

New Outlook Housing Association Limited

Edenwood

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

About the service: Edenwood is a residential care home, providing accommodation and personal care to 9 people with sensory impairments and/or learning disabilities at the time of the inspection.

This service supported people with learning disabilities and/or autism. The service was a large home, bigger than most domestic style properties. It was registered for the support of up to ten people. This is larger than current best practice guidance. However, the size of the service having a negative impact on people was mitigated by the building design fitting into the residential area.

People's experience of using this service: People felt safe and happy living at Edenwood. People's risks were assessed and planned for, whilst also encouraging people to be as independent as possible. People were safeguarded from abuse and avoidable harm by well trained staff who cared about people's wellbeing.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

People had choices about what food to eat, how to spend their time and were involved in all aspects of their care. Staff knew them well including their likes, dislikes and preferences and provided support to people in the way they liked.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this.

People's care records were accurate and up to date and provided staff with the information they needed to provide safe and personalised care.

People knew the registered manager and staff shared their vision of providing good quality support to people. People and staff were engaged and involved in the service and had opportunities to share feedback that was listened to by both the registered manager and provider.

The service had made improvements since the last inspection and now met the characteristics of Good in all areas; more information is in the full report.

Rating at last inspection: At the last inspection the service was rated Requires Improvement (report published May 2018). The rating in all areas and overall has improved.

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor the service and re-inspect accordingly.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Edenwood

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Edenwood is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Edenwood accommodates up to ten people in one adapted building.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

This inspection was unannounced.

What we did:

We used the information we held about the service to formulate our inspection plan. This included statutory notifications that the provider had sent to us. A statutory notification is information about important events which the provider is required to send us by law. These include information such as safeguarding concerns. We also considered feedback from commissioners of the service.

Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections and we considered this information as part of the inspection.

During the inspection, we spoke with one person who used the service and one person's relative. We did this to gain their views about the care and to check that standards of care were being met. We observed how staff interacted with people in communal areas and we looked at the care records of three people who used the service, to see if their records were accurate and up to date.

We spoke with four members of care staff, the team leader, the registered manager and the quality and improvement manager. We also looked at records relating to the management of the service. These included three staff recruitment files, complaints and compliments and quality assurance records.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- At the last inspection we found that risks to people's safety and welfare were not always suitably assessed and managed and this was a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found that improvements had been made.
- People's individual risks were identified and planned for. There were clear plans in place for staff to follow and staff were aware of how to support people to reduce their risks.
- For example, people had individual risk assessments in place for health conditions including diabetes and epilepsy including clear management plans.

Using medicines safely

- At the last inspection, people who required 'as required' medicines did not always have clear plans in place about when and how to administer these medicines. At this inspection we found improvements had been made.
- Each 'as required' medicine had a clear plan in place to guide staff on when and how to administer the medicines and these were personalised.
- Appropriate arrangements were in place for the safe administration of medicines. Two staff administered and signed for all medicines to reduce the risk of individual errors.
- Medicine administration records (MARs) were accurate and up to date.
- Staff were appropriately trained in the administration of medicines and received regular competency checks.

Staffing and recruitment

- There were enough staff to meet people's needs. We saw people received the support they needed, when they needed it.
- Staffing levels were kept under review and adjusted if people had particular needs for support, for example, to attend an appointment. Staffing was flexible to meet people's needs.
- When staff were recruited, the provider carried out checks to ensure staff were safe and suitable to work with people who used the service. This included a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions. When a staff member did not have a clear DBS check, a suitable risk assessment had not been completed to show how the provider had considered the risk and any actions taken as a result. Despite this, we saw the staff member had received regular supervision with the registered manager and their employment status was kept under review.
- We recommend that the service seek advice to ensure their recruitment procedures are robust.

Systems and processes to safeguard people from the risk of abuse

- People felt safe. A person said, "Yes I do feel safe. I do most things for myself but staff are there if I want them."
- A relative said, "Oh definitely [my relative] is safe. We appreciate that they are [at Edenwood] and we can be confident knowing they are safe and well looked after."
- Staff had been trained and knew how to recognise abuse and protect people from the risk of abuse.
- The provider operated suitable systems and processes, that were followed by staff to protect people from the risk of abuse and avoidable harm.

