

Edge Hill Limited

# Edge Hill Rest Home

## Inspection report

315 Oldham Road  
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Oldham  
Lancashire  
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Tel: 01616248149

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16 November 2020

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### Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

Edge Hill is a residential care home providing personal care for up to 36 people. At the time of our inspection there were 27 people living at the home. The home is an adapted building set in its own grounds.

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

We found improvements were needed in the management of medicines, particularly in relation to the documentation used to ensure safe medicines administration.

Previous management oversight of the service had been poor and action needed following our last inspection had not been fully implemented or maintained. However, a new management team was introducing improvements to the service and staff and relatives spoke positively about the changes.

Relatives told us they were happy with the care and support provided by staff. Staff told us they would report any safeguarding concerns and safeguarding training had been completed. Whistleblowing procedures had been strengthened.

Recruitment procedures were robust and there were enough staff to care for people safely. Staff had completed appropriate training and regular supervision had been re-introduced.

Correct infection control procedures were followed and the service had taken additional infection control measures to minimise the risk posed by COVID-19. The home was clean and free from odour.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection (and update)

The last rating for this service was requires improvement (report published September 2019). There were two breaches of the regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of a regulation.

### Why we inspected

We undertook this inspection to check that the provider had followed their action plan and the service now met legal requirements. This report only covers our findings in the two key questions of safe and well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Edge Hill on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified a breach in relation to medicines documentation.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Edge Hill Rest 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.

This was a focussed inspection to check whether the provider had met the requirements of the requirement notices in relation to Regulation 12 (Safe care and treatment) and Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We reviewed the key questions of safe and well-led.

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.

#### Service and service type

Edge Hill 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 registered manager of the service had recently left. The registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new manager had been appointed. They have not yet registered with the CQC.

#### Notice of inspection

Due to the COVID-19 pandemic we announced the inspection on the morning of our visit. This ensured we had prior information to promote safety. Inspection activity started on 16 November 2020 and finished on 23 November 2020, at which point we had received all the additional information we had requested from the provider and analysed it. We visited Edge Hill on 16 November 2020.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection, which had been collected by our ongoing monitoring of care services. We sought feedback from the local authority and from Healthwatch Oldham. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with the provider, manager and area manager. We reviewed a range of records relating to the safe and well-led key questions. This included people's electronic care records and risk assessments, staff recruitment files, multiple medication records, health and safety records and audit and governance information.

#### After the inspection

We spoke with three relatives on the telephone and asked them about their experience of the care provided. We also spoke with three care staff. We requested additional evidence from the manager.



# 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 requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

At our last inspection the provider had failed to manage medicines safely. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found some improvements had been made. However, further improvements are needed in medicine records. The inconsistencies we found demonstrate a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Some hand-written medicine administration records had not been signed or countersigned by staff to ensure the doses of medicines and times to be given were correct.
- Written guidance was mostly in place when people were prescribed medicines to be given "when required" (prn). However, some people had been prescribed paracetamol to be given prn without written guidance in place. This meant staff had limited direction about giving this specific medicine.
- Where people were prescribed topical medicines (creams) there was no documentation, such as a body map, to indicate where they should be applied. Following our inspection these were put in place.
- Medicine auditing processes were not robust and had not been carried out consistently. For example, a recent audit had identified that body maps should be used for topical medicines. However, these had not been implemented.

We found no evidence that people had been harmed. However, completion of medicines documentation was not thorough enough. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service is changing to an electronic medicines management system at the end of December 2020. The manager has assured us that the concerns we found will be rectified by the new system. We will review this at our next inspection.
- Staff had received appropriate medicines training and competency checks.

### Preventing and controlling infection

- Systems were in place to prevent and control the spread of infection. Additional measures had been taken to protect staff and people from the risk of COVID-19.
- Personal protective equipment, including face masks, was available and worn appropriately by staff. We were assured the provider was accessing COVID-19 testing for people using the service and staff in line with

current guidance.

- The home was clean and free from unpleasant odours.
- Staff had received training in infection prevention and control and hand hygiene.

#### Staffing and recruitment

- Staff were recruited safely. Pre-employment checks were carried out to protect people from the risk of unsuitable staff working for the service.
- New staff received an induction to the service and all staff completed a range of training. The new manager had recently re-introduced staff supervision meetings and appraisals. They were unable to locate and show us records of supervision meetings carried out by the previous manager.
- Staffing levels were appropriate for the number of people using the service. There was an on-going recruitment drive.

#### Assessing risk, safety monitoring and management; learning lessons when things go wrong

- Risks to people's health and well-being had been assessed and plans to help staff minimise identified risks were in place. However, risk assessments for staff at higher risk of being affected by COVID-19 had not been undertaken. Since our inspection these have been completed.
- Equipment safety checks were completed regularly and equipment had been serviced.
- No action had been taken to ensure urgent maintenance work was carried out when emergency lighting had failed a recent service check. This was immediately arranged by the manager following our inspection.
- Analysis of accidents and incidents, such as falls, was carried out. This helped to identify trends and minimise a reoccurrence.

#### Systems and processes to safeguard people from the risk of abuse

- Relatives were happy with the way staff cared for their loved ones. One person told us, "I've seen nothing but love and respect. I'm very lucky that he's in there."
- Staff had received training in safeguarding and were aware of the process for raising any safeguarding concerns.
- Procedures around whistleblowing had been strengthened. Information about who to report to was displayed in the staff room.



# 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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent.

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

- Previous management oversight of the home was poor and areas in need of improvement identified at our last inspection had not been fully addressed, notably in medicines management. This had led to a continued breach of regulation.
- However, the provider had appointed a new manager who intended to register with the CQC. The manager and area manager had started to implement changes to systems and processes and the overall governance of the service, and this was beginning to have a positive impact on the home. We will review how these changes have been embedded and sustained at our next inspection.
- Quality monitoring audits had recently been re-introduced to help monitor the service and promote good standards.
- The management team were receptive to suggestions and guidance during the inspection and promptly actioned some improvements that were needed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; working in partnership with others; engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff were very complimentary about the new manager and told us she was approachable and caring. One staff member said, "She's 100% supportive of staff." They told us this had contributed to an improvement in staff morale, saying, "Staff are much happier."
- Relatives spoke positively about the support and care given to their loved ones.
- Staff meetings had been re-introduced and daily handovers ensured important information was passed on.
- A quality survey had produced some positive comments about the home and staff from visiting health professionals.

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 and registered manager understood the requirements and their responsibilities under the duty of candour. The area manager talked to us about helping staff understand the importance of being honest and transparent.

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 17 HSCA RA Regulations 2014 Good governance  systems and processes for the safe management of medicines were not robust.