

Edgehill Care Home Limited

Edgehill Care Home

Inspection report

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Date of inspection visit:
12 March 2019
13 March 2019

Date of publication:
11 June 2019

Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service: Edgehill Care Home provides personal care and accommodation for up to 60 older people. 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. At the time of our inspection 48 people were living at the service.

People's experience of using this service:

People's medicines were not managed safely. Safe systems were not in place to dispose of medicines which were no longer needed. There were gaps in some topical medicines administration records seen.

People told us they were happy with the cleanliness of their rooms. People's equipment was not always cleaned. We also saw the environment was not always cleaned, this was caused in part by a lack of maintenance to toilets and bathrooms.

People's risks were not routinely identified or measures put in place to keep people safe. Risks in the environment had also not been identified so that safe systems of work could be put into place.

People were not always supported to make their own decisions and were not involved in planning their care. People had their own care plan which was not always up to date.

People were supported by staff who were not always trained and regularly supported in their roles. Staff understood safeguarding responsibilities and told us they would report any concerns to their manager.

People were not provided with person-centred care and support. Routines were not personalised, there was a lack of activities provided to meet individual needs.

Quality monitoring systems were not robust and had not identified all our concerns. The registered manager did not have effective oversight of the service. They were not aware of all the issues found.

People had provided feedback but the provider had not always taken action to make improvements where needed.

Despite the shortfalls at this service, people told us they felt safe and the staff were kind. Some staff had worked at the service for a long time which people appreciated. People were able to see healthcare professionals when needed.

People had their own rooms which they had personalised. We observed staff knocked on people's doors before going into their rooms promoting privacy.

Mealtimes were relaxed and people told us they enjoyed the food. Snacks and drinks were available around

the home.

People could have visitors when they wished. People and their relatives told us they knew how to make a complaint if they needed to. Complaints were documented and had been investigated.

People and their relatives were kept up to date with news from the home in a quarterly newsletter. The service also used social media to record activities and events.

Accidents and incident were reviewed and had been analysed. Action was taken to try to reduce the risk of re-occurrence.

Rating at last inspection: At our last inspection in January 2018 we rated the service as Requires Improvement. We identified one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not managed safely.

Why we inspected: This was a planned comprehensive inspection based on the rating at the last inspection.

Follow up: We have found one repeated breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. In addition, we have found five further breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following this inspection, we wrote a letter of intent to the provider to seek reassurance on how they would mitigate the immediate concerns and risks to people. The provider sent us a comprehensive response detailing the action they would take to mitigate the immediate concerns. We have asked the provider to send us a monthly action plan using Section 64 of the Health and Social Care Act 2008.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep this service under review and, if we do not propose to cancel the provider's registration, we will re-inspect the service within six months to check for significant improvements.

The expectation is that providers found to have been providing inadequate care should have made significant improvements within this timeframe. If not enough improvement is made within this timeframe, we will take action in line with our enforcement procedures to begin the process of preventing the provider from operating this service. This will lead to cancelling their registration or to varying the terms of their registration within six months if they do not improve.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as Inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe.

Details are in our Safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective

Details are in our Effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring

Details are in our Caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive

Details are in our Responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our Well-Led findings below.

Edgehill Care Home

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: The inspection was carried out by three inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service.

Service and service type: Edgehill Care Home is a care home providing accommodation and personal care to older people and younger adults.

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:

Before our inspection we looked at information we held about the service. This included notifications received from the provider which they are required to send us by law. Before the inspection the provider completed a Provider Information Return as part of the Provider Information Collection. 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.

During our visit we talked with 10 people who live at Edgehill Care Home and five relatives. We spoke with the operations manager, the registered manager, deputy manager and six members of staff. We looked at 12 care plans, medicines administration records, audits, accident records and other records relating to the management of the service.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us

understand the experience of people who could not talk with us.

Following our site visit we contacted five healthcare professionals for their feedback about the service and how it is run.

Is the service safe?

Our findings

At our last inspection in January 2018 we rated this key question as Requires Improvement as we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely. We also found improvement was required in recruitment practice and cleanliness of people's equipment. At this inspection we found the required improvement had not been completed and there were other areas of concern.

