

Mr Zaid Mauderbocus

# EdgeHill Care Home

## Inspection report

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### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

The inspection took place on the 14 December 2015 and was unannounced. Edge Hill Care Home provides care and support for up to five people with mental health conditions. At the time of this inspection five people were residing at the home. The registered provider managed the home. 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.

At our last inspection on 2 June 2014, we found the provider was meeting the regulations in relation to

outcomes we inspected. At this inspection we found the provider did not have appropriated procedures in place for recruiting staff. You can see what action we told the provider to take at the back of the full version of the report.

People using the service said they felt safe and that staff treated them well. Staff understood how to safeguard people they supported. There was a whistle-blowing procedure available and staff said they would use it if they needed to. There were enough staff on duty to meet people's care and support needs. Appropriate procedures

# Summary of findings

were in place to support people where risks to their health and welfare had been identified. Medicines were managed safely and people were receiving their medicines as prescribed by health care professionals.

Staff completed an induction when they started work and they were up to date with the provider's mandatory training. The manager and staff understood the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and acted according to this legislation. Peoples care files included assessments relating to their dietary needs and preferences. They were encouraged to buy their own food and cook for themselves. People had access to a GP and other health care professionals when they needed it.

Staff spoke to people in a respectful and dignified manner and people's privacy was respected. Staff understood that people using the service were individuals with their own beliefs and lifestyles and they

encouraged them to be themselves. People had been consulted about their care and support needs. Care plans and risk assessments provided guidance for staff on how to support people with their needs. People knew about the homes complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The ethos of the home was to improve people's confidence in their own abilities and help them to move into their own homes. The provider aimed to support people to gain independent living skills and move into their own accommodation. There were appropriate arrangements in place for monitoring the quality of the service that people received. The provider conducted unannounced checks at the home to make sure people were receiving appropriate care and support. Staff said they enjoyed working at the home and had good support from the provider.

# 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 not always safe.

People using the service were not protected against the risk of receiving care from unsuitable staff because the provider did not have appropriate procedures in place for recruiting staff.

There were safeguarding adult's procedures in place and staff had a clear understanding of these procedures. There was a whistle-blowing procedure available and staff said they would use it if they needed to.

People using the service and staff told us there was always enough staff on duty. Appropriate procedures were in place to support people where risks to the health and welfare had been identified.

People's medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

Requires improvement



### Is the service effective?

The service was effective.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service.

The provider and staff demonstrated a clear understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and acted according to this legislation.

Peoples care files included assessments relating to their dietary needs and preferences. They were encouraged to buy their own food and cook for themselves.

People had access to a GP and other health care professionals when needed.

Good



### Is the service caring?

The service was caring.

Staff were caring and spoke with people using the service in a respectful and dignified manner. People's privacy was respected.

Staff understood that people using the service were individuals and supported and encouraged them to be themselves.

People had been involved in planning for their care needs.

There were regular meetings where people could talk about things that were important to them and about the things they wanted to do.

Good



# Summary of findings

## Is the service responsive?

The service was responsive.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met.

Staff encouraged people to be as independent as possible. There were activities for people to partake in if they wished to.

People knew about the homes complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

Good



## Is the service well-led?

The service was well-led.

The provider took into account the views of people using the service through surveys.

The provider recognised the importance of regularly monitoring the quality of the service provided to people using the service.

Staff said they enjoyed working at the home and they received good support from the provider.

Good



# EdgeHill Care 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 unannounced inspection was carried out on the 14 December 2015. The inspection team consisted of one inspector. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the

service, what the service does well and improvements they plan to make. We also looked at the information we held about the service including notifications the provider had sent to us.

During the inspection we spent time observing care and support being provided. We looked at records, including three people's care records, staff recruitment and training records and records relating to the management of the service. We spoke with all five people who used the service, a relative of one person using the service, two members of staff, the provider and a health professional. We also received feedback about the service from the local authority that commission services from the provider.