Preventing and controlling infection

- We observed that all areas of the home looked clean and hygienic.
- Staff understood the importance of infection control and we observed them following safe practices during the inspection, such as using personal protective equipment (PPE) when required.

Learning lessons when things go wrong

- The provider and registered manager had made several improvements since the last inspection. The registered manager was no longer managing two services and was able to focus their efforts on making and sustaining the required improvements at Edenwood.
- The provider has learned lessons regarding fire safety at another of their services. We saw this learning was shared across their services and improvements had been made to the fire safety at Edenwood because of this. Improvements included additional equipment, a revised fire risk assessment and procedure and additional staff training.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

- At the last inspection we found the requirements of the Mental Capacity Act 2005 (MCA) were not consistently followed. At this inspection we found that improvements had been made.
- 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. We found that staff were knowledgeable about the MCA and followed it to ensure people's legal and human rights were respected.
- People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. We found that necessary authorisation had been applied for when people's liberty was being deprived and the service followed the principles of the MCA.

Staff support: induction, training, skills and experience

- At the last inspection we found staff had not always received training for people's specific health conditions. At this inspection we found that improvements had been made.
- Staff had received the required training they needed to safely meet people's needs, including training about specific health conditions.
- A staff member said, "[Person's name] was recently diagnosed with dysphasia (swallowing difficulties) so we've just done specific training on this and there's more coming."
- Staff were supported in their role and received regular supervisions which they said were useful. A supervision is a one to one meeting between a member of staff and their line manager.

Supporting people to eat and drink enough to maintain a balanced diet

- At the last inspection we found that meal times were a task orientated activity with little opportunity for staff to engage and interact with people socially. At this inspection we observed improvements.
- We saw and people confirmed they were always offered choices of snacks and meals. Some people had chosen fish and chips for lunch and staff sat with people and chatted to them about memories of fish and chips on Fridays at school. It was a relaxed and social occasion which people clearly enjoyed from the smiling and laughter in the room.
- When people had specific dietary requirements because of swallowing difficulties, diabetes or religious and

cultural reasons, staff were all aware of these individual needs and preferences and catered for them accordingly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed, planned for and regularly reviewed to ensure they received support that met their changing needs.
- Assessments included consideration of people's diverse needs including consideration of protected characteristics under the Equalities Act 2010.
- The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported with their healthcare needs and to attend GP and hospital appointments when necessary.
- People had very clear and personalised plans in place in relation to healthcare needs.
- Professional advice was sought and followed when required.

Adapting service, design, decoration to meet people's needs

- People's needs were met by the design, decoration and adaptation of the environment. A staff member said, "In the last 12 months, improvements have been made, we have accessible grab rails now in hallways which promotes people's independence and means they can now move around the service more freely and independently."
- A relative said, "Even though [my relative] is blind, they [staff] have personalised their room by decorating it in their favourite colour and having all the things they like, which has always been really important to them."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- At the last inspection we saw times when people were left alone in the lounge for prolonged periods of time with no staff interaction, meaning people were sat alone with nothing to occupy them. At this inspection we observed improvements.
- We observed that people were treated with kindness and respect by staff. When people spent time in the lounge we saw staff chatted with people; one person was given a hand massage and had their nails painted, another person enjoyed participating in their own activity. We observed kind and caring relationships between people and staff.
- A relative said, "You know [staff] are genuine as they speak so fondly of [my relative] and they know all their little quirks, they really care."

Supporting people to express their views and be involved in making decisions about their care

- People had choices and were encouraged and supported to share their views.
- One person said, "I can choose whatever I want. For example, staff order the shopping but you can ask for whatever you want and you get it."
- Staff adapted their communication style to meet people's individual needs.
- We saw one person was supported to read their post. They had new talking books delivered and said, "I like my talking books and that because I'm blind I can't see any pictures or anything." Staff supported the person to access a variety of talking books.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. One person had a cane, a talking watch and a mobile phone which enabled them to access the community independently.
- Care plans were written in a way which promoted people's privacy, independence and dignity and we saw people were able to choose when they wanted private time alone in their rooms and this was respected by staff.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- At the last inspection we found the care planning was not responsive to people's individual and changing needs. At this inspection we found improvements had been made.