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

Inadequate: People were not safe and were at risk of avoidable harm. Some regulations were not met.

Using medicines safely

- People did not receive their medicines as prescribed and medicines were not managed safely. Whilst we observed staff following safe practice when administering medicines, we found concerns with medicines records and how medicines were stored. There were significant gaps in the recording on people's topical medicines administration records (TMAR). People had a TMAR where they were prescribed creams or lotions to be applied to their skin. It contained guidance for staff to know where to apply creams or lotions on the person's body. There were gaps in the recording on all the TMAR we reviewed. This meant the service could not be sure creams had been applied as prescribed.
- Whilst observing a member of staff administering medicine in a person's room, they found a tablet on the person's table. This tablet was from the day before, the person had not taken it. The person's medicines administration record (MAR) had been signed to record they had taken this tablet. The member of staff followed the provider's policy and informed the GP of the missing dose. Medicines were not always stored safely. Some thickening agents used to thicken people's food and fluids were stored in a drawer in a room that had a key coded lock. However, throughout the inspection the door to the room was open.
- We found an envelope of tablets in the medicines room. There was no indication what these tablets were, who they belonged to, or why they were in the envelope. The registered manager told us these were tablets waiting to be returned to the pharmacy. National Institute for Health and Care Excellence (NICE) guidelines recommend that 'care home providers should keep records of medicines that have been disposed of, or are waiting for disposal'.
- For medicines that are prescribed 'as required' PRN a protocol should be in place to guide staff on when to administer this type of medicine. Some protocols seen had not been fully completed. For example, sections relating to strength of medicine, maximum dose within 24 hours had not been filled in. This information can be found on the medicine label and/or the person's MAR. We found two people did not have protocols in place at all. Following our inspection, the provider told us that 'as required' PRN protocols had been updated for all people.

The above areas are a repeated breach of Regulation 12 (2) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Assessing risk, safety monitoring and management

- People's risks had not always been identified as risk assessments had been completed incorrectly or not updated when needs had changed. Where people's risks had been identified staff did not always follow the guidance given to keep people safe.
- Risk assessments used to assess if people were at risk of developing pressure ulcers had not been completed correctly. We raised this with the provider who told us all the risk assessments would be reviewed immediately. Where people had been assessed as being at risk the safety measures put in place were not effective. For example, one person was at very high risk of developing pressure ulcers. Whilst this risk had been identified the safety measures did not give staff sufficient guidance to know how to care for the person's skin.
- One person had been assessed as being at risk of choking. Whilst the person had been seen by a speech and language therapist, the risk assessment had not been updated to reflect the risk. Another person had been assessed as being high risk of choking. Whilst their care plans gave staff guidance to observe the person when they were eating, this did not happen. We observed this person eating their meal alone in their room for 20 minutes. Staff told us the person ate independently and was monitored. One member of staff told us, "[Person] eats on his own. Very independent, he coughs a lot. I check on him all the time".
- Some people who had been assessed as being at risk of falls had sensor mats in place. These are used at times to alert staff to the person moving. This enables staff to respond promptly to support people which may reduce the risk of falling. We observed on one occasion one person with a sensor mat in their room was lying on their bed. The sensor mat was by the window which was not by the person's bed. This meant when the person got up out of bed the sensor mat would not be triggered to alert the staff. We observed another person sat in their chair. Their sensor mat was not by their chair which meant it would not be triggered to alert staff the person was getting up out of their chair.
- People were not always supported in line with guidance recorded in their care plans. For example, one person's care plan stated they required a specific consistency of fluids to minimise the risk of choking. Not all staff we spoke with were providing fluids to the correct consistency. For example, one member of staff told us that three people who required thickened fluids required the same consistency of fluids. This was not in line with the information recorded in people's care plans and put people at risk of choking. One person had been assessed as being at very high risk of developing pressure ulcers. Their care plan stated they required their position to be changed every two hours during the day. Repositioning records demonstrated this person had gaps where they were not re-positioned every two hours. We raised this with the registered manager during our inspection.
- Staff did not always have access to accurate and consistent information to ensure risks to people were managed effectively. For example, staff told us that information relating to people's dietary needs was displayed in the kitchen. The board displaying people's requirements relating to the consistency of food and fluids was not accurate. The board identified one person required their fluids to be thickened to reduce the risk of choking. At the time of the inspection three people required thickened fluids.
- The service had no risk assessments for paraffin-based emollients being used. Paraffin-based emollients, whilst safe to use, can become flammable when exposed to an ignition source so a risk assessment is required. Following our inspection, the provider told us they had completed a risk assessment for this.
- Risks had not been assessed in the environment. This meant there were no safe systems of work for staff to follow when using equipment or working in high risk areas such as the kitchen. For example, the domestic staff used carpet shampooers to clean carpets and vacuum cleaners regularly. Risks of using this equipment had not been assessed. The kitchen had equipment which may pose a risk if used incorrectly such as the cooker. The risks of working in this environment had not been assessed. In the main dining room there was a kitchenette area where drinks and snacks could be prepared. We saw the door to this room was wedged open during our inspection. There was a hot water urn in the kitchenette that could not be locked. This meant people could walk into this area and use this urn at any time. We discussed our concerns about the lack of risk assessments and safe systems of work with the provider during our inspection. They told us they would review this.