# Is the service safe?

## Our findings

Appropriate recruitment checks did not always take place before staff started work. The provider told us they and a senior member of staff covered most of the shifts at the home. They showed us a staffing roster which confirmed this. The provider employed two other members of staff, one full time and one part time. These staff had worked at the home for over three years under an agreement with a local care agency and had consistently covered night time and weekend shifts. We saw that the provider had obtained criminal records checks, proof of identification, their qualifications, copies of passports and references from the agency confirming that these staff were suitable to work with the people living at Edge Hill care home. The provider told us that the agency closed down in May 2015 and these staff continued to work at the home. They had interviewed staff, drawn up employment contracts for these staff. They had obtained a new criminal records check for one member of staff. However they did not request that these staff complete application forms with full employment histories or health checks before they started their employment at the home. The lack of robust recruitment procedures could place people using the service at risk of receiving care from unsuitable staff.

These issues were a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the provider sent us a risk assessment relating to these staffs employment at the home. They requested the staff complete application forms which would include their full employment histories, a health check and obtain a second employment reference. They would also be applying for new criminal records check for one member of staff. We will check these records at our next inspection of the service.

People using the service told us they felt safe and that staff treated them well. One person said, "I feel safe living here, there are no problems. We all get along together." Another person said, "I am fine here, I feel safe." The home had a policy for safeguarding adults from abuse and a copy of the "London Multi Agencies Procedures on Safeguarding Adults from Abuse". The provider was the safeguarding lead for the home. Staff demonstrated a clear understanding of the types of abuse that could occur. They told us the signs they would look for, what they would do if they thought

someone was at risk of abuse, and who they would report any safeguarding concerns to. The provider said they and all staff had received training on safeguarding adults from abuse. Training records confirmed this. Staff told us they were aware of the organisation's whistle-blowing procedure and they would use it if they needed to.

People said there were staff around when they needed support. One person said, "Day and night there is always someone here when we need them. If I need someone to go with me to a review meeting, they do." The provider told us that staffing levels were arranged according to the needs of the people using the service. If extra support was needed for people to attend social activities or health care appointments, additional staff cover was arranged. We checked the staffing roster; this corresponded with the identities and the number of staff on duty. Staff said there was always a safe level of staff on duty because the provider planned for events and appointments.

Appropriate procedures were in place to support people where risks to their health and welfare had been identified. Each person using the service had a contact and crisis form. This form included the details of the people and organisations involved in the support of the person, for example, health care professionals, care coordinators and the Community Mental Health Team (CMHT) emergency out of hour's duty team. The provider told us that these people would be contacted in an emergency, for example, where a person using the services mental health condition had deteriorated. The provider was available 'on-call' outside of office hours to respond to staff requests for support and to deal with emergencies.

People told us they received their medicines when they were supposed to and when they needed them. One person said, "It really helps that staff remind me to take my medicines." Another person was supported to administer their own medicines through a self-medication programme. We saw they had a self-medication risk assessment in place. This person told us, "The staff are really on point when it comes to my medicine. I take my own medicines, and keep them in my room. The staff check with me to make sure I am okay taking it. I am very grateful for their help."

Medicines were stored securely in a locked cupboard in the office. We saw records of medicines received into the home, medicines returned to the pharmacist and reports from fortnightly medication audits carried out by staff. We

## Is the service safe?

looked at the homes medicines folder. This included a medication policy and the names, signatures and initials of staff trained to administer medication. Staff training records indicated that all staff had received training on the administration of medicines. The folder also contained individual medicine administration records (MAR). These

included people's photographs, information about their health conditions, any allergies, and self-medication risk assessments, where appropriate. We checked MAR; these indicated that people were receiving their medicines as prescribed by health care professionals.

# Is the service effective?

## Our findings

People using the service said staff knew them well and knew what they needed help with. One person said, “I have been here a while, all the staff are the same ones that were here when I came. They know me and everyone who lives here. We all get along. The staff look after us and make sure we are okay and doing the right things.”

Staff received appropriate professional development. The provider is a registered mental health nurse (RMN). The senior member of staff told us they were part way through qualifying to become a RMN. We looked at training records and found that all of the staff employed at the home had completed an induction programme. The induction included topics such as the key worker role, the environment, fire procedures, and food hygiene and infection control. The provider told us that they considered health and safety, first aid, food hygiene, fire safety, the administration of medication, safeguarding adults and infection control to be mandatory training that all staff should complete. We saw that in 2015, all staff had completed training on these topics. Staff had also received training on person centred care, record keeping, diversity and equality, the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). Records showed that all staff had received regular formal supervision from the provider.

