Care Quality Commission

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Edge Hill Rest 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

Overall summary

This inspection was carried out over two days on the 7 and 8 July 2015. Our visit on the 7 July was unannounced.

Prior to this inspection of the service, we received some anonymous concerns and allegations about care practices and management of the home. These concerns included, poor care of service users, infrequent toileting of service users, delays in requesting doctors, not enough staff, lack of training and poor administration of medicines. This information was also shared with the local authority safeguarding team who carried out their own investigations into the concerns and allegations. Following the investigations by the local authority, their judgement was that the anonymous concerns and allegations were unsubstantiated.

We last inspected Edge Hill Rest Home in March 2015. At that inspection we found that the service was meeting all the standards we assessed.

Summary of findings

Edge Hill Rest Home provides care for up to 36 people. The home is a large detached house on a main road approximately one mile from Oldham town centre. There is a garden area, and a car park located at the back of the home.

There was a registered manager in post. 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.

Staff we spoke with had a clear understanding of whistle-blowing and knew they could contact people outside of the service if they felt their concerns would not be listened to or taken seriously.

We found staff recruitment to be thorough and all relevant pre-employment checks had been completed before a member of staff started to work in the home. Staff also had access to appropriate training and received regular supervision and annual appraisals.

People who used the service and the visitors we spoke with were positive and complimentary about the attitude, skills and competency of the staff team.

We looked at the way in which medicines were managed by the service. Systems were in place for the receipt, storage, administration and disposal of medicines and staff had received appropriate training to safely administer medicines. We also saw that staff had good working relationships with other health and social care professionals which helped to make sure people received appropriate and timely care and treatment.

Risk assessments had been completed for the safety of the home and we found all areas to be clean and tidy. We did however, find a number of windows that needed appropriate restrictors fitting to them to minimise the risk to people of trying to climb through them, especially in upstairs bedrooms. The registered manager immediately carried out risk assessments and took action to have restrictors or new windows fitted.

Those care records we saw contained enough information to guide staff to deliver the care and support required by people who used the service.

Systems were in place to monitor the quality of the service being provided. These systems helped to make sure people received safe and effective care.

Summary of findings

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 safe.

Good

Sufficient, suitably trained, experienced and competent staff were available to meet people's needs.

The environment was safe for people to live in and staff understood their responsibilities to safeguard the health and wellbeing of people. People who used the service told us they felt safe.

Is the service effective?
The service was effective.

Good

Staff received appropriate training that enabled them to support people effectively.

People who used the service received nutritional assessments and had access to nutritious food and plenty of drinks.

Arrangements were in place to assess if people had capacity to consent to their care and treatment. Appropriate action was being taken to safeguard people under the Mental Capacity Act 2005 (MCA) where they lacked the ability to make decisions themselves and needed to be deprived of some aspects of their liberty.

Is the service caring?
The service was caring.

Good

People who used the service were complimentary about the staff and told us they were happy living in the home.

Care staff demonstrated that they knew and understood the individual needs of the people they were supporting.

The atmosphere throughout the home was calm and relaxed with people being treated respectfully whilst their dignity was also being maintained.

Is the service responsive?
The service was responsive.

Good

Prior to moving into the home, people's needs were assessed and a plan of how to meet those needs was agreed. Care plans were kept under review and amended if necessary.

People who used the service were confident that any complaint or concern they raised would be responded to.

Is the service well-led?
The service was well-led.

Good

A manager was in post that was registered with the Care Quality Commission.

People were provided with opportunities to give feedback about the service being provided.

Systems were in place to assess and monitor the quality of the service provided.

Summary of findings

Staff working in the home understood their individual roles and responsibilities. They also told us that the management of the home was approachable and supportive.

Edge Hill Rest 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 7 and 8 July 2015 and day one was unannounced. The inspection was carried out by one inspector over both days. We had not, on this occasion, requested the service to complete a provider information return (PIR); this is a document that asks the provider to give us some key information about the service, what the service does well and improvements they plan to make. However, before our inspection we reviewed the information we held about the service, including the recent concerns we had received. Based upon the information contained within the concerns received, we decided to bring forward our planned inspection of the service.

During out time in the home we observed the care and support being provided to people. 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.

During the inspection we spoke with four people who used the service, two visitors, one visiting health care professional, the cook, one housekeeper, two care staff, the assistant deputy manager, the registered manager and the provider. We looked around most areas of the home, looked at how staff cared for and supported people, looked at three people's care records, four medicine administration records, five staff personnel files and training records and records about the management of the service.

Good

Is the service safe?

Our findings

Prior to this inspection of the service, we received some anonymous concerns and allegations about the home. These concerns included not enough staff and poor administration of medicines.

