

Arcare Edge Hall Limited

# Edge Hall Care Home

## 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

The unannounced inspection took place on 14 and 19 November 2018. Edge Hall Care Home is a care home which provides accommodation and care for a maximum of 14 people with a learning disability. At the time of the inspection 13 people were living at the home. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

At this inspection we found the service remained good.

There was a registered manager in post working at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

During the inspection we identified that some health and safety records were difficult to locate and we saw one person's records relating to care had not been updated to reflect current support. The registered manager took swift action to address these areas, so that records were more organised and those relating to care updated. We found no evidence of health and safety checks not being undertaken and people received the care and support they needed.

People's medicines were administered as prescribed by staff who were trained and deemed competent. PRN ('as and when') medicines were administered when people needed them.

In June 2017 CQC published Registering the Right Support. This along with associated good practice guidance sets out the values and standards of support expected for services supporting people with a learning disability. At this inspection we assessed the service in line with this guidance.

Edge Hall Care Home met most of the values and principles of Registering the Right Support and associated guidance. Current good practice guidance encompasses the values of choice, independence, inclusion and living as ordinary a life as any citizen. We found that the staffing arrangements supported these values. The size and layout did not support the values of Registering the Right Support, as the guidance recommends that people live in small settings. However, Edge Hall Care home presented with a homely atmosphere and people and relatives told us Edge Hall Care Home felt like "Someone's own home", rather than a care home. Staff provided people with the required support to learn or retain everyday living skills. People and relatives told us the staff were committed to this support.

Quality assurance systems and processes were in place to monitor standards in the care home and to drive forward improvements. This included audits of key areas such as, care and medicines. These systems were effective and we observed that appropriate action had been taken to address issues where they had been identified.

People had support plans which provided important information to staff regarding the level of support people needed. Information about people's personal histories, likes and dislikes were recorded, along with detailed information as to how people communicated to help staff get to know people.

People's comments about staff were very positive. We observed examples where people were treated with kindness, dignity and respect. Throughout the inspection it was apparent that positive relationships had been developed between people and staff. People's consent was sought and people's choices and preferences round day-to-day decisions were respected.

People took part in a range of social activities and volunteering programmes of their choice. This promoted good social interaction and helped to prevent people from becoming isolated. People told us how much they enjoyed their social arrangements.

Edge Hall Care Home was clean and promoted a homely environment. The care home was going through a period of building works and decoration. People's rooms were being decorated and people were involved with choosing their own colour schemes. Equipment and aids were available to support people to ensure their comfort, independence and safety.

The service was working in line with the principles of the Mental Capacity Act 2005. This meant that people's rights and liberties were being upheld.

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 practice.

People were protected from the risk of abuse. Staff had received appropriate training in safeguarding and told us they would not hesitate in speaking up if they felt someone was at risk.

Accidents and incidents were being monitored as required and action had been taken to protect people from these re-occurring.

Risk assessments were in place which clearly outlined the support staff needed to provide to people to protect them from the risk of harm. These helped formulate people's plan of care. Environmental risks were also assessed and health and safety checks undertaken to ensure the premises was well maintained and safe.

Recruitment processes were robust and ensured that those staff employed were of suitable character.

Staffing levels were appropriate to meet the needs of people living at the home.

People were involved in choosing the menus and staff provided dietetic support at the appropriate time.

Staff received training and support to ensure they had the skills and knowledge to provide safe effective care.

Further information is in the detailed findings below.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Good ●

The service remains good.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Good ●

The service remains good.

# Edge Hall Care Home

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 14 and 19 November 2018 and was unannounced.

The inspection was completed by an adult social care inspector.

Prior to the inspection we asked the local authority for feedback regarding the service and no issues were raised. We also reviewed information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we looked at three people's care records and the recruitment records for three members of staff. We spoke with five people, one family member, three care staff, the registered manager and deputy manager. We made observations of the premises and looked at 12 medicine records and records relating to the day-to-day management of the service, for example audit systems and maintenance records. Following the inspection, we contacted four relatives and two health and social care professionals who supported people who used the service. This was to gain their views about the home and the feedback we received was very positive.

# Is the service safe?

## Our findings

People told us they felt safe as they had good support from the staff. A person said, "I know [staff] makes sure I am safe when I am out and then I don't have to worry."