- There were three people who did not have personal emergency evacuation plans (PEEP)'s. A PEEP gives staff guidance on how to evacuate people safely in the event of an emergency. We also saw the file had seven PEEP's for people who no longer lived at the service. This could be confusing for emergency services in the event of an emergency. We raised this with the service during our inspection. The deputy manager removed the PEEP's for the people no longer living at the service and told us they would complete PEEP's for people who did not have one. Following our inspection, the provider told us they had completed PEEP's for the three people.

Preventing and controlling infection

- People's rooms were clean and they told us they were happy with the cleanliness of their rooms. Comments included, "Room is usually nice and clean, they [staff] come in to do it regularly", "It is clean all around here" and "My room is cleaned and given a bit of a tidy."
- Whilst people's rooms had been cleaned people's equipment was not always cleaned. We found two pieces of moving and handling equipment in people's rooms that were dirty. At our last inspection we saw a commode chair in a person's room was dirty. At this inspection we saw one person's commode chair in their room which was dirty. We asked the person who cleaned the commode. They told us they did as the staff did not clean it for them. Following our inspection, the provider informed us that this person likes to be as independent as they can. This may mean the person's commode could at times be observed to be dirty, however, staff did check it regularly. We observed a walking frame with dirt engrained which been there for some time. We asked the registered manager about these concerns. They told us the maintenance person had taken over the responsibility of cleaning people's wheelchairs. The care staff were supposed to clean equipment such as walking frames. They told us they would address these concerns.
- The environment was not clean in places. We saw some communal toilets that needed a thorough clean. Two toilets had paint flaking off the walls which meant they could not be cleaned thoroughly. One bathroom had small holes in the floor from where a piece of equipment had been removed. This meant the floor could not be cleaned thoroughly. In one toilet the seal around the flooring was peeling off the wall. This meant there was a pocket created where dirt and dust could collect. This meant there was risk of cross contamination as the toilet could not be cleaned thoroughly.
- Some wall heaters in toilets were very rusty and a sink stand in a sluice room was rusty which meant they could not be cleaned thoroughly. This put people at risk of cross contamination.
- Cleaning schedules were in place but had not been completed accurately or in full. This meant there was no accurate record of what areas of the service had been cleaned. We showed this to the registered manager during our inspection. Following our inspection, the provider told us they had redecorated and repaired the toilets and sluice room and had undertaken deep cleaning of communal areas. They also informed us the cleaning schedules had been revised.

The above areas are a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- We observed staff using personal protective equipment when appropriate.

Staffing and recruitment

- People were put at risk because the provider did not carry out thorough recruitment checks. We found gaps in employment that had not been explored with the applicant, this meant the service did not have full employment histories for all staff.
- At our last inspection in January 2018 we found a member of staff had been employed without references in place. At this inspection we found references from previous employers were obtained prior to staff starting work. However, we found discrepancies between dates of employment recorded on references and dates of employment supplied by the applicant. This had not been checked by the service. For one member of staff

we saw one reference was from an employer not declared on their application form. We were not clear when they worked for this employer.

