

Edge View Homes Limited

# Edgeview Nursing Home

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Edgeview Nursing Home is a nursing home and supported living service, providing personal and nursing care to up to 24 people. The service provides support to people with learning disabilities, autistic people, and people with mental health needs and dementia. At the time of our inspection there were 21 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

The service understood and was adapting to meet the principals of right support, right care, right culture. Since the last inspection the service had opened a supported living service on the grounds and reduced the number of people living in the care home. The provider had plans to expand the supported living service and continue the refurbishment of the care home to enhance people's experience.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

### Right Support

People received their medicine as prescribed and were supported by sufficient staff to meet their needs. Staff had access to suitable training and most staff were up to date with their required learning. Some staff needed to update their safeguarding training but were knowledgeable when we spoke to them about the safeguarding process and how to report concerns.

People had access to health professionals and advocacy services.

### Right Care

People's care plans contained person-centred information to enable staff to provide appropriate support. Risks within the service were managed with the exception of some concerns with items not being stored safely and water temperatures not being recorded.

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. However, we found reviews of people's restrictions were required to ensure they remained valid.

### Right Culture

The service had processes in place to review compliance with the regulations. We found some areas required improvement and actions needed to be shared with the team. We did find lessons were learnt when things went wrong, and the provider responded to any points identified. People found the registered manager approachable. People, relatives and professionals were encouraged to give feedback on care.

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

The last rating for this service was good (published 26 March 2020).

### Why we inspected

We received concerns in relation to the management of risk for people with mental health needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same based on the findings of this inspection. We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well led sections of this full report.

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

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# Edgeview Nursing 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 Health and Social Care Act 2008.

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

This inspection was carried out by 3 inspectors.

#### Service and service type

Edgeview Nursing Home is both a 'care home' and a 'supported living' service. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Edgeview Nursing Home is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

This service also provided care and support to people living in 5 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; and we were told there was no one in the supported living service in receipt of a regulated activity. Therefore, this part of the service was not reviewed as part of this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

This inspection was unannounced.

#### What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

During the inspection we spoke to 5 people who use the service and 11 staff members, including the registered manager, senior manager, nurses, care staff and agency staff. We also spoke to the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with 4 healthcare professionals who work with people living at the service. We looked at 4 care files, medicine administration records, 3 recruitment files and other records used by the home as part of the day to day management of the service. 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.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from harm by staff who could recognise abuse and understood the safeguarding processes they were expected to follow. The training records indicated a number of staff needed to update their training, however all the staff we spoke with were able to explain the process they would follow if they became concerned.
- People had access to an advocacy service who were able to raise concerns on their behalf.
- Any safeguarding concerns which had arisen were shared with the appropriate agencies. The provider then worked with the relevant professionals to create safeguarding plans for anyone deemed to be at risk of harm.
- We reviewed recent records where physical intervention had been used and found staff practice was in line with best practice as set out by the Restraint Reduction Network.

Assessing risk, safety monitoring and management

- People's individual risks were assessed, and staff had a good understanding of the risk reduction measures required to help keep people safe. People were encouraged to discuss strategies which they felt would benefit them. For example, one person stated when agitated they did not wish to use their mobility scooter.
- We spoke with health professionals who confirmed staff had good understanding of people's needs and the provider worked with them to create and implement positive behaviour support plans.
- However, we did find not all risks within the living environment were being mitigated on the day of inspection. For example, the sluice room contained hazards and was unlocked, drinks thickener had not been returned to safe storage, and water temperature checks were not being documented, meaning we could not be assured they were happening. We did not find anyone being harmed by this but we spoke to the management team who took immediate action to rectify.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. However, we found reviews of people subject to DoLs were required.
- We found one person who was subject to a restriction of fluids that was no longer medically required. The restriction had been lawfully assessed but we found no documentation to confirm why the restriction was deemed necessary. The provider contacted the GP who confirmed the restriction had been valid but was no longer necessary and should be removed. We also found another authorised DoLs form had the wrong dosage of medicine listed. We discussed these findings with the management team who agreed to review all DoLs applications and ensure they had the correct information to support the practice followed by staff.
- Staff had a good understanding of the MCA and decision specific assessments were carried out and best interest decisions made when needed.