Risks to people's safety were assessed and plans were put in place to minimise risk of harm and provide safe support. This included risks associated with people's health, such as their mobility, diet, behaviours that may challenge and risks associated with going out into the community. For a person who had specific equipment to support them with their personal care and mobility, we saw the risk assessment had been tailored to meet their individual requirements. The risk assessments clearly identified the potential risks to people and gave clear guidance to staff about the measures needed to reduce the risk and keep people safe. Environmental risks were also assessed and health and safety checks undertaken to ensure the environment was safely maintained.

Accidents and incidents affecting people's safety were recorded and monitored to identify trends or patterns. Care documents were updated to reflect any required changes.

Safeguarding policies and procedures, along with the local authority's statutory safeguarding protocols were in place to help keep people safe. An 'easy read' guide on safeguarding was issued to people using the service to support their understanding. Staff demonstrated a good awareness of potential abuse that vulnerable people may encounter and the required actions to keep people safe. Staff were clear about the need to report through any concerns they had and understood the concept of whistle blowing.

Staff had been recruited safely to ensure they were suitable to work with vulnerable people. This included photographic identification, references from past employers and a Disclosure and Barring Service (DBS) check. DBS checks are used to help employers establish if applicants are suited to working with vulnerable people. During the recruitment stage, new staff were introduced to people living in the home and people were encouraged to chat with them and show them round the home. The registered manager said that people's opinions were important and their views were considered when recruiting new staff. This provided good evidence of people having an influence on the outcome and their inclusion in the service.

Our observations helped to confirm there were sufficient numbers of staff available to meet people's needs. Rotas showed that staffing levels were consistent and staff informed us that staffing levels were maintained. Some of the people we spoke with told us they liked the independence the service offered however they appreciated the staff support. The staffing numbers ensured there were staff available to support people when they wished to go out.

Medicines were administered safely to people by staff who were trained and deemed competent. We saw that when PRN (as required) medicines such as, Paracetamol were administered staff did not always record whether one or two tablets were given. The registered manager said they would address this to ensure accuracy of records held. We were assured by the actions being taken. No one wished to administer their own medicines at this time.

Staff had the use of personal protective equipment (PPE) such as, disposable aprons and gloves to promote good standards of hygiene. The areas of the home we viewed were clean.



# Is the service effective?

## Our findings

People told us they received very good support. This was a view shared by relatives. A relative told us how much their family member's health had improved since they had moved to the care home.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met. Where people were subject to restrictions appropriate authorisations had been sought and put in place as required by law. People's care records contained details of their mental capacity and where required capacity assessments had been completed.

Staff sought people's consent around day-to-day decisions and empowered people to make their own choices. For example, how people wished to spend their day and for staff to administer medicines. We saw decisions made in people's best interests and this involved relatives (where legally empowered to do so) and health professionals.

Staff received training, support and an annual appraisal to carry out their role effectively. Training was tailored to meet people's individual needs and included courses such as, infection control, mental capacity, food hygiene and moving and handling and behaviours that may challenge. There was an induction for new staff and this included a period of 'shadowing' a more experienced member of the staff team. This helped staff to help them familiarise themselves with the service and to get to know people's support needs. Staff were not left unsupervised until they and the registered manager were confident to do so. New staff were required to complete the Care Certificate. This is a national qualification in health and social care which staff are required to obtain. A staff member said their induction and training had been very thorough.

People were supported to stay healthy. People's care records showed individual health appointments with doctors and others such as, social workers, dietician and learning disability team. A person said, "I can see my doctor when I want, it's up to me but [staff] will help me if I need it." People had health action plans and advice from health professionals was recorded and acted on by the staff. A health professional told us, "The staff are good at following our guidance and will always ensure people receive the right support and treatment."

People's nutritional needs were assessed and monitored by the staff to ensure they received well balanced meals. Staff were aware of people who needed extra support to eat their meals, for example, a softer diet or help with cutting meals up and we saw that this help was provided. There was flexibility around meal times

as many people were out during the day and some people prepared their own lunch to take with them. People told us they enjoyed food shopping, cooking and planning the menus. A person said, "We have what we want and we decide on things to eat, we choose really. I like baking cakes and we do this." Another person said they ate the meals they enjoyed because they could choose.