- We raised these concerns with the registered manager during our inspection. They told us the member of staff carrying out these checks was new, they would organise additional training for them.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- All staff had received a disclosure and barring service check (DBS). The DBS helps employers to make safer recruitment decisions and reduces the risk of unsuitable staff from working with vulnerable people.

- The registered manager told us staff were provided dependent on people's needs. At the time of inspection, they told us they were staffed to provide care for 60 people, there were 48 people living at the service. This meant the service was over staffed according to the registered manager.

- Comments from people about staffing were mixed. Some people told us they did not think there were enough staff. People said, "I feel alright but shorthanded here at times. Staff take a long time to get here", "Not enough staff to care for you, if there are they don't stay" and "A wait for staff sometimes but staff always come." However, we also were told some positive comments about staffing levels. People said, "Always seem to be enough staff around to care when I need them" and "If I want staff I can call them. It is pretty good no long waits, enough people around." One relative told us, "It does seem to be short of staff at times, but I can find the care staff if I need to."

- During our inspection we heard and observed call bells ringing. We were not able to look at how long response times were as the system used could not provide that information. This meant the registered manager was unable to accurately monitor call bell response times.

- We observed there were staff visible during our inspection, but the care staff were busy. We discussed this with the provider during our inspection. They told us they had obtained pagers for staff and were in the process of putting them into action. This would mean staff would be able to quickly see on the pager what call bell was ringing so they could respond more promptly.

Learning lessons when things go wrong

- Accidents and incidents were reviewed and analysed by the registered manager. The registered manager acted where needed to try and reduce incidents such as falls. For example, after a month of increased falls at night the registered manager increased staffing levels at night. This reduced the incidents of falls at night.

- We saw in staff meeting minutes complaints, incidents and good practice was discussed. However, learning was not always being put into practice. For example, during one staff meeting the registered manager reminded staff to make sure sluice room doors were always closed. This was because there were chemicals in sluice rooms which were a risk to people's safety. During our inspection we found the sluice room door open on one occasion.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training. Staff understood their responsibilities to identify and report concerns to the registered manager. There was guidance around the service to inform staff on how to raise concerns outside of the service.

- Despite the shortfalls identified at Edgehill Care Home, people told us they felt safe at the service. Comments included, "Feel safe, no doubts about that. Door is locked so people are checked in and out", "I feel safe. Some of the staff are very easy to talk to, some from the agency I don't know them so well" and "Very good here as far as I am concerned. Quite safe because there are enough people around."

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- Staff had not received appropriate training and support to enable them to carry out their roles effectively. We saw there were gaps in training the provider considered mandatory such as health and safety. 11 staff employed needed a health and safety training update. Fire drills had not been carried out in accordance with the provider's requirements. The last recorded fire drill was in July 2018, the provider required fire drills to be carried out every six months. We raised this during our inspection and were told a drill had been carried out in March 2019 but there were no records of this.
- One member of the kitchen staff had not completed food hygiene training since 2014. Food hygiene training is valid for three years, this meant the training was out of date. The registered manager told us the kitchen staff member had been asked to complete this training as a matter of urgency.
- 30 of the staff had completed dementia awareness training in 2014 or 2015. The registered manager told us that people's needs had changed. People were now moving into the service with more complex needs. They had recognised that staff required more skills in supporting people with dementia and had planned some update training.
- Some new staff had not received an effective induction. We saw that some newer staff had not been able to have probation reviews, competence checks or opportunity for supervision. This was the provider's expected support for new staff in their roles. This was a concern as some newer staff at the service had no care experience. One healthcare professional told us whilst they found staff to be caring they had noticed the service currently had a staff group that were "young and inexperienced". One person told us, "Staff seem so busy or they seem like spare parts." New staff benefit from the opportunity to discuss their roles with more experienced staff, particularly if they had no care experience. This mentoring helps newer staff to be guided as to how to carry out their work effectively.
- The operations manager told us the provider expected staff to have two supervisions, an appraisal, a spot check and attendance at team meetings in a 12-month period. We saw that staff had not been given this support. Another manager from another home had been completing supervisions with staff to help the registered manager.

