

Care In Mind Limited

Edge Brook

Inspection report

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Lostock
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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

Edge Brook is a small 'care home' providing accommodation to up to six people who require nursing or personal care. The service provides support to young people with an eating disorder. At the time of our inspection there were three people using the service.

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

The provider had robust systems in place to manage risks associated with the provision of people's care. Staff were recruited safely, with appropriate checks carried out. The provider was working in accordance with current guidance relating to COVID-19. People's medicines were managed safely.

Staff received a robust induction and training programme and supervisions were carried out regularly. People's dietary preferences and requirements were clearly recorded in people's care records and food intake was monitored accurately. The environment had been risk assessed and adjustments were made where appropriate. People were able to personalise and choose how their rooms were decorated and had access to a large garden area.

Care provided was innovative, person centred and carried out in a way which gave people control. People's choices, preferences, likes and dislikes were promoted by staff and leadership and this was evident from observations and our review of records.

Care plans and records were detailed and contained individualised information. People's communication needs were recorded in a nuanced way which clearly identified when people struggled and how staff should support them in this area. The provider recorded complaints and responded to them in a timely manner. Where people using the service had raised concerns this information was used to inform their care planning and improvements.

The provider and management team within the home carried out regular audits and quality assurance checks. Systems were in place to ensure checks were carried out at all times. Staff reported feeling supported by the management team and they were praised for their development of the service. The provider was open about the challenges they had faced while developing the service and how difficulties they had faced had been used to improve practice.

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

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

Rating at last inspection and update

This service was registered with us on 28 April 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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

The inspection was prompted in part due to concerns received about risk management. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Edge Brook

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

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

Inspection team

The inspection was carried out by one inspector 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 care service.

Service and service type

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

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 13 April 2022 and ended on 6 May 2022. We visited the location's service on 13 April 2022.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work closely with the service. We used all of this information to plan our inspection.

During the inspection

We spoke with three people, one relative and two professionals who worked with the service about their experiences of the care and support provided. We also spoke with nine staff members, including the area and registered manager, home manager, deputy manager, dietetic associate, senior support workers and support workers.

We reviewed a range of records. This included three people's care records and medicine administration records and associated documentation. We also looked at other records relating to the management of the home, care provided to people and risk management. We looked at safety information and certificates, staff rotas, accident and incident monitoring, menus and meal monitoring, meeting minutes, surveys, audit and governance information.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Most people stated they felt safe at the service. One person reported not feeling safe because of the services positive risk taking model; however, we followed this up with the home manager who stated, "We work in the least restrictive way possible and we make this very clear before people move into the service. Our positive risk taking model is to ensure that longer term our young people learn the coping mechanisms they need to live independently by managing some risk themselves, but we're always monitoring and we are always on hand to support people if a serious incident happens."
- The provider had robust safeguarding systems in place. The provider used an electronic recording system (ERS) and all incidents were recorded in detail and referred to relevant bodies appropriately.
- Staff had a good understanding of how to raise a safeguarding concern and reported feeling confident to do so. One staff said, "We record the incident in detail on our system. We then tell the managers on shift or escalate it with the regional managers. We also have safeguarding leads. We could also contact (CQC) or the social care team directly. There's a poster in our office with all the numbers and names."

Assessing risk, safety monitoring and management

- The provider worked from a positive risk taking model. The theory behind this was to support young people with an eating disorder to learn skills to independently manage risks associated with eating disorders, such as self-harm and poor physical and mental health.
- Risks assessments were detailed and provided guidance for staff on how to mitigate risks associated with the provision of people's care. Risk assessments were developed from regular reflective practice of accidents and incidents and from people's feedback. Risk assessments were a live document which could be reviewed, amended or added to at any time.
- Staff had a good understanding of the positive risk taking model and where to access information to manage risks. One staff said, "Our approach is about giving people control and responsibility. It can be scary and frustrating sometimes but it's for a good reason. I think all of our training is around not following that natural instinct to manage the risk and supporting our young people to do that. All our training revolves around that and their records are recorded well to help us know what we need to do for each person."

Staffing and recruitment

- Staff were recruited safely with appropriate recruitment checks carried out. Staff received a robust induction and the provider had sought references and carried out disclosure and barring service checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Staffing levels were sufficient to meet people's needs and the provider deployed staff in line with the hours

allocated to each person. However, some staff reported retention has been difficult and there was potential for this to impact the young people living at the service.

- We discussed this with the management team. The registered manager said, "From the point of interview we're very honest about the kind of service we are. We give new applicants examples of situations, accidents and incidents that have occurred and we gauge applicants reaction and responses to incidents. The training is very open about the type and amount of incidents staff will face within the roles and we have established staff on refresher training so they're able to give real life accounts of incidents. We have shadow shifts and new starters will experience incidents. We do this so new starters or applicants will quickly decide if this is the role for them, because it isn't for everyone. That way we reduce the impact on our young people because they haven't got to know staff over a long period of time."

