

Mr Zaid Mauderbocus

EdgeHill Care Home

Inspection report

5 Edge Hill
Shooters Hill
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Tel: 07958495452

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

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.

About the Service

Edgehill Care Home is a residential care home providing regulated activities (e.g. personal care) for up to up to 5 people. The service provides support to people with learning disabilities. At the time of our inspection there were 5 people using the service.

The care home accommodates 5 people in one building.

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

Right Support: 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 supported people to make decisions following best practice in decision-making. Staff communicated with people in ways that met their needs.

Staff supported people to play an active role in maintaining their own health and wellbeing. Staff would encourage people to attend medical appointments and accompany them to ensure appointments were met, and they enabled people to access specialist health and social care support in the community.

Right Care: People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. The service had enough appropriately skilled staff to meet people's needs and keep them safe.

Right Culture: People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so. People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives. People were supported by staff who understood best practice in relation to sensitivities people with learning disabilities or autistic people may have. Staff knew and understood people well and were responsive, supporting people to live a quality of life of their choosing wherever possible.

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

When we inspected, we found some issues with physical standards in the home. We also found that notification and consent for CCTV in the home was not sought. These issues were discussed with the registered manager and they were corrected quickly.

Rating at last inspection

The last rating for this service was good (published 9 February 2018).

Why we inspected

This inspection was prompted by a review of the information we held about the service.

After the review, we had concerns about medicines, staffing, auditing, notifications and CCTV consent. We looked at these things in the inspection.

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.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well led findings below.

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

Edge Hill Care Home is a care home. 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. Edge Hill Care Home is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

The 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

The inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvement they plan to make.

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 information gathered as part of monitoring activity that took place on 1 May 2023 to help plan the inspection and inform our judgements.

We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service. We spoke with the registered manager, the deputy manager and 1 care worker. We reviewed a range of records including care and support plans for 2 people. We looked at recruitment, training and supervision records for 3 care workers. We reviewed records relating to the management of the service, including quality assurance audits and building audits. We also looked at accident and incidents and complaints records.

Following the visit to the care home, we sought feedback from healthcare professionals who work with the service and gathered further information and supporting documents from the registered manager.

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. 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

- There were established safeguarding policies and processes in place to ensure people were protected from the risk of harm or abuse. Care workers had completed safeguarding training at the beginning of their employment. This training was refreshed once a year to ensure knowledge and understanding was up to date.
- One care worker said, "We know the people very well, and would recognise a change in behaviour which might indicate people are not happy. We are all able to speak with people to make sure they are okay."
- A noticeboard in the home accessible to care workers and people had details of how to contact CQC or the local authority with any safeguarding concerns that might arise.
- Feedback from healthcare professionals the provider worked with showed that there were no concerns with how people were safeguarded. One health care professional said, "I would like to commend their dedication to providing exceptional care."
- The provider worked with healthcare professionals and completed robust assessments of people's care needs to ensure they were able to provide effective support before placements were agreed.

Assessing risk, safety monitoring and management

- There were appropriate risk management plans in place to guide carers in the delivery of appropriate support. The provider worked closely with health care professionals and professionals in the community such as the pharmacy and the GP to ensure the continuous delivery of appropriate care.
- People lived safely and free from unwanted restrictions. People were involved in managing risks themselves in taking decisions about how to keep safe. People with capacity were able to enter the community on their own, but would be accompanied by a carer if required.
- Care plans and risks assessments were reviewed regularly. People and their relatives were involved in the reviews of their care plans and risk assessments.

Staffing and recruitment

- The service had enough staff to support people using the service. The numbers and skills of staff matched the needs of people using the service.
- Pre-employment checks, including Disclosure and Barring Service checks were undertaken. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People said they were happy with the support they received. One person said, "The staff here are okay, I can do what I like to do, they are okay."

Using medicines safely

- People received their medication safely. The provider had guidelines in place which carers followed to ensure medicine was administered safely. The provider ensured that only those qualified to administer medication.
- Medicines administration records (MARs) were in place, and fully completed and signed. Audits were completed monthly to ensure safe delivery of medicines.
- People receive support from staff to make their own decisions about medicines wherever possible. One person said, "Staff help me with my medication every day, there is no problem with my medication."

Preventing and controlling infection

- 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.
 - We were assured that the provider was preventing visitors from catching and spreading infections.
- On the day of the inspection, there were outstanding maintenance issues. These were a fly trap which needed replacing, 2 broken toilet seats and biofilm that had built up in an unused sink. These were discussed with the registered manager who took immediate action to fix the outstanding issues.

Visiting in care homes

- There were notices on display in relation to good hygiene practices and infection prevention control. There were face masks and alcohol gel available for all visitors to use.
- There was a small room on the ground floor which visitors could use that was separated from other areas of the home which could be used to help prevent the spread of infection to or from visitors.

Learning lessons when things go wrong

- There were measures in place to record accidents and incidents. Action plans and preventative measures were implemented to mitigate risks.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately. The registered manager investigated incidents and shared lessons learned with carers at face-to-face meetings or by email.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant that people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were robustly assessed prior to care being delivered. People's needs and aspirations as to how they wished to live their lives were documented. Information from the local authority and healthcare professionals were used to create care plans.
- Assessments included information about people's nutritional needs and preferences medical history and requirements and behavioural support required.
- People and relatives were involved in the development of their care plans and risk assessments.
- One health care professional said, "Staff often went above and beyond to support [people's] physical and cognitive health needs, supporting more with personal care, cooking and trips into the community. I found staff helpful, supportive and caring on all of my visits."