- People were encouraged and supported to contribute to their own care planning as much as possible.

When people were unable to contribute verbally, we found their preferences, likes and dislikes had been included from staff observations of the person and with input and involvement from family. Care plans were very personalised and contained detailed information about how people liked to be supported.

- Care plans were regularly reviewed and updated to ensure they met people's changing needs.

- People could choose how to spend their time and were supported to follow their interests. One person said, "I come and go as I please. I do whatever I want. I go out to different activities. I go to coffee mornings and meetings in the community with members of the public and put our views across. I go to whatever activities I want, I usually get a taxi. I have a mobile phone and I ring staff if I need them."

Improving care quality in response to complaints or concerns

- A relative said, "I have no concerns at all but if I had, I would say. I can go to any of the staff at all, they are all approachable and so nice. I'd go to [the registered manager] if I needed to without a problem."

- There was a suitable complaints policy and procedure in place and an accessible version was available at the service to aid people's understanding and involvement.

- When a complaint had been received it had been dealt with appropriately and changes had been made as a result of the person's complaint.

End of life care and support

- At the time of the inspection, no one was receiving end of life care.

- Some advance discussions had taken place to consider people's end of life wishes and relevant people had been involved in these discussions.

- Staff were in the process of collecting other people's views and involving their families when appropriate, to formulate advance care plans to ensure people's wishes had been considered.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- At the last inspection we found improvements to the management of the service were required because shortfalls we found during the inspection had not always been identified and acted upon. Effective systems were not in place to enable the provider to identify where quality and/or safety were being compromised so they could respond appropriately without delay. This resulted in a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- At this inspection we found improvements had been made.
- A suitable quality assurance system was in place which ensured that any issues were identified and acted upon. For example, an audit of staff recruitment files had identified that a staff member did not have a suitable risk assessment in place and the registered manager had a plan in place to address to improve staff recruitment files.
- Regular audits and analysis of accidents, incidents, complaints and other key areas were carried out by the registered manager and overseen by the provider to ensure quality and safety issues were identified and prompt action was taken to make improvements when required.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- At the last inspection the registered manager was managing more than one service and this impacted on their time and the improvements they were able to identify and action.
- At this inspection we found the provider had ensured the registered manager was only managing Edenwood. This meant they had time to spend at the service, had increased oversight of quality and risks and were able to implement and oversee required changes and improvements.
- A relative said, "I can't speak highly enough of all the staff and particularly [the registered manager], she is very hands on. I'm extremely happy with the service [my relative] gets."
- Staff shared the registered managers vision for the service and there was an emphasis on providing good quality, person centred support to people.

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

- People and staff were engaged and involved in the running of the service. Regular meetings took place where people and staff were able to share their feedback and this was listened to and acted upon. Staff shared examples of changes they had suggested that had been adopted by the registered manager and provider to improve services.

- The provider held a three-monthly forum with people and staff to further gather their feedback. People had feedback that they enjoyed the provider-wide activities and events such as a sports day, so we saw another event had been arranged.
- Changes and updates were communicated to people via a provider newsletter.

Continuous learning and improving care

- There was a focus on continued learning and development. Learning was incorporated into each staff team meeting with a different topic selected each month including fire safety and epilepsy.
- A range of additional training had been implemented since the last inspection, to enhance staff skills and improve the experience of people using services.
- The provider held a "Lunch and learn" session for staff every three months where they were invited to enjoy a lunch and learn whilst they did so. One session included learning about visual impairment where staff participated in practical exercise to help them understand good and poor experiences of people with visual impairments.
- The registered manager and provider had further plans in place for continuous learning and improving the care people received.

Working in partnership with others

- The service worked in collaboration with other professionals, which ensured people received support in all areas of their lives. For example, people had access to a wide range of health professionals.
- The registered manager worked in partnership with others to share good practice and participated in local training and meetings to keep up to date and encourage continuous improvement.