Using medicines safely

- Medicines were managed safely and people received medication as prescribed and in accordance with their care plans.
- Medication was stored safely in a locked cupboard. Controlled drugs were stored behind two locked doors and only staff had access to the keys.
- The providers medication audit had identified gaps in record keeping; however, this had been addressed before our inspection and records we reviewed were accurately and fully completed.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

- The provider had identified specific areas of the home for relatives to visit people safely. Checks were in place and visitors to the home had to evidence a negative lateral flow test result and their COVID-19 vaccination status. Risks associated with visitors coming into the home had been assessed.

Learning lessons when things go wrong

- The provider had robust systems in place to reflect on accidents and incidents or when things had gone wrong. Debriefs were carried out with people and staff and where changes were identified which could improve practice, they were implemented in a timely manner.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed and protected characteristics such as age, religion and sexuality were considered and respected. The provider worked closely and collaboratively with people, relatives and relevant professionals prior to admission into the home, to ensure initial assessments were accurate and individualised.
- Assessment of people's needs continued regularly after they started living at the home. The provider continued to work with relatives and relevant professionals such as social workers. Reviews of people's care was evident.

Staff support: induction, training, skills and experience

- Staff had received a robust training programme as part of their induction. Compliance across the staff team was high and staff demonstrated a good understanding of what training they had completed.
- One staff said, "There was a whole week of induction and training where we talked about different presentations of eating disorders. We looked at how we monitor food and diet. What to look out for in terms of people getting to crisis. The different kind of challenges there can be and things you need to be aware of. The training is really good because it makes you aware of things that you wouldn't even know to look out for."
- The provider had implemented measures throughout the recruitment process to identify staff with the right values and skills to work with the young people at Edge Brook. This was reflected in recruitment records and staff feedback.
- One staff said, "I had quite a deep understanding of working with people with eating disorders before starting at Edge Brook. It's important that you do have an understanding because it's such a unique service and you have to be nuanced in how you provide support. It was definitely part of the interview process."

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

- People had robust diet plans in place which considered their dietary requirements. Healthy eating was promoted and monitoring of food intake was detailed and clearly recorded. Menus had been developed with people's input and their likes and dislikes were catered for.
- Most people felt the food was nice and informed us their dietary requirements were met. However, one person said their dietary requirements were not met and the food was not of a good standard.
- We discussed this with the home manager who said, "The menu at Edge Brook was developed by the dietetic staff with the input of the young people. There is also a suggestion box for the young people to request food items. The culture in the service encourages participation and involvement for the young people in their care plan and they regularly hold discussions or make requests to the dietetic team and

chefs. Edge Brook provides a variety of options at mealtimes. In the past when people have identified really struggling with the menu at Edge Brook and regularly begun to decline to attend meals, care plans have been altered to allow 'off-menu' options. These foods are always kept in stock. Additionally, this statement amongst people with eating disorders is very common."

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

- The provider had worked to develop links with local health and social care professionals. At the time of inspection, the provider had met with colleagues from the local clinical commissioning group to develop multi-disciplinary working.
- The provider had therapeutic support in place as part of people's package of care. Where appropriate the provider had worked with external professionals, such as social workers and GP's.
- Staff had supported people to express their wishes to external professionals such as people asking for their medication to be changed.
- When people were required to attend hospital, the provider maintained contact with the person or provided direct support to ensure their needs and wishes were advocated. People's need for emotional support was also recognised by the provider and when this was identified staff provided support in attending appointments and hospital.

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

- The provider had robust risk assessments in place in relation to the environment and where appropriate changes had been made to reduce the risk to people. People were able to choose the decoration for their own rooms. Communal areas were clean, tidy and nicely decorated.
- The garden area of the home was utilised by the service and was accessible to people and activities were being developed to utilise the garden further.
- The office was located in the basement of the building; this increased the homely environment throughout the rest of the building.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

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 appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection people living within the service had capacity to make decisions. This was only impacted during times of heightened anxiety or crisis and the provider had robust systems in place to monitor people's understanding around decisions they made.

- Staff had completed MCA and DoLS training as part of their induction and demonstrated a good of understanding of how this would be relevant to the service.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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

- People spoke positively about support they received from staff. One person said, "Staff are really lovely and helpful. They try their hardest to understand me."
- Interactions we observed of staff and people interacting demonstrated people being empowered and supported to be in control of their care. Interactions were warm, caring and natural.
- There was an emphasis throughout the culture of the home which supported people to explore how they felt about all aspects of their life. This included giving people the freedom and opportunity to express who they were, their likes and dislikes and their needs and preferences. This was also evident in staffs understanding of people and in people's care records.