Staff support: induction, training, skills and experience

- The registered manager ensured people recruited had prior experience in delivering care. Carers had to complete an induction at the beginning of their employment and had to complete a period of probation to assess their suitability for the role.
- Carers received on going supervision throughout their employment, this ensured any outstanding or new training requirements could be discussed. Performance issues or good practices noted could also be discussed.
- Carers had completed training based in the Care Certificate framework. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- The design, layout and furnishings in the home was suitable for the needs of people that lived there. People were able to move around freely without restriction.
- People had control over how they wanted their individual rooms to be decorated. They were supported to have their personal space designed to their individual tastes and requirements.
- The environment was homely. The house had a large living room where several people could sit together, as well as a smaller room where people could spend time alone or with relatives outside of their own bedrooms.

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

- People's needs and preferences around eating and drinking were assessed and documented. Staff were

aware of people's needs.

- People were involved in shopping, choosing their food and planning their own meals.
- People with capacity were supported to prepare their own meals if they wished, ensuring they had choice and control over their meals.
- Care workers prepared meals for people without capacity, ensuring that they were able to choose the meals they wanted to eat.
- People were able to eat and drink in line with their cultural preferences and beliefs.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager worked closely with health and social care professionals to ensure consistent, effective and timely care was provided continuously.
- The registered manager worked closely with the GPs, the local dentist, the pharmacy and the local hospital. Carers attended medical appointments with people when they requested to ensure health and screening check appointments were kept.
- People were referred to health care professionals to support their well being and help them to live healthy lives. People's whose health had deteriorated were referred onto services better equipped to support complex support needs.
- A healthcare professional said, "One major area of their strength is their communication of [people's] progress and support to attending medical appointments."

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- On the day of the inspection we noticed that CCTV was in operation at the front and back entrance to the home, the hallway and the kitchen area. The registered manager explained this was for monitoring only. We explained that consent for CCTV to be in the home was needed. The registered manager quickly implemented a system where consent was sought for CCTV to be in the home and this was documented. Notices of CCTV being in operation were also installed.
- At the time of our inspection the service was not supporting anyone who lacked capacity to make day-to-day decisions relating to their care. There were systems in place to assess, record and review people's capacity.
- The registered manager was aware of DoLS conditions, and carers understood the principles of the MCA. They routinely sought consent from people and enabled people to make decisions about their day-to-day

care.

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. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created prompted high-quality, person-centred care.

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

- The registered manager ensured through robust assessments that carers were able to support people's individual needs, because of this people were able to develop and flourish.
- Care workers supported people in the community with shopping trips, walks and attending medical appointments if requested.
- People attended a day centre where they were able to socialise with peers and take part in arts and crafts activities. People were able continue taking part in their personal hobbies such as playing musical instruments.
- Management were visible and approachable and took a genuine interest in what people, staff, relatives and professionals had to say.
- On the day of the inspection, we saw people approach the registered manager to have conversations about how they had planned to spend their day. We also saw people have conversations with the registered manager about appointments they were due to attend.

How the provider understands and acts on duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of the duty of candour regulation and were aware of the responsibility of making sure they were honest and open with people and relatives when things went wrong.
- The registered manager understood the responsibility about reporting incidents or events if something wrong to the Care Quality Commission (CQC). The manager sent notifications of events as required.

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

- The registered manager and staff understood their roles and responsibilities in relation to quality performance, risks and regulatory requirements.
- The registered manager sought feedback about the service from people, relatives and care workers. Positive feedback or any concerns were discussed at staff meetings. Information gathered was used to improve the service.
- The registered manager had a range of audits which included, medicines and medical appointments, buildings and maintenance, and care plans and risk assessments. This was in place to ensure the service was able to continue to deliver appropriate care to people.
- Care workers had regular refresher training sessions to ensure their skills and knowledge was kept up to

date so they could continue to provide appropriate care.

- The registered manager was responsive to issues raised during the inspection. Immediate action was taken and issues were quickly resolved.
- Staff were able to explain their role in respect of individual people without having to refer to documentation.

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

- The provider ensured people were engaged in the creation of their care plans and risk assessments, which took into consideration people's equality characteristics.
- The registered manager sought feedback from people and those important to them. Feedback forms were completed and findings documented and used to develop the service.

Continuous learning and improving care

- The registered manager would attend meetings with the local authority and would provide feedback to carers in face to face meetings or by email, this ensured continued learning and improvement of care.
- The registered manager ensured that all staff were seen and spoken to each week so concerns could be discussed and addressed.
- The registered manager would contact relatives by phone to notify of any concerns.
- The registered manager had a clear vision for the direction of the service which demonstrated a desire for people to achieve the best outcomes possible.

Working in partnership with others

- The registered manager worked in partnership with a variety of agencies such as social and health care professionals and the local authority to ensure people's needs were met.
- The provider engaged in local forums and took part in multi agency assessment panels to develop own understanding of how best to support people using the service.
- The service worked well in partnership with organisations which helped give people using the service improve their wellbeing.
- A healthcare professional said, "Staff have made adjustments to accommodate people working with district nurses and myself to listen to people's wishes."