This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

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 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 and found it was not. Records did not always reflect the principles of the MCA. For example, one person's care record identified the person had full capacity. However, there was an 'MCA best interest checklist that referred to a DoLS application being made for the person. This was not in line with the principles of the MCA.
- In one person's protocol for 'as required' medicines for pain relief we saw the instructions from the GP had been altered. The new instructions recorded by staff had been taken from the person's family member. There was no capacity assessment for this decision. We were also not able to see how the decision had been made in the person's best interest and who had been involved.
- Where DoLS applications had been authorised by the supervisory body, conditions placed on the DoLS had not been met. For example, one person's DoLS authorisation had been received in February 2019. It had conditions that required the person's care plan to be updated to include a risk assessment relating to the use of a lap belt. These conditions had not been met. The person's care plan contained no information or guidance for staff in relation to the DoLS.
- Staff we spoke with did not have a clear understanding of the meaning of a DoLS authorisation, or the impact this may have on a person's care and support needs.

This was a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Supporting people to live healthier lives, access healthcare services and support

- Systems in place to mitigate the risk of dehydration and malnutrition was not being used effectively. Where people had been placed on food and fluid monitoring forms, we found gaps in the recording. One person had a gap of seven hours, another had a gap of six hours where they did not have any fluids recorded. We saw another person had no fluids recorded for one day. Food monitoring did not evidence the amount of food people had eaten. We raised this with the deputy manager who told us nobody required monitoring of food at the time of our inspection. They told us they were aware of the shortfalls in the fluid monitoring records and had sent an email to staff to address the issue.

This was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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

- People's needs were not consistently and accurately assessed so that appropriate care could be delivered. Assessments were not completed correctly and were out of date. For example, people's moving and handling assessments we saw were completed in July 2018. People's needs had changed since that time but the assessment had not been updated. For one person we saw they had fallen and fractured their ankle. This meant they had been unable to stand. Their moving and handling assessment recorded they were mobilising independently.

Staff working with other agencies to provide consistent, effective, timely care

- People had been referred to healthcare professionals when needed. We had concerns about one referral to a person's GP. Notes recorded a delay in obtaining a GP visit. Staff told us it was because the GP would not visit if the call was made after 10.30am. The service has raised concerns with the surgery about this delay.

- Feedback from healthcare professionals about the service were mostly positive. Comments included, "I find staff helpful and friendly towards me and feel this ethos is the same with the residents", "Referrals are made in a timely fashion where possible" and "Staff are aware of changing needs and contact appropriate services for interventions."

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

- The environment was not always supportive to people living with dementia. There were three main corridors which were colour coded. Whilst this may help people find their room there was no signage visible to help people find facilities and communal areas. During our inspection we directed people to toilets as they were not able to find them. Wayfinding signage can help people with dementia to locate toilets, dining rooms and lounges.
- People were able to personalise their rooms if they wished. We saw people's rooms contained personal pictures, photos and small bits of furniture. One person wanted to show us their room and their pictures of their favourite football team. They were very proud of their room.

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

- People received sufficient food and drink. Comments from people about the food were positive. People said, "Food is marvellous – no complaints about that", "Food is very good really, a choice of two things", "There is always a drink around and they do check on it", "Good choice of food, salads which are my favourite, ice-cream, I like the roasts" and "There is plenty of tea and biscuits."
- We observed meals during our inspection and saw they were unhurried and relaxed. People had support they needed which was discreet. There were snacks and drinks available around the home.
- People had given feedback about food they liked and wanted included on the menus. One person had a separate menu that had been developed with the person and their relative to encourage them to eat.

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

RI: People did not always feel well-supported, cared for or treated with dignity and respect. Regulations may or may not have been met.

