them." Another relative told us, I can't speak highly enough of them [the staff]. They have taken a burden off my shoulders. I don't have to worry." One relative told us that the staff support their family member to video call them so they could discuss what they had been doing.

Is the service responsive?

Our findings

The registered manager told us that the support plan format had been improved in consultation with people who used the service, their relatives and social care professionals. The support plans were very detailed and gave staff the information they required so that they could support people in the way they preferred. The support plans included detailed information about each person's history, likes and dislikes and what was important to them. For example, one person liked to have their medication in a certain order and liked certain phrases to be used to explain what they were for. One person told us, "The staff know me well, they support me in the way that I need". One relative told us, "Edmund trust are really person centred." They also said, "Nothing phases them (the staff). Everything is planned around [family members] needs. One health care professional told us, "I have regular meetings with staff at Edmund Trust, and we work in a person centred way together to look at how best to support an individual. They are always willing to try new ideas and suggestions."

Information in the support plans was provided to people in formats that they could access. For example, having a box with items of reference or photos when planning what a person wanted to do that week. The support plans also included information so that staff could communicate with people in a meaningful way. For example one person's support plan included a dvd for staff to watch showing the Makaton signs that they used to communicate. One member of staff told us, "I always show [name of person] a choice of tea and coffee. I know they will always choose coffee but just in case one time they choose something else I always offer both."

The support plans were written in a manner to promote people's independence. They explained what people could do for themselves and what they needed support with.

Staff knew people well and responded to each person as an individual and what worked well for them. The registered manager explained that one person didn't like having new staff. We saw that strategies were in place to help the person cope with having new staff introduced to them. On meeting the person for the first time new staff took an item into the person's home that they knew they liked and would give them something to talk about. This helped the person to relax and accept the new member of staff.

One person liked staff to talk to them about the person's family members, their pets and other things that were important to them. So that staff were aware of the details the person had a communication book with all of the important details in it for staff to refer to.

The consistent approach from staff had helped one person to feel more secure. When they had raised concerns they had been dealt with professionally and investigated appropriately. This meant that the person knew that even if they raised concerns they still got the same level for support and care that they required.

The registered manager told us that they tried to involve health care professionals in reviewing peoples care and planning for the future. One health care professional told us, "They (Edmund House) have been

engaged and committed to working with our integrated health and social care team and have applied advice given. They have markedly worked well with a complex domiciliary placement package and have put a lot of energy into developing positive relationships with parents in very complex cases."

The registered manager and staff encouraged people and their families to be involved in reviewing and decisions about their care. A monthly core team meeting had been set up with with the person, relative and staff to discuss what was working well and to identify any improvements that were needed. One relative told us, "[The registered manager] asks me if I'm happy with the service that [family member] receives. I feel involved."

Staff supported people to take part in activities that they enjoyed. Activities included going to the seaside, indoor rock climbing, walking, swimming and shopping. One person told us "Staff take me to the gym and ice skating". Staff also supported people to go to work. One person told us, "Every Wednesday I help to set the tables out for a coffee morning. Having this job makes me feel very good."

A complaints procedure was available and had been discussed with people who used the service and their relatives. Staff were aware of the procedures to follow if anyone raised any concerns with them. The records showed that complaints were dealt with appropriately and seen as an opportunity for learning and improvement. One relative told us that staff had raised a concern on their family members behalf. The relative stated "It was unbelievable how the concern was dealt with. They took it very seriously and were very responsible." One person told us, "If I wasn't happy (with the service) I would tell [Registered Manager] I have her telephone number."

Is the service well-led?

Our findings

People who used the service, relatives, staff and health care professionals told us that the service was well led. There was a registered manager in post who was supported by team leaders. People, relatives and staff told us that they thought the registered manager was approachable and they could call them at any time if they needed to speak to them. The registered manager provided clear day to day leadership and together with the team leaders coached and led the staff team by example. This included working directly with people who used the service. The registered manager told us that they encouraged staff to progress through their careers at Edmund House and supported them to complete further qualifications to allow this to take place. One health care professional told us, "Management are always approachable and working towards the service users best interests."

The registered manager ensured they personally kept up to date with changes in the social care field. The registered manager met with other registered managers in local forums so that they could share and hear about best practice, gain knowledge and learn about any changes in regulation.