We discussed the staffing levels of the home with the registered manager, staff, people who used the service and their visitors. We also looked at the staffing rosters that were made available to us. The rosters we viewed covered the period of six weeks and showed that consistent levels of staffing the service had been maintained. The information shared with us and our observations of staff on duty indicated that there were sufficient suitably experienced and competent staff available to meet people's needs. One person using the service told us, "They [staff] are very good and do their best for me all the time. If I need anything I only have to ask and they come more or less straight away. I feel much safer living here than when I was at home." A visiting relative told us, "Whenever I visit [relative] there appears to be plenty of staff around, people don't seem to wait long if they need the toilet or things like that. I'm happy enough that [relative] is kept safe living here".

We looked at five staff personnel files and saw that a robust system of recruitment was in place. The staff files contained application forms, medical information, job description and appropriate references. The manager had just introduced a document to record all employment details to make sure any gaps in employment were checked and not overlooked. Checks had taken place with the Disclosure and Barring Service (DBS). The DBS is a method of finding out if someone is barred from working with children and / or vulnerable adults or has any current or past criminal convictions. This information helps the provider to make an informed decision about a person's suitability to work in the service.

Records included risk assessments for all areas of the general environment and the manager provided evidence to show that the health and safety file for the service had just been updated, including the related policy and procedure. The information linked to the Health and Safety at Work Act 1974. Records seen also showed that the equipment and utility services within the home were serviced and maintained in accordance with the manufacturers' guidelines. The maintenance person for the home had the responsibility for checking things such as water temperatures, fire and nurse call alarm systems and carrying out general maintenance duties such as changing light bulbs and checking small electrical equipment. This meant measures were in place to help maintain the safety and well-being of people living in the home, staff and visitors.

We did however, find twelve windows that needed appropriate restrictors fitting to them to minimise the risk to people of trying to climb through them, especially in upstairs bedrooms. The registered manager immediately carried out risk assessments for those rooms requiring restrictors fitting and, with the provider, made arrangements for a professional window company to come and provide a quote for fitting appropriate restrictors or new windows if required. Following the inspection we received an update from the registered manager confirming that work was due to commence on fitting new restrictors and / or windows during the third week of August 2015.

Where provision of care could be affected by an emergency situation, a contingency plan was available to guide staff when dealing with any emergency that could arise, such as lift breakdowns, fire, flooding and utility service failures. Personal emergency evacuation plans (PEEPS) had been developed for each person who used the service. A copy was on the person's file and a copy in a file ready to give to any emergency services personnel on arrival at the home. Records showed that regular testing of the fire alarm system and equipment had been carried out, as well as regular checks of all fire exits and emergency lighting system. Such systems help to minimise the risk to people using the service, staff and visitors when unforeseen and potentially hazardous situations arise.

The registered manager was the designated infection control lead for the home and had responsibility for making sure all staff completed relevant training and that infection control throughout the home was maintained to a high standard. We saw that staff wore protective clothing such as disposable aprons and gloves when carrying out personal care duties and sanitiser hand gels and paper towels were available throughout the home to help minimise and prevent the spread of infection.

Our inspection included looking around all parts of the home and we found bedrooms, lounges, dining areas, bathrooms and toilets were clean with no unpleasant

Good

Is the service safe?

odours detected. One person using the service told us, "You very rarely find a toilet that hasn't been cleaned, and if you do, you just let the staff know and it's cleaned straight away".

Safeguarding procedures were in place to help safeguard people from potential abuse. The training plan indicated that staff had completed training in the protection of vulnerable adults and training records seen for individual staff confirmed this. Appropriate policies and procedures were in place for staff to refer to if necessary. The staff we spoke with were able to tell us what action they would take if they witnessed or suspected any type of abuse may have taken place. Staff were also aware of how to access the whistle-blowing procedure and told us they would have no difficulty in reporting matters to an outside agency (such as the Care Quality Commission) if they felt concerns they may raise within the service about poor practice would not be listened or responded to. Having an open and honest culture where staff feel able to raise concerns without reprisals helps to keep people who the service safe from harm.

We looked at what systems were in place for the management of medicines. We checked the systems for the receipt, storage, administration and disposal of medicines. A dedicated medications room was used to store and safely lock away all medicines, including controlled drugs and only suitably trained management and care staff had access to this room and the medicines. We checked the medication administration records (MARs) for four people who used the service which indicated people had been given their medicines as prescribed, helping to maintain their health and well-being.

Good

Is the service effective?

Our findings

Prior to this inspection we received some anonymous concerns and allegations about the home. These concerns included poor care of service users and lack of staff training.

We asked people who used the service to tell us what they thought about the staff working in the home, about their attitude and skills when carrying out their job. Comments made included, "The staff are very caring and good at their jobs. I am supported by them very well". One visiting relative told us, "The care here has been magnificent. The staff write down how much [relative] has eaten and drank; they listen to my [relative] and treat her with respect and consideration". We also spoke with a regular visiting health care professional who said, "I am very pleased with the care provided in this home and the level of staff intervention. Staff listen and respond to my advice".