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

- People were in control of their care and chose wherever possible how they received support. For example, if people had identified an activity they wanted to do or expressed something they wanted to achieve, they were supported to do so. In the instances where people's goals had not yet been achieved, there was a clear plan in place.
- People were given opportunity to feedback on their care in several ways. People were able to request one to one meetings where they could express how their support was working or they could write how they were feeling and share that with staff, management or the therapeutic team. Information was then used to tailor people's care to their wishes where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff understood how to promote independence and the providers principles of working in the least restrictive way possible ensured people were independent wherever possible.
- People were able to access the community independently. The provider worked with people to ensure they monitored risks related to accessing the community; they did this by regular check-ins over the phone, agreed curfews and clear guidance for staff to follow, should they be unable to contact people.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans explained in detail how people wished to be supported and cared for. People's likes, dislikes, needs and preferences were all clearly recorded. People and relatives were involved throughout the initial assessment period and assessments were regularly reviewed.
- Other assessments, plans and records demonstrated a person centred culture throughout the service. Staffs recording of information was clear, relevant and detailed when necessary. This enabled the therapeutic team to tailor their approach to the persons preferences.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had identified how people could most effectively communicate.
- The provider had worked in accordance with the requirements of the AIS. People's communication needs were clearly recorded in care plans including, how this may vary dependent on the person's relationship with someone or how they felt at the time. Adjustments on how people would communicate were also identified, this included people using text messages or signs.
- The provider only shared information when appropriate to do so. Where people had not given consent to share information with relatives the provider had not done so. Where this had caused difficulties, the provider had worked to support family members to understand the reasons for withholding information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were in control of activities they wished to access outside of the home and were able to choose activities they did within the service. Activity schedules had been completed but were often amended to reflect the choices of people on the day.
- The provider supported people to engage in meaningful activities and had access to a car which enabled people to explore hobbies, interests and activities with ease.
- One person said, "We do group activities every month such as going to an escape room and then we have one to one activities with staff weekly, like shopping, farm park visits, going to the hairdressers."

Improving care quality in response to complaints or concerns

- The provider recorded complaints from people within care records and responded with adjustments to people's packages of care. This was evident throughout records in areas such as specific language used by staff and the development of activities and therapy sessions.
- The provider had a complaints policy. When complaints had been made, analysis was completed and used to inform improvement.

End of life care and support

- The service was not providing end of life support at the time of inspection. When people's health at serious risk, support from external services had been sought.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Evidence gathered from observations of care, review of records and feedback from people, relatives and staff evidenced a person-centred culture throughout the home. We found the home to be inclusive wherever possible and people's views were sought and documented.
- Staff demonstrated a commitment to their role and told us they were passionate about the support they provided. One staff said, "I'd definitely have a family member here because of the whole approach to how we provide care. I would definitely recommend a family member or a close friend coming here if they needed support."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The home was meeting the requirements of duty and candour.
- While difficulties had arisen due to people not giving consent for information to be shared, relatives reported feeling involved and being invited to reviews and meetings. One relative said, "I get invited to meetings and feel involved. I also get weekly updates."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and management team used a wide range of audits, checks and monitoring systems to assess the quality of care provided. The provider openly explained they had identified areas for improvement from opening the service to the time of inspection and they continued to do so.
- Analysis of all areas of the service was consistently carried out and this enabled the provider to improve systems relating to recruitment, admissions and communication with external professionals in a timely manner.
- The registered manager said, "We're constantly making sure our governance structures are working and if there is anything we can pull from good practice and oversight in other services (within the provider). We'll trial things and review them to see if they work. We're always trying to think of ways we can develop and improve."
- One of the staff said, "We're still a developing service, we're constantly reviewing the model but we've hit the ground running and done really well, but we can always improve. The protocols we use are pretty robust, but we have a thing in 'Care in Mind' where we share ideas. So, we're constantly developing or adjusting protocols and we're sharing things that have worked or not worked."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked in partnership with other professionals and organisations to meet the needs of people. The provider had started to share the rationale behind their model of care with external professionals involved with the service and this had begun to improve pathways across services for people.
- Staff achievements were recognised at team meetings and compliments could be shared anonymously between colleagues. This included personal and professional achievements and instances of good practice.
- People felt they could go to the registered manager and home manager with concerns and felt confident issues would be followed up. One person said, "I know I can talk to the management if I need to. There was one issue I had with (a professional) and the manager spoke to them and they apologised."
- The management team were praised for being empathetic, accessible and for their development of the service. One staff said, "(The Registered Manager) has been really instrumental in the development of Edge Brook, they're really, really supportive and know the service and the model so well. (The home manager) has been here a few months but they've transferred their skills from our core services and settled in well. (The Deputy Manager) is fantastic, they have the right balance and empathy, understand the model and it's really important, the management team believing in the model really gives the team confidence and it's the foundation of what we do here."