

Edgehill Care Home Limited

Edgehill Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Edgehill Care Home is a residential care home providing personal care to 46 older people aged 65 and over and younger adults at the time of the inspection.

Edgehill Care Home accommodates up to 60 people in one adapted building. The service is on one floor.

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

Effective action had not been taken to address all of the previous concerns identified at the last inspection. Systems to monitor the quality of the service were still not effective and had not identified all of the issues found during this inspection. The registered manager did not have a clear overview of the service.

The provider had introduced an electronic care planning system which was in the process of being implemented at the time of the inspection. However, care records on the new system were not always complete and accurate.

Medicines were not always managed safely, and risks to people's safety were not always assessed and managed effectively. People told us they felt safe living at the service. There were sufficient staff to meet people's needs and there were effective systems in place to support the provider to make safer recruitment decisions.

People enjoyed the food and benefitted from staff who were skilled and knowledgeable about their needs. Staff contacted external professionals when needed and worked with them to support people's health care needs.

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.

Staff were kind and caring. People were treated with dignity and were supported to have control over their lives. Staff valued people as individuals.

There were a range of activities available and people were involved in deciding the activities they would like arranged. Complaints were investigated and responded to effectively.

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

The last rating for this service was inadequate (published 11 June 2019) and there were multiple breaches of regulation. The provider has been sending monthly reports to CQC showing the improvements they have

made. At this inspection enough improvement had not been made and the provider was still in breach of regulations. The service was also rated requires improvement at a previous inspection on 8 March 2018.

This service has been in Special Measures since 11 June 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified breaches in relation to the management of medicines and systems to keep people safe and systems to monitor the quality of the service at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will 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 effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive 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 ●

Edgehill 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 carried out by one inspector, an assistant inspector and two pharmacy inspectors.

Service and service type

Edgehill Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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

The first day of the inspection was unannounced. The provider knew we would be visiting on the second day.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We reviewed previous inspection reports and the monthly reports the provider submitted as a result of the action taken by CQC following the last inspection. 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 three people who used the service and 2 relatives about their experience of the care provided. We spoke with 11 members of staff including the registered manager, the deputy manager, the area operations manager, the chief operating officer, maintenance staff, activity staff, ancillary staff, senior care workers and care workers.

We reviewed a range of records. This included four people's care records and multiple medicine records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with the fire service relating to some concerns identified during the inspection.

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 Inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was a risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to have effective systems in place to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Where medicines were prescribed to be taken 'as required' there were not always protocols in place to ensure people received their medicines when needed. Protocols that were in place were not always fully completed and were not always person-centred. One person was prescribed pain relief 'as required', there was a protocol in place but no indication as to how resident may display symptoms to indicate when administration was needed.
- There was no information in people's care plans to help the staff monitor or manage side effects of high-risk medicines such as insulin and anti-coagulants. This meant there was a risk, staff were not be able to respond appropriately and take necessary action regarding high risk medicines.
- Medicine care plans did not always have accurate and adequate information related to medicines. This included information relating to medicines prescribed for end of life care. This meant there was a risk staff members may not be able support people's medical and health needs effectively.
- Medicines kept in people's rooms were not always stored safely. One person had a medicine administered by visiting health professionals. This was not stored securely in their room which put other people at risk as they had access to this medicine.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Improvements had been made to the systems for disposal of medicines and this was being managed safely.
- The service had worked closely with the local Clinical Commissioning Group (CCG) and the supplying pharmacist to improve the management of medicines.
- Staff followed good practice guidance by signing the medicine administration records after the medicines

were administered. .

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection, the provider was still in breach of regulation 12.

- Risks associated with the storage and charging of mobility equipment had not been assessed. This was not in line with current guidance relating to fire risk assessment and put people at risk in the event of a fire.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management; Preventing and controlling infection

- Care plans did not always include risk assessments associated with people's needs. One person was at risk due to their mental health condition. There was no risk assessment detailing how the risks would be managed. This meant staff did not have access to information to enable them to support the person and help them manage the risks.
- Where risks were identified there were not always risk assessments completed and care plans did not always contain accurate information relating to how risks were being managed. One person was at risk of pressure damage. There was no risk assessment relating to the level of risk and the care plan did not include accurate information relating to the equipment in place to reduce the risk of pressure damage.
- There was no infection control risk assessment in place on the first day of the inspection. An annual infection control statement identified that an infection control risk assessment had been completed. This was not in line with the provider's policy. The registered manager had completed an infection control risk assessment on the second day of the inspection.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. 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.

Staffing and recruitment

At our last inspection the provider had failed to have effective systems in place to ensure safe recruitment. This was a breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 19.