The property presented as a domestic dwelling and was situated in a residential area of Southport. At the time of the inspection the premises were subject to building works and re-decoration. People told us they were involved in choosing their own colour schemes and furniture for their bedroom. People had access to all areas of the home including the kitchen and laundry; many people took care of their laundry and liked to prepare meals and cook. This showed how people's independence was promoted with daily life skills.

# Is the service caring?

## Our findings

People told us how much they liked the staff and said the staff were, "Kind", "Nice", "Friendly", "Polite" and "Patient." Relatives also spoke highly of the staff. Their comments included, "Fabulous staff", "Can't speak highly enough of the staff" and "Care and consideration is just amazing.". Relatives said the atmosphere in the home was always warm and 'cosy' and that the home felt like "Someone's own home" rather than a care home."

We observed staff supporting people with different tasks and activities. This support was given in a polite, caring and patient manner. For a person who needed a high level of personal care and support with their mobility and meals, the staff were attentive ensuring their comfort and wellbeing. This care was given in accordance with their support plans and subject to close monitoring. A relative said the staff's caring attitude and attentiveness to their care had helped their family member's health and wellbeing.

Staff respected people's private space, they knocked on doors and waited for a response. For one person they told us they wanted to spend the day in their room and have a 'quiet day'. Talking with staff confirmed they understood the person's wishes and respected their decision. People had keys to their bedroom door and told us the staff would never enter without their permission. People also told us they could go out when they wanted and staff would respect their wishes, offering support and advice when requested. People were relaxed and calm and they approached the staff in a trusting and confident manner. It was evident that the staff and people they were supporting had an amicable and collegiate relationship.

The staff did not wear a uniform. Staff wore their own casual clothes and did not wear a name badge, so as to break down barriers that could potentially exist with more formal staff dress. The lack of name badges meant that in the community there were no visible signs of a person being a staff member; the same was said for the premises with no visible signs outside the property which would indicate it was a care home. The registered manager informed us it was important to promote an environment that did not resemble a care home but a person's own home, so people felt relaxed and comfortable in their surroundings.

People's care records focused on people who were important to them, such as, family and friends. There was plenty of information recorded around people's life experiences and how this affected their physical and emotional wellbeing. Goals were set, considering past histories, to improve people's confidence, independence and self-esteem. People had access to equipment and aids, such as a hoist and adapted bathrooms, to promote their independence. We saw this being used effectively to support people to lead full lives. People were involved in drawing up their plan of care, this was carried out at a pace to suit them with support from relatives and health professionals where appropriate. People and relatives told us they were involved with care reviews and informed of any change to the support plans.

Everyone involved with the service understood their responsibilities in keeping information secure. All information was safely secured and protected in line with General Data Protection Regulation (GDPR) and the importance of not sharing information outside of the work environment thus maintaining confidentiality was reinforced in staff training and meetings.

People at the home had access to an advocate should they need this independent support.

## Is the service responsive?

### Our findings

The registered manager led a staff team who were focused on developing a service that followed best practice around the principles of choice, promoting independence and people's inclusion. People said they could make the choices they wished to make in their everyday lives and how in turn this encouraged them to be independent. A person told us how they liked to go out to the shop on their bike and 'do a bit' of gardening. Prior to living at the home, they had not felt confident to do this unsupervised. Another person said how much they enjoyed taking part in a community event as they enjoyed the responsibility of the tasks they were involved with and developing new friendships.

People who were independent with shopping, carrying out household tasks and arranging social activities could do so. Staff also provided support and encouragement for people to take on new tasks and activities which they had not previously been involved with. Examples of these included, people managing their own bank accounts, arranging social activities and planning holidays. A number of people since moving to the home had enrolled on successful volunteer programmes and had undertaken education courses to support their learning. These life skills, decisions and future developments were recorded in people support plans and reviewed to ensure they were achievable and effective. People's plan of care recorded detailed information about the individual support people needed with their health and personal care, along with people's preferences and choices, things that mattered and were important to them. For example, meals, toiletries, social activities and family contact. This helped staff to provide support to people that was centred very much around each person. We saw people were fully involved in planning their own care and documentation was available in formats to support their understanding. A person said, "We sit down and [registered manager] goes through everything with me."

Staff were aware of the things people liked to do and helped support people plan their day in accordance with their preferences and choices. We found that people were supported to arrange outings and holidays of their choice to places they enjoyed. Recently people living at the home and staff had arranged a Mexican night. People told us how much they enjoyed the Mexican food. People had also decided on where they would like their Christmas party to be held.