### Staffing and recruitment

- People were supported by sufficient numbers of staff. People received their 1:1 hours the majority of the time, and where there was a staff shortage, we found contingency plans were put in place to ensure people remained safe. We discussed the allocation of 1:1 hours with the management team, due to the high numbers of people requiring 1:1 support. We were advised people's hours were closely monitored and information was shared with the local authority if 1:1 hours were deemed no longer necessary. This was due to the restrictions 1:1 hours can present.
- Staff were recruited following the application of robust recruitment procedures. Procedures included checking applicant's background via DBS. Disclosure and Barring Service (DBS) checks information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- We received mixed reviews regarding the use of agency staff. Staff told us the majority of agency staff were good but at times it could be hard work, especially if they were new to the service. One staff member said, "We do get some good agency staff but at times it can be hard as they don't know people, and some don't even interact."
- We discussed the staffing pressures with the nominated individual who told us recruitment had got harder in recent years. However, they told us they had invested in staff development opportunities which was having a positive impact. They had also recruited a number of staff from overseas who were in the process of settling into the service. One overseas staff member told us, "It is very different here, but we are supported, and we are settling into the home and getting to know everyone."

### Using medicines safely

- People received their medicine from the nursing staff who had been trained to administer medicine safely. The training records showed all nursing staff had completed some medicine refresher training in the previous 12 months.
- The nursing staff ensured people received their medicine as prescribed. Staff had access to detailed instructions to support medicine administration. For example, guidance for 'as required' medicine was person centred and ensured staff understood how a person may present to indicate a medicine was needed. The provider had an awareness of project STOMP which is a national initiative to reduce the over medicating of people with learning disabilities.
- Medicine was stored securely and regular room temperature checks were made to ensure people's medicine was not compromised in any way.

### Preventing and controlling infection

- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises and raised concerns specifically around the sluice room. We were told refurbishment work was



ongoing and this included the sluice room.

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- People were able to receive visitors at Edgeview and were supported to visit their family at home.

Learning lessons when things go wrong

- The provider had a process in place to ensure accidents and incidents were recorded and reviewed by the management team. Investigations were carried out when required and recommendations were made and shared when needed.
- The process also enabled people to give their own feedback on incidents they were involved in and staff were encouraged to hold a debrief to discuss any added learning. This ensured the views of all were considered and everyone had the opportunity to identify necessary improvements.

# 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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This was due to a more robust governance system being required to identify areas in need of improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had governance systems in place. However, they required some improvement to ensure any restrictions placed upon people were still valid and staff managed hazards within the environment.
- There was a handover system in place, however it was not always fully utilised. We were advised of the immediate action the registered manager had taken to address the removal of a no longer need restriction on a person's support. However, we found staff had not recorded the change in any of the handover documentation. This meant it could have continued for a further period of time. We were also advised of conflicting information regarding the sharing of hoist batteries. One staff member told us, "Communication can be good but there are times when things get missed." A senior manager for the provider told us, "The handover of information is something we are monitoring and working to improve."
- We checked the supervision records for staff and found these remained sporadic, but the frequency was increasing. Team meetings and house meetings were also held and attended by a small proportion of the staff group.
- People, relatives and professionals completed quality assurance questionnaires which were reviewed, and actions were shared with the staff team. Recent feedback highlighted activities people wanted to engage in more, especially now COVID-19 restrictions had been removed.

Continuous learning and improving care

- Staff had access to training in learning disabilities although, a number of staff were still to complete this.
- The provider demonstrated an awareness of quality issues and best practice. We found the service promoted good oral health care for people, health action planning and positive behaviour support. The provider had also signed up to project STOMP and the Restraint Reduction Network which brought awareness of specific issues often faced by adults with learning disabilities.

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

- People were complimentary of the service. One person told us, "I like living here." Another person said, "I like the manager, she listens to me when I need to talk."
- Staff also discussed a positive culture whereby staff got on well together and were able to openly discuss situations and ideas. One staff member told us, "I think we work well as a team and we always try to be person centred and help people as best we can."

- The provider discussed with us their plans for the future which included improving people's living environment by refurbishing more areas of the home, developing the supported living service, and improving the available activities including the development of more sensory spaces.

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 was aware of and understood their duty of candour. Staff recorded on incident forms when they shared information with others.

Working in partnership with others

- The provider could evidence they worked in partnership with others. We spoke with health professionals who confirmed the provider actively engaged with them when needed. We were advised the provider utilised community nursing services for additional positive behaviour support.