Those staff who we spoke with confirmed they had received appropriate induction training when they started working at the home. They also told us they had access to, and received regular, appropriate training. We were shown the training plan that was in place for all the staff. It indicated that staff had completed training that helped them to safely care and support people using the service and that training was planned on an on-going basis. Individual staff training records contained certificates to demonstrate training had been completed, which included, safeguarding of vulnerable adults, basic life support, safe moving and handling of people, health and safety awareness, understanding dementia care, management of medicines, mental capacity and deprivation of liberty safeguards. Regular training for all staff is important to support and further develop them to carry out their job roles safely and effectively.

Records seen, and staff spoken with, confirmed that staff received regular supervision and appraisal. This meant that staff were receiving appropriate support and guidance to enable them to fulfil their job role effectively.

We looked at how staff gained people's consent to the care and treatment they received. We were told that any care and treatment provided was always discussed and agreed with people who were able to consent. Those people we spoke with told us that staff encouraged them to make choices for themselves about what they wanted on a day to day basis. Comments made included, "The girls [staff] ask you before they do anything, they don't rush at you or make you do it" and "If I don't want to do something then I won't".

During our inspection of the service and observations of staff's interactions with people, it was evident that some people did not have the capacity to consent to the care being provided. We asked the registered manager to tell us how care was provided taking into account the person's best interest. We were told that if an assessment resulted in evidence that the person did not have the mental capacity to make decisions then contact would be made with a health care professional from the Mental Health Liaison Team and a 'best interest' meeting would be arranged. A 'best interest' meeting is where all relevant parties, both professionals and family (if relevant), decide on the best course of action to take to make sure the decisions made are in the best interest of the person who used the service. On those care files we saw, records identified that multi-disciplinary meetings had been held which had been chaired by a health care professional such as a general practitioner.

In our discussions with the registered manager they were able to tell us about their understanding of the Mental Capacity Act 2005 (MCA) and the work they had done to determine if a person had the capacity to give consent to their care and treatment. Our discussion with the registered manager demonstrated they had a good understanding of the principles of the MCA and of the importance of determining if a person had the capacity to give consent to their care and treatment.

The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We were told that one person who used the service was subject to a DoLS and that the registered manager was reviewing each person living in the home to make sure any restrictions placed on an individual was legally authorised.

The registered manager also provided evidence that MCA and DoLS training for all care staff had been booked with a professional training organisation to take place on 12 November 2015.

We saw that people had an initial nutritional assessment completed on admission to the home and people's dietary needs, preferences and choices were recorded. Some

Good

Is the service effective?

people required a specialist diet to support them to manage diabetes or other medical issues. Staff we spoke with understood people's health requirements regarding their dietary needs and how to support them to stay healthy.

As part of our visit, we carried out an observation over the lunch time period. We saw that the dining room was appropriately furnished and tables appropriately set for the meal being served. The atmosphere in the dining room was relaxed and people were assisted to move to the dining room or could choose to eat in the lounge area or their room if they preferred. We saw people were allowed to eat at their own pace and were not rushed to finish their meal. Staff stayed within the vicinity of the dining room and provided sensitive support to those people where this was needed.

People who used the service, who we asked, were happy with the quality and provision of food. They told us that there was always a choice at each meal, although some choices were better than others. One person told us, "The meals you get are really nice, and you do get plenty – I've no complaints about the food at all". Another said, "It depends what you choose, some meals are better than others, but the staff do ask you about the meals and if you are enjoying them." A visiting relative also told us, "[Relative] loves the food here. He likes that he has a choice and can have more if he wants".

Records were kept of the food served and staff completed food and fluid intake charts where people's nutrition and hydration required monitoring. When necessary, we saw action had been taken, such as a referral to other health care professionals such as general practitioners, dieticians and speech and language therapists, if a concern had been identified.

Care records seen indicated that people using the service had access to other health care professionals, such as community nurses, opticians, dentists, general practitioners and social workers.

Good

Is the service caring?

Our findings

Prior to this inspection of the service, we received some anonymous concerns and allegations about care practices in the home. These concerns included poor care of people using the service.

No one who we spoke with was critical of the caring attitude of any staff. People were complimentary about the staff and they told us they were happy living in the home. Comments made to us included, "The staff are wonderful, kind and caring" and "I love living here, the staff look after me and are like family or good friends". We also spoke with two visiting relatives who told us, "The staff know [relative] well and know how to support him and meet his needs. The care here is really good, I am very happy with the care my [relative] receives" and "I know [relative] is well looked after and I've been involved in developing [relative] care plan. The staff keep me informed how [relative] is".

We saw that people looked well groomed, well cared for and they wore clean and appropriate clothing.

