

Akari Care Limited

Edgeley House Care Home

Inspection report

Edgeley Road
Whitchurch
Shropshire
SY13 4NH

Tel: 01948662832

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10 February 2020

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16 March 2020

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service:

Edgeley House is a residential service providing support with personal care or nursing needs for older people. The service can accommodate up to 60 people although at the time of the inspection there were 43 people living there including people living with dementia. The home is an adapted two storey building.

Peoples experience of using the service:

People were cared for by staff in a way that kept them safe and protected them from avoidable harm. People were supported by enough staff who were available to respond to their needs in a timely manner. People received their medicines when they needed them, and systems were in place to ensure medicines were stored and administered safely and adequate supplies were available. Accidents and Incidents were investigated, and measures were taken to prevent re-occurrences. The premises were clean, and staff knew and followed infection control principles.

We saw positive feedback about the quality of care. The feedback on the leadership of the service and the registered manager from people and staff was positive. There were effective governance systems in place to monitor the quality of service and the health, safety and welfare of people.

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

Rating at last inspection:

The last rating for this service was good (published July 2019)

Why we inspected

We had received concerns in relation to staffing and the culture of work at Edgeley House. As a result, we undertook a focused inspection to review the Key Questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

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 well-led?

Good ●

The service was well led.

Details are in our well led findings below.

Edgeley House 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. 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 Care Act 2014.

Inspection team

The inspection was conducted by two inspectors.

Service and service type

Edgeley House is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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 the inspection

We contacted the local authority for feedback about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke to six members of staff including the registered manager. We looked at six peoples care plans. We looked at two staff files in relation to recruitment and staff supervision. In addition, we looked at a variety of documents relating to the management of the service, including policies, procedures and quality checks.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- During the inspection we found on one occasion where the treatment room was left open with open access to medicines and topical creams. The registered manager told us this was an oversight of a staff member and they had acted to ensure the room was secured. After the inspection the registered manager sent us evidence that they had addressed the incident with the staff member.
- People received their medicines as prescribed and were dispensed by trained staff. Protocols had been drawn up considering people's preference as to how they would like to have them administered.
- Where people were prescribed PRN (as required) medicines, guidance was in place for staff on when and how to administer these.
- Medicines administration records (MARS) were correctly completed with no gaps.
- Despite the one incidence we found, medicines were stored securely and at the right temperature and we saw evidence that temperatures were checked regularly to ensure medicines remained safe to use.
- There was evidence of regular audits of medicines records and stocks had taken place.
- We heard one person expressed they felt pain. This was responded to by a staff member who provided appropriate pain relief and reassured the person whilst it took effect.
- The provider had processes in place to identify and act on any suspected medication errors including contact with a relevant healthcare professional for advice and guidance.

Assessing risk, safety monitoring and management

- People had assessments of risk associated with their care and support
- Staff knew how to safely support people. We observed examples of safe transfers from wheelchair to sitting chair with staff members following recognised best practice.
- Risks associated with people's skin integrity, mobility diet and nutrition had been appropriately assessed.
- Regular checks were carried out on the fire alarm, emergency lighting and fire doors.
- Checks of equipment, water hygiene and of gas, electrical and fire safety systems and equipment had been carried out by registered contractors as required by law. Regular 'in-house' checks of, for example, fire bells, fridge/freezer and hot water temperatures had taken place.

Systems and processes to safeguard people from the risk of abuse

- Information was displayed throughout the location informing people on how to raise any concerns they had. There were several documents off reception including how to make a complaint or raise a concern either with the provider or with the CQC.
- When concerns had been raised the provider was pro-active in their investigation and acted to safeguard the person and make appropriate referrals to the local authority to keep people safe.
- We looked at staff training records which confirmed staff members had received training on how to

identify, respond and report suspected concerns of ill-treatment and neglect.

Learning lessons when things go wrong

- There was evidence the provider analysed incidents, accidents and near misses to ensure no further action was required.
- This was overseen by the regional manager. For example, following one person falling the regional manager confirmed everything had been done to minimise the further risk of falls but identified the CQC needed to be notified. We then saw the registered manager had completed this.

Staffing and recruitment

- We found there were enough staff available to safely support people when needed.
- The provider followed safe recruitment checks and had processes in place to address any unsafe staff behaviours including disciplinary procedures if required.

Preventing and controlling infection

- Staff members followed effective infection prevention and control processes when supporting people.
- This included the appropriate use of personal protection equipment such as aprons and gloves.
- The home appeared clean and there were no signs of malodour.
- We saw records that mattresses were checked frequently, and action was taken when it was required.

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. At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager told us that they carried out spot checks including visiting the service during the night, however the results of these checks were not recorded. The registered manager assured us they would be in the future. The registered manager after the inspection sent us a form they had created to record these checks on.
- The registered manager had an oversight of the services provided, those they supported and the staff they employed.
- The provider had effective governance systems in place to identify and review good care. For example, regional manager had completed a quality audit. As part of this check they identified several improvements including staff supervisions. We saw a target date had been identified and the registered manager was working at meeting this target.
- The registered manager had a continuous improvement plan for the location. This included increasing the provision of activities from five days per week to seven.
- The registered manager understood their regulatory requirements. This included displaying their previous inspection rating and submitting notifications to CQC regarding certain incidents and events.

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

- During the inspection we became concerned that there may have been a practise for staff to support people to get up and prepare for bed based on the convenience of the staff rather than the choice of the people. We raised these concerns with the registered manager, who said they would investigate this and address it immediately. We were sent evidence after the inspection that this had been carried out.
- The registered manager undertook regular catch ups with staff to understand any changes needed to provide effective support for people. This included daily catch up sessions and regular interactions with people and visitors

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

- The provider sought peoples views on the quality of care and sent out satisfaction surveys to the people it supported and their families and friends and the staff.
- We were sent the results of the latest survey after the Inspection and the feedback was positive.
- We saw the provider was proactive and promoted equality with those they supported and the staff they employed. This included membership of a campaign promoting equal rights and information in the foyer

supporting it.

- During the inspection we saw a person completing a craft activity. The registered manager explained due to the persons religious beliefs they adapted activities the other people took part in relating to religious or cultural festivals, so they could be included.

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 Provider had a duty of candour policy which the registered manager understood and when need followed.
- However, the registered manager advised us since the last inspection there had been no incidents that would fall under the duty of candour.

Working in partnership with others

- We found the provider engaged and worked alongside other healthcare professionals involved in peoples care. This included, but was not limited to, GP's dentists, optician's, mental health teams and the local authority.