The registered manager had worked hard to put structures and process in place so that staff were aware of their responsibilities and what standards were expected of them. The registered manager and chief executive officer met regularly with staff in the management team. This was to review the care and support that was being provided and address any issues where improvements could be made. Staff were being held accountable for their standards of work and where necessary the disciplinary process was being followed. One team leader told us, "It's part of my responsibilities to make sure that staff are following the values of Edmund Trust and helping people work towards their goals." They told us the values that they tried to promote to the staff were promoting respect, valuing people's decisions and letting people live the life they want to."

One health care professional told us, "My experience of the service is that it is easy to get hold of the [registered] manager. They are proactive in organising meetings which makes my job much easier. They have a very flexible approach and have always worked hard to meet the needs of the service user. The team are supportive and approachable and service users will contact them outside of their support hours to chat or ask for advice; if there are concerns, this gets passed to me promptly so that we can take action as needed. I believe that the team have a positive attitude to their role and are respectful of the people they support."

It was clear that the provider and registered manager were passionate about providing good quality care and support to people and their families. This also filtered down to staff in the management team. One team leader had met with their staff and discussed how they could provide a safe, effective, caring, responsive and well led service to the people they supported. They discussed what they were already doing and how they could make improvements. They had put together a comprehensive action plan which showed what the action needed was, who was responsible and when it should be completed by.

Staff told us they enjoyed working for Edmund House. One support worker told us, "I love my job, the team

work and communication is excellent." One team leader told us, "I enjoy the setting up of new services. Seeing people grow in confidence in their own homes is great."

The provider and registered manager put a strong emphasis on people who used the service being involved in making decisions about the service. There was a 'People's Action Group' where people had the opportunity to meet and discuss any issues and suggested changes with the registered manager. The group had met and discussed what they thought good care looked like. They also discussed if they thought they were safe and how they thought a good and bad support worker would behave. The group then shared this information with other people who used the service. The group had recently been involved in the updating of the format of people's support plans. The group had also been involved in recruiting new staff. The provider had also sent a newsletter to everyone that used the service. The newsletter included information about social events, staff news, general updates, CQC and the 'People's Action Group'.

Staff understood their role and responsibilities and felt they were very well supported. There were systems in place to monitor that staff received up to date training, had regular team meetings, supervision and appraisals, when they could raise any concerns and were kept informed about the service, people's changing needs and any risks or concerns. Staff told us that they were aware of the whistle blowing procedure. One support told us, "I would feel confident if I needed to whistle blow about anything. All of the contact details we need are available."

There was a regular staff forum being held which was attended by the head of human resources. These meetings gave the staff or their representative an opportunity to discuss any working issues that they may have.

There was a process in place so that any accidents and incidents were reviewed by the registered manager and senior management team and when necessary were investigated and any learning from the findings were shared with staff. Staff confirmed that they could add to the agenda at team meetings. One support worker told us, "We discuss safeguarding, food, requests. We can add to the agenda. For example, different meals for each person living in a supported living service – this meant that their individual diet needs could be met. Another staff member told us that they had suggested some fundraising ideas and this had been put into place.

The registered manager told us that they saw the governance and continuous improvement as a key priority of their role. The registered manager had compiled a development plan which included putting in place monitoring visits to assess if the service was meeting the regulations and if they were providing a service that was safe, effective, caring, responsive and well led. For example, the registered manager had identified that the support plans were not person centred enough and so had worked on improving them with people who use the service and staff. One health care professional told us, "I have regular contact from management and staff when they have a concern they want to discuss or would like to seek some advice. They are always willing to listen to ideas and use their initiative to come up with person centred plans." The registered manager stated that quality assurance surveys had been redesigned to make them more user friendly. The surveys had been sent out to people, their families and staff. One health care professional told us, "I believe the service does strive for improvement and does understand the need to develop services that creatively meet people's needs."

Regular audits were taking place. The registered manager stated that staff audited any medication and corresponding records daily so that any issues could be highlighted immediately. Any medication errors were discussed by the registered manager and team leaders so that they could determine if extra training was required.

The registered manager, chief executive officer and head of human resources also met regularly to discuss any issues and identify areas for improvement. The registered manager told us that the meetings were used to, "discuss goals and accountability". One health care professional told us, "Senior managers have always been available and offer a very hands on approach to supporting services. I believe the service does strive for improvement and does understand the need to develop services that creatively meet people's needs."