A discussion with care staff on duty demonstrated that they knew and understood the needs of the people they were supporting. Staff told us, "The care plans provide us with up to date information on how best to support the individual person. They provide us with lots of information about the person and help us [staff] to provide appropriate care" and "I know people (using the service) well, that's due to the care plans and regular reviews taking place." We observed staff responding and caring for people with dignity and respect, knocking on doors before entering bathrooms and toilets and people's bedrooms.

During our observations we saw lots of positive interaction between staff and people who used the service. There was a relaxed atmosphere with friendly banter and we heard a lot of laughter during the day. Staff spoke with people in a friendly and respectful manner and responded promptly to any requests for support and assistance.

Good

Is the service responsive?

Our findings

Prior to this inspection of the service, we received some anonymous concerns and allegations about care practices in the home. These concerns included infrequent toileting of people using the service and delays in requesting doctors for people who were unwell.

We discreetly asked six people who used the service if they had to wait long before being provided with assistance to go to the toilet? Comments made included, “No, the girls [staff] are very good and come as quickly as they can”, “Sometimes you might wait a couple of minutes but that is because they [staff] are busy”, “The staff take me to the toilet whenever I need to go, no problem”, “I don’t have any issues” and “They [staff] always remind when they think it’s time I should go”.

People who use the service, who we asked, told us that they regularly saw their doctor or other community health care professionals, for example, district nurses. We found no evidence to indicate that any delays took place in requesting the support of such services.

Before any person made a decision to come and live in Edge Hill Rest Home the registered manager would carry out an assessment of the person’s individual needs. We saw examples that people had received a care needs assessment prior to moving in the home, to make sure that their identified needs could be fully met by the service.

We looked at the care files of three people who used the service. The care plans were person centred and contained enough relevant and appropriate information to support and guide staff on the care and support to be provided. We saw that the care records were reviewed regularly and updated where necessary. We saw evidence that the person who used the service and / or their relative had been involved in the care planning process and this was confirmed by one visiting relative we spoke with.

Activities were provided on a daily basis by a designated activities organiser. There were two sessions carried out daily, one in the morning and one in the afternoon. People who we spoke with told us they were happy with the activities being provided and discussion with the activities organiser confirmed that outings, such a barge trips had been booked throughout the summer period. During our visit we saw various activities taking place including people enjoying playing musical instruments and being supported by the activities coordinator.

People told us they were aware of how to make a complaint and were confident they could express any concerns they may have. We saw that the registered manager had responded to complaints and details had been recorded. Letters had been sent to the complainants detailing any action that may have been taken to respond to the complaint. Following one complaint about the laundry service at the home, the manager had made improvements in the way in which laundry services were carried out. This had resulted in fewer complaints being received about poor laundry practice.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been registered with the Care Quality Commission since 22 August 2014.

The management team for the service consisted of the registered manager, deputy manager, assistant deputy manager and senior care assistants. Staffing rotas were available to confirm this and the registered manager was on duty both days of our inspection. The provider (owner) of the service also attended on the second day. Those staff we spoke with were able to confirm their role, responsibility and accountability in the absence of the registered manager.

We asked the registered manager to tell us how they monitored and reviewed the service to make sure people received appropriate levels of safe and effective care. Systems were in place to demonstrate that regular checks had been undertaken on all aspects of the management of the service. The registered manager provided us with evidence of some of the checks that had been carried out on a monthly basis which included health and safety checks of the premises, audit of files for people using the service, including care plans and risk assessments. Medication administration records were regularly checked along with the registered manager conducting competency checks with those staff responsible for administering medicines in the home. If any action or improvements were required, appropriate action had been taken to do this.

The registered manager provided us with written evidence to demonstrate that accidents, incidents and falls that involved both people using the service and staff were closely monitored and any necessary action taken.

We saw that the management team sought feedback from people who used the service and their relatives through six monthly surveys using questionnaires. We looked at some of the responses in the 12 questionnaires that were returned in February 2015. The comments made were positive about the service provided and evidence was available to demonstrate that the registered manager had reviewed and analysed the comments made. Comments from the last annual survey had resulted in the upgrading of decoration and furnishings in some of the bedrooms.

Documents recording a range of regular meetings between the manager and different teams of staff were made available to us. These meetings included various topics including staff training, maintaining confidentiality, maintaining care plans and risk assessments and further development of the service.

Staff who we asked understood the principles and values of the service. One member of staff told us, “You have to remember people must be treated as individuals, with individual choices and you must respect that”.

Those staff we spoke with told us that the management team were very approachable and supportive and comments made to us included, “We have a brilliant manager, and I have no problems with the rest of the management team”, “Loads of improvements have been done since [registered manager] has come”, “The manager is very approachable, allows you time to talk and is very intuitive and understanding” and “The management is OK”.