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

- People's comments about the availability of staff were mixed. People told us staff were busy. One person said, "There is not enough staff around – not any carers. You can be unwell and not a single person around." Another person said, "The staff are rushed off their feet, you ring the bell, they don't come."
- During our inspection we did not observe staff sit down and speak with people unless they were supporting them with a care activity. For example, where people needed support to eat and drink staff would sit down next to them and provide the support. Outside of this type of activity we did not see people engaged and socially stimulated.
- At our last inspection in January 2018 two relatives told us they found there was limited social opportunities for people who stayed in their rooms. At this inspection we found this had not improved. We observed a number of people spent time in their rooms on their own. We did not observe staff spending time with them in their rooms.
- There was a keyworker system that meant one member of staff was identified to work with one person. We asked the registered manager how key workers were allocated. They told us staff were assigned to rooms, so who ever moved into a room would have that member of staff. They told us this could be changed if a person requested it.
- People did not have the opportunity to take part in reviews of their care. We asked the registered manager about this during our inspection. They told us the local authority had changed their system of allocating social workers so reviews had been infrequent. The service did not have a system in place to make sure people were able to be involved in planning their care. The registered manager told us they planned to introduce a system called 'resident of the day'. This would help to make sure people's care was reviewed with them.

Ensuring people are well treated and supported; equality and diversity

- Some staff did not understand the support required to meet the needs of people with dementia. We observed when one person asked for a drink a member of staff told the person they had just had one. They asked the person if they had remembered having a drink instead of checking if they were still thirsty.
- The environment was at times over stimulated which may be confusing or distressing to a person with dementia. We observed on a number of occasions televisions and radios were on at the same time, in the same room. This provided a loud and confusing experience at times for people using the communal areas. Televisions were on in rooms where there were no people sitting. The volume was quite loud which could be confusing to a person and deter them from using the space.
- Life story information was not consistently provided for staff to learn about people's life experiences. Some people had a detailed 'pen profile' which gave staff an overview of the person's background and life history.

But for others this section was blank with no information sought or recorded. For people with dementia who may not be able to communicate their feelings and preferences easily, life story information can help to give staff understanding of the person's needs. The registered manager told us care staff did not have the time to do this work with people so relatives had been asked to provide information. The registered manager told us they had employed new activity staff who they hoped would carry out life story work with people.

- At mealtimes some staff showed people what was on plates so they could see the choices on offer, and smell the options. This helped people with dementia and sensory impairment to make their food choices. This method was not consistently adopted by staff. We observed some staff offer people the choice whilst holding two of the same options. This confused people as they were not sure what was on offer.
- Staff did not work together to make sure people's choices were respected. During a mealtime we observed one member of staff ask a person what they wanted for lunch. The person told the member of staff their choice. Whilst the member of staff had gone to the kitchen to get their choice another member of staff came along and put a plate in front of the person which was not their choice. When the first member of staff came back to give the person their choice of meal, they saw they had one and walked away. They did not check it was what the person had asked for.
- Staff told us that people were allocated a day of the week to have a weekly bath. One member of staff said, "Baths are put on the allocation sheet each day for each corridor. Everyone has an allocated day to make sure they get a bath." In a response to a complaint made about a person's care we saw the action was to make sure the person had a bath every Monday.
- During our inspection we noticed one person required personal care. Their care plan stated they required the assistance of one member of staff to help them with personal care. We noted there was no records of this person being supported to have the personal care they needed for five days prior to our inspection. At a point during the morning we noted the care records for this person recorded they had been supported to have a 'full body wash'. We checked the person and found they were still in the same clothing we had observed earlier and were still in need of personal care. The record entry was not correct. We raised this with the deputy manager and operations manager who informed us this would be addressed. The person was supported with their personal care following our intervention.

All the above areas are a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People were supported by some staff who had worked at the service for a long time. Care we did observe was provided in a kind and caring way. Comments from people about the care staff included, "Care workers are very nice, no trouble at all with anyone", "I had a bath today, the care worker did a very good job" and "I am very happy with them [staff]." One relative told us, "Care here is brilliant, people are very well looked after and everyone is so nice." The service had received many compliments from people, relatives and visiting professionals about the care and support provided.
- Details of advocacy services were available at the service if people needed them. An advocate is someone who can speak up independently for a person if they need them to. We observed where people had an advocate there was a picture of the advocate in the person's care plan.
- People and their relatives were kept up to date with a quarterly newsletter. One relative said, "I use email and Edgehill's social media to keep in touch, I get good information about what is happening."