- The provider had effective systems in place to support safe staff recruitment decisions. This included carrying out reference checks with previous employers and Disclosure and Barring Service checks (DBS).
- An office manager had been recruited who ensured all recruitment processes were followed and recorded.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us people were safe living at Edgehill. One person told us, "I feel very, very safe."
- Staff understood their responsibilities to identify and report concerns relating to harm and abuse. One member of staff said, "I would report straight to the manager [registered manager] and if needed head office. I could whistle blow if I needed."
- Safeguarding concerns were raised with outside agencies where needed and appropriate action was taken to investigate all concerns.

At our last inspection the provider had failed to have effective systems in place to prevent and control the risk of infection. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had made improvements in relation to the environment and the cleanliness of the building and was no longer in breach of regulation 12 in relation to infection control.

- The service was clean and free from malodours. There were cleaning schedules in place and deep clean of rooms were completed regularly as part of the resident of the day system. Resident of the day is an initiative that provides a review of all elements of a person's needs including their environment.
- There had been areas of refurbishment since the last inspection which included heaters that were previously identified as unsafe.

Learning lessons when things go wrong

- Accidents and incidents were reported and recorded. Records showed that some accidents /incidents included action taken to mitigate the risks of a reoccurrence. However, this area of the form had not always been completed to ensure effective action was taken to minimise the risk of a reoccurrence.
- There were effective systems in place to analyse accidents and incidents for trends and patterns. As a result of falls analysis, the registered manager had identified the need to increase staff presence in communal areas at specific times.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide training and support for staff to ensure they had the skills and knowledge to meet people's needs. This was a breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 18.

- Staff were supported through regular supervision in line with the provider's policy. One member of staff told us, "I get really great support. I have the chance to talk about how I'm doing."
- Staff had completed a range of training to ensure they had the skills and knowledge to meet people's needs. New staff completed an induction programme and were supported by more experienced staff.
- The registered manager kept a training matrix which identified when staff required updates on their training.

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 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 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).

At our last inspection the provider had failed to support people in line with the principles of the MCA. This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 11.

- Staff had completed training in MCA and DoLS and understood their responsibilities to support people in line with the principles of the act. One member of staff told us, "Whatever we do it must be in their [person's]

best interest."

- Where people had appointed a legal representative to make decision on their behalf, this was documented in people's care plans. Legal representatives were involved in decisions about people's care.
- Care records included details of any applications and authorisations made for DoLS. Where conditions formed part of the authorisation these were identified in care plans and were being met.

Supporting people to live healthier lives, access healthcare services and support

At our last inspection the provider had failed to ensure effective systems were in place to monitor people's conditions. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 12.

- Systems to monitor the support people received had improved. The provider had implemented an electronic care planning system that enabled staff to record the support people had received immediately. Where people did not receive support in a timely manner the system alerted staff who were able to respond promptly to their needs.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with GP's and other health professionals. Staff referred people promptly when they required professional support.
- Health professionals were complimentary about the service and felt they worked well to ensure people received consistent care. One professional told us, "They escalate things when needed. They are good at collaborative working."

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

- People's needs were assessed prior to them moving to the service. The assessments were used to create a care plan that reflected current guidance and standards. For example, an oral care plan was developed in line with current guidance.
- Assessments enabled care plans to be developed that reflected people's choices and how they wished their needs to be met.

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

- People we spoke with were positive about the food they received. One person told us, "Can't beat the food. Always get a choice. Can have anything. If they've got it, you can have it."
- At lunchtime people were supported to eat and drink where this was needed. Staff supported people at a pace that's suited the person and were encouraging.
- Care plans detailed people's dietary needs and staff were knowledgeable about people's needs.

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

- The provider had carried out refurbishment of some areas of the service since the last inspection. Signage had improved which supported people living with dementia.
- People were able to personalise their rooms and were supported to adapt their environment to meet their needs.

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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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 were complimentary about the staff supporting them. One person told us, "Staff are brilliant. I sometimes need help and they are always happy to help."
- Staff supported people in a way that valued them as individuals. A member of the management team sat with a person at lunchtime, chatting with them about their love of animals. This had a positive impact on the person who remained settled eating their meal.
- Staff responded promptly and with compassion when people showed signs of distress. One person was calling out. A member of the management team was passing and responded to the person, reassuring them saying, "We look after you now and make sure you're safe." The person smiled in response and was clearly reassured.

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

- People and relatives told us they were involved in decisions about people's care. One relative told us, "They are very good at keeping me involved."
- Staff took time to explain to people what they were doing and what was going to happen. They gave people choices and ensured people's choices were respected.

Respecting and promoting people's privacy, dignity and independence

- People were treated with dignity and respect. Staff spoke with and about people in a respectful manner. Staff knocked on people's doors before entering their rooms and were discrete when people required support with personal care.
- Staff understood the importance of promoting people's independence. Staff encouraged people, stepping in when people were unable to do things for themselves.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant people's needs were not always met.