Staff told us they respected people's routine and they responded to how people felt on the day. We saw examples of this included, people's choice around the times they got up and went to bed. A person said, "I decide what I want to do, there is one saying you must do this or that." People said the staff were supportive in all ways and if they wanted a day at home watching television or playing music then staff were fine with this.

People were protected from discrimination. Everyone was treated regardless of age, gender, disability, religion/belief or race with care documents exploring these different protected characteristics. Staff received equality, diversity and inclusion training to support their practices thus ensuring people were treated equally and fairly.

The provider was following the Accessible Information Standard (AIS). The AIS is to ensure that 'people who

have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need'. Documentation was readily available in 'easy read' or pictorial format to support people's understanding. Examples of these included, 'going to the doctor', 'abuse', 'taking medicines' and pictorial surveys. When recording communication, we saw detailed support plans regarding how people wished to communicate. We observed good communication between people and staff. It was evident staff knew people well and responded to people in a very individualised way.

The registered manager told us no one was currently receiving end of life care. They described the processes they would put in place to ensure people's preferences and decisions about end of life care were known, how support would be accessed within the community and how people's advance directives would be followed.

A complaints' policy was available in a format to support people's understanding. No complaints had been received. People were also asked if they had any complaints or concerns as part of their meetings which took place. A relative said they would not hesitate on speaking up if they needed to do so.

## Is the service well-led?

### Our findings

The home had an experienced registered manager who was supported by a deputy manager and full staff team. Relatives were complimentary regarding the home. Their comments included, "[Registered manager] is brilliant, so organised", "An exceptional home" and "The home is like one big family." Health and social care professionals said the registered manager and staff team were knowledgeable regarding people's needs and put everyone at ease in the home. They also commented on the good communication that existed between the staff and people they supported. Staff told us they received very good support from the manager and attended staff meetings which provided oversight of the service. We saw the registered manager had a visible presence in the home and worked closely with the staff team.

Quality assurance systems and processes were in place to monitor standards and lead on improvements. These encompassed the values of Registering the Right Support and other associated guidance by promoting people's rights and choices, supporting them to become more independent and enabling people to live as ordinary a life as any citizen. The registered manager worked closely with external professionals as to the steps to take around independent living should this be considered for anyone living at the home.

The registered manager had a good oversight of the home and promoted the ethos of 'people coming first' and supporting people to lead full and meaningful lives. The registered manager shared with us examples of how staff had learned 'from what went well' and 'what they could do better' to support people. They told us how 'little steps led to big steps' thus enabling people to feel more confident and independent and achieve their goals. This was a view supported by relatives who were complimentary regarding the steps taken by staff to empower people to make decisions and improve people's health, wellbeing and social interaction. Relatives said, "Even though [family member] has difficulty expressing themselves the staff respect [family member's] decision in everything [family member] wants to do" and "Staff really and truly care."

Checks of the service included audits in key areas. For example, health and safety, care and medicines. Service contracts and health and safety checks were current to ensure the premises was well maintained. These records were difficult to locate and the registered manager said they would look at introducing a more effective system to support records management. We looked at medicine audits and discussed with the registered manager introducing a more detailed medicine audit, so that PRN medicines could be checked to ensure this practice was monitored effectively. The registered manager agreed to act on this. The current medicine audits had not highlighted any concerns. Feedback from audits was shared with staff to lessen the risk of re-occurrence and to improve practice.

People were encouraged to express an opinion about the running of the home. People attended meetings and they along with relatives completed surveys. People had previously asked the registered manager if the home could be decorated and this work was now underway. The registered manager had listened and acted on people's wishes. The feedback from the surveys was positive.

The registered provider visited the home and completed a report of their findings and these findings were shared with people living at the home. This included an update on the current building works and

decoration of the home. People told us they knew all about this and the timescales for completion. A relative told us how well they had been informed when their family member's bedroom required some work. They told us how a contingency plan had been put in place to reduce the person's anxiety whilst this work was completed. This forward thinking had helped relieve any potential concerns about the work.

The registered provider had notified the Care Quality Commission (CQC) of all incidents that had occurred in the home in accordance with our statutory requirements.

Ratings from the last inspection were displayed within the home and on the provider's website as required. From April 2015 it is a legal requirement for providers to display their CQC rating. The ratings tell the public whether a service is outstanding, good, requires improvement or inadequate.