Respecting and promoting people's privacy, dignity and independence

- People's personal information was not always securely stored. We noted at times during our inspection the care office door was open. We observed a number of care plans were visible on the desk. This meant unauthorised personnel could access people's records.
- People could have visitors when they wished. People told us, "My family come in, they always get a welcome, they are asked if they would like a cup of tea" and "One friend comes to see me, they [staff] make

her welcome and are kind to her." People's relatives could have lunch with them and had access to areas where they could make drinks.

- We observed staff knocking on people's doors before going into their rooms and making sure doors were closed when providing personal care. One person told us, "Even if my door is open the staff knock on it and ask if everything is alright."

Is the service responsive?

Our findings

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

RI: People's needs were not always met. Regulations may or may not have been met.

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

- People had care plans which covered a range of needs such as eating and drinking, moving and handling and personal care. Care plans contained conflicting information and were not always up to date. This meant the service could not be sure staff were following the most up to date and appropriate guidance.
- For example, one person had experienced a fall which had impacted on their mobility. The care plan stated, "Cannot mobilise independently. Cannot use walker due to wrist. Needs support of one [care worker]". The person was walking around the service independently without any walking aids.
- Care plans had summary sheets at the front of the file to give staff a quick overview of people's needs. Summary sheet seen were not updated regularly and contained some conflicting information when compared with care plans. For example, one person's summary sheet stated that they had a 'type 2 pressure sore on bottom and back', which was no longer the case. Another stated that they had 'red sore on bottom', which was incorrect.
- People had not been able to record their wishes with regard to areas such as culture and spirituality. The care plans we reviewed were blank with no information recorded for this need. We saw this was the same for people's end of life wishes. Care plans in that section were often also blank.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- People and staff told us they were checked during the night whether they wanted to be checked or not. One person did not want to be checked so placed a commode against their door to prevent staff from entering their room. There was no rationale in the care plan to inform staff as to why this person required a check every two hours through the night. The registered manager told us everyone at the service had checks in the night apart from one person. This does not promote a person-centred culture. People's needs should determine the support provided.
- At our last inspection we received feedback from people, relatives and staff about the lack of regular activities, entertainment and opportunities for people to go out of the home. At this inspection we saw activities still required improvement. The service had recruited activity staff but they had not stayed at the home. The registered manager told us they had struggled to recruit staff into this role.
- Some activities were available and had been planned by the registered manager or care staff. During our inspection we saw a group of people playing bingo with care staff. We also saw an entertainer had been booked and sang for people. During that activity there were no staff present to support people to engage with the activity.
- During our inspection we did not see any activities with people in their rooms. Most of the people in their rooms were sat watching TV.

This was a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Despite the shortfalls in activity provision some people told us they were able to do an activity they enjoyed. One person told us, "I go outside in the nice weather, get out and walk around." Another person said, "I have a lovely view, my [relative] put up a bird table. I love watching the birds from my room." The registered manager told us about one person who was able to go and watch the football with a volunteer. We saw pictures of people enjoying activities at the home and out visiting local places of interest.
- The service was planning to transfer their hand-written care plans onto an electronic care planning system. Daily notes had already been transferred onto electronic systems. The provider told us they had experienced success in their other homes using this system and hoped for the same at Edgehill Care Home.

End of life care and support

- End of life care was not being provided at the time of our inspection. One healthcare professional told us that when providing end of life care, "Staff show kindness, empathy and respect to their residents and families."

Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to complaints. People told us they knew how to complain. One person said, "I don't have anything to complain about, if I did I would talk to a family member of a member of staff." Another person said, "If something is wrong I say something and they sort it out." One relative told us, "Once you have communicated something you don't get anything back." Within the complaints records we did not see if the registered manager had checked with the complainant if they were satisfied with the outcome. The registered manager had however, supplied complainants with the details of who to contact should they not be satisfied.
- There was a suggestions box in the foyer where people, relatives or any other visitors could leave comments. They could do this anonymously if they wished.

Is the service well-led?