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

At our last inspection the provider had failed to ensure care plans were up to date and fully completed. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17 in this domain.

- The provider had implemented an electronic care planning system which was still being developed. This had improved records relating to the support people received.
- The electronic care plans were not always fully completed. The registered manager told us this work was ongoing.
- People who had recently moved into the service did not have a full care plan completed in line with the provider's policy. However, there was a summary care plan completed and staff knew people well.

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

At our last inspection the provider had failed to ensure care was provided in a person-centred way. This was a breach of Regulation 9 (Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 9.

- People and relatives were extremely positive about the activity staff and the improvements made to activities since they had been employed. One relative told us, "The activity coordinators are marvellous at getting [person] involved."
- There was a wide range of activities available which were arranged to meet people's needs. The activity coordinators arranged a monthly activity meeting. One of the activity staff told us, "This [activity meeting] is led by the residents." Meeting records showed that people's ideas for activities had been arranged.
- People were encouraged to be involved in the day to day activities within the service. One person told us they were using their computer skills to help the activity staff create a newsletter and activity programme.
- People enjoyed trips out, either in a group or individually. One person told us how much they had enjoyed being supported to go shopping for new clothes.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs assessed prior to admission to the service. Care plans included information relating to people's communication needs and how those needs should be met. One person's speech had been affected by their condition. The care plan detailed how staff needed to allow the person time to communicate and show patience.
- Staff were knowledgeable about people's communication needs and used this knowledge to ensure effective communication took place.

Improving care quality in response to complaints or concerns

- People and relatives knew how to complain and were confident that any concerns would be dealt with promptly and effectively. One relative told us, "The management are very responsive to my concerns."
- The provider had a complaints policy and procedure in place. Records showed that all complaints had been fully investigated and responded to in line with the policy.

End of life care and support

- There was no-one receiving end of life care at the time of the inspection. The service had received cards and letters of thanks from relatives whose loved ones had been supported at the end of their lives.
- Care plans included some information relating to people's end of life wishes. This included whether they wished to be resuscitated in the event of a cardiac arrest.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure there were effective systems in place to assess, monitor and improve the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of Regulation 17.

- There were a range of audits in place. However, audits had not identified the issues we found at this inspection. For example, monthly audits of medicines in the service had not identified the incomplete 'as required' medicines protocols or the unsafe storage of medicines identified during the inspection.
- Where audits had identified issues there was not a clear action plan identifying how issues would be addressed. An audit completed on 10 July 2019 by an external auditor identified a range of issues and included a clear action plan. The registered manager had not completed the action plan to identify who was responsible for completing the actions and the date they needed to be completed by.
- The registered manager did not have an overview of the quality of the service and did not take effective action to address issues when they were identified. This put people at risk of not receiving safe care.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate the service was being effectively managed. This put people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- There was a person-centred culture that valued people and placed them at the centre of the service. Throughout the inspection we saw interactions that showed people were valued and living their lives as they chose.
- People and relatives were positive about the service and the support they received from the management team. One person told us, "I see [registered manager] and [deputy manager] all the time. They're always

about. If I had a problem I could talk to them definitely." A relative said, "I feel relaxed knowing [person] is looked after. The management team have been a godsend for me, so supportive."

- Staff were positive about working at the service. One member of staff told us, "I love coming to work. There's a good atmosphere, really welcoming."

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 registered manager ensured they were open and honest when things went wrong. This included apologising to people and ensuring effective action was taken to address issues.
- Notifications were sent to CQC as required by law. Notifications included all relevant information to identify appropriate action had been taken.

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

- There were systems in place to enable people and relatives to provide feedback about the service. This included quality surveys, meetings and a suggestion box. One relative told us, "There are meetings and we have been kept informed [regarding the previous inadequate rating]. I have seen improvements."
- We received mixed feedback from staff about whether they felt supported, valued and listened to by the home management team. One member of staff said, "I feel like they listen." Another member of staff told us, "I sometimes feel valued, but I'm not listened to. There is a reluctance to change here."
- Staff were aware of the provider representatives who visited home and told us they were approachable and supportive. One member of staff said, "[Operations manager] has been fantastic, has really supported me so much."

Working in partnership with others

- The provider and registered manager had worked closely with the local authority to improve the quality of the service following the previous inspection. The provider completed a monthly report for the local authority. The local authority followed up with focused visits to support the ongoing improvement.
- There were positive relationships between visiting health and social care professionals and the service. One professional told us, "I have very good relationship [with service]. They always call me appropriately."
- The service had good relationships with community groups. On the second day of the inspection people were supported to attend a Christmas lunch organised by a local company. This was clearly a valued activity with much excitement shown by the people attending.