Our findings

At our last inspection we rated the key question Well-led as Requires Improvement. This was because quality assurance systems were not effective in identifying shortfalls and driving improvement. At this inspection we have found six breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and this key question is now rated Inadequate.

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

Inadequate: There were significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care. Some regulations were not met.

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

- Systems were not used effectively to make changes to improve the service. Whilst some audits were being carried out the systems in place had not identified the concerns we had found.
- Medicines audits were being carried out monthly but the checks in place had not identified the concerns we have found. Medicines audits had identified that there were gaps on the topical medicines administration records (TMAR). The action plan stated these were now completed, but we found significant gaps in the recording on TMAR. Whilst the health and safety audit had identified two toilets that required work, it had not identified all the concerns we found with cleanliness and the environment.
- The registered manager had not assessed the environment and tasks carried out at the home to identify risks and make sure there were suitable safety measures in place.
- Systems were not in place to make sure people's needs and risks were routinely identified and the correct and most appropriate safety measures put into place.
- The registered manager and the provider did not have a full oversight of how systems and processes were being implemented by staff. When we raised concerns about risk assessments and care plans the registered manager was not aware of the shortfalls. When we raised concerns about a person placing a commode chair against their door to prevent staff entering at night, the registered manager was not aware of this issue.
- There was a lack of managerial oversight around records at the service. Cleaning schedules were not accurate which had not been noted by the registered manager so that action could be taken. Following our inspection, the provider has informed us these have all been reviewed. It was not clear what pressure ulcer risk assessments were in use. People had risk assessments in their files but there was also a separate file with these risk assessments. The registered manager told us they would remove the risk assessments that were not in use.

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

- Care and support observed was not always person-centred, the culture at the home did not always promote a personalised service. One member of staff told us, "They [people] are given choice but it is institutionalised. Down to the way the home is run."

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

- People had been asked their views on areas such as activities within 'resident meetings'. The registered manager told us they had responded to people's views but had not kept records to demonstrate what action had been taken.
- The provider completed an annual survey with people, relatives and professionals. Feedback received had been overall positive, but there were some actions. Results from 2018 had been collected and an action plan had been produced. One of the actions was for the kitchen staff to ask people about their view of the food daily or weekly. There was no record of this happening. We asked the kitchen staff if they carried this out, they told us they did not have time.

The above areas are a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Despite the concerns we identified during our inspection people and staff were overall complimentary about the service. Comments from people and their relatives included, "I would recommend Edgehill, anything you ask is done. Could not have picked a better place" and "No hesitation in recommending here the staff are fantastic." Comments from staff included, "I enjoy every day, management are very friendly and supportive", "Lovely atmosphere, staff are friendly and welcoming." However, some feedback about the service was not as positive. One relative told us, "Management leaves a lot to be desired, they need to look at the systems. Never know who to approach."
- The provider and the service recognised staff achievements. For example, there was an employee of the month scheme where staff were rewarded for their work. The provider also rewarded staff for their long service. We observed that staff worked together as a team and checked their team members were ok.

Continuous learning and improving care

- Staff were encouraged to complete work based qualifications once they had completed their probation period. The service had identified staff to become 'champions' in specific areas. It was hoped these staff would support other staff to learn more about specific areas of care such as dementia and diabetes.

Working in partnership with others

- The service worked in partnership with various agencies. The local authority quality and safeguarding team had visited to support the service to make improvements.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care People's care and support had not been provided to meet their needs or reflect their preferences.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent People's care had not been provided in accordance with the principles of the Mental Capacity Act (2005). Where people had DoLS authorisations in place the service had not met the conditions of the DoLS.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks had not been identified so that safety measures could be put in place. Where risks had been identified staff did not always follow the safety guidance. Medicines were not always managed safely.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems were not in place to assess, monitor and improve the quality and safety of the service.

Records were not always accurate, complete or contemporaneous.

The service did not always seek and act on feedback of people who lived there.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed

Staff had not always been recruited safely.

Regulated activity

Accommodation for persons who require nursing or personal care

Regulation

Regulation 18 HSCA RA Regulations 2014 Staffing

Staff were not always effectively trained. Newer staff did not always have a suitable induction. Staff were not supported appropriately to enable them to carry out their role.