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. The application procedures for this in care homes and hospitals are 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 were being met. The provider told us that all of the people using the service had capacity to make decisions about their own care and treatment. However if they had any concerns regarding a person’s ability to make a decision they would work with the person using the service, their relatives, if appropriate, and any relevant health care professionals to ensure appropriate capacity assessments were undertaken. If the person did not have the capacity to make decisions about their care, their family members and health and social care professionals would be involved in making decisions for them in their ‘best interests’ in line with the Mental Capacity Act 2005.

The provider and the senior member of staff told us they prompted people towards independence by encouraging them to buy their own food and cook for themselves. One person using the service said, “I go shopping and buy my own food. I cook for myself at breakfast and at lunch time. The staff cook an evening meal for us and a Sunday dinner.” Another person said, “I buy my own food and I cook for myself. I like making soups and have the odd snack. Staff encourage me to eat healthy meals like fruit and vegetables but I also sometimes like to go out for a meal at a local café.” People’s care plans included sections on their diet and nutritional needs, alongside their support needs, for example with shopping, cooking and meal planning.

People told us they were able to see health care professionals when they needed. One person using the service said, “I see the community psychiatric nurse (CPN) about once a month or when I need to. I can go and see my GP or dentist when I want to.” Staff monitored people’s mental and physical health and wellbeing daily and at keyworker meetings. When there were concerns people were referred to appropriate healthcare professionals. Records in care files showed that people using the service had regular contact with the Community Mental Health Team and they had access to a range of other health care professionals such as dentists, opticians and chiropodists when required.



# Is the service caring?

## Our findings

Throughout the course of our inspection we observed staff speaking with and treating people in a respectful and dignified manner. The provider told us that everyone using the service was different and they were supported in an individual way. They said, "People living here are quite different in many ways, for example, their lifestyle choices, personal opinions and their cultural and religious beliefs. However as a team we show people respect and encourage them to be themselves." One person using the service said, "The staff are good, they treat me and everyone here with respect." Another person said, "I think the staff care for and respect us the right way." A relative of a person using the service said, "The home has had a very positive impact on my son's wellbeing. I don't know what would have happened to him if it wasn't for them. They are kind and caring and always keep me informed."

People using the service told us they had been consulted about their care and support needs. One person said, "When I moved into the home the provider showed me around the house, they introduced me to the other people living here and made me feel welcome. They asked me what things I liked and what I needed." Another person said, "I have a care plan and attend care program approach (CPA) reviews. People encourage me to do things and I am feeling better about myself. I am hoping that one day I can move into my own flat." The Care Program Approach (CPA)

is used to plan people's mental health care. A third person told us, "I have learned a lot here. A lot of people who came here have their own places now. I just have to do the right things and I know that I can move on too."

People told us about regular residents' meetings where they were able to talk about things that were important to them and about the activities they wanted to do. We looked at the minutes from the last two residents' meetings. These were well attended by people using the service and their comments and suggestions had been recorded. Items discussed at the last meeting in October 2015 included meal planning, cooking, use of the kitchen, smoking and discussing outings and activities. One person using the service told us they found the meetings useful. It gave everyone a chance to say what they needed to.

Staff told us how they made sure people's privacy and dignity was respected. They said they knocked on people's doors before entering their rooms and they made sure information about them was kept confidential at all times. The provider told us that all the people using the service were independent and did not require any support with personal care, however on occasions they might prompt people to purchase toiletries or washing powder, shave or change their clothing. One person using the service said, "The staff respect my privacy. They always knock on the door if they want to speak with me or to check if I am okay." Another person said, "There are no problems here. The staff just make sure we are fine. If they want to ask me something or tell me something they knock on the door and ask if they can come into my room."

# Is the service responsive?

## Our findings

People told us they were provided with a service user's guide when they moved into the home. The guide included important information about medicines, visitors' information, key working and how to make a complaint. They told us they had care plans and they had regular discussions with their keyworkers and care coordinators about their care and support needs. One person told us, "I am fully involved in all my care planning and care program approach (CPA) reviews. I attend the reviews at the clinic. My relatives and the provider usually come with me to the reviews."

Care files were well organised and easy to follow. Assessments were undertaken to identify people's support needs before they moved into the home and individual care plans and risk assessments had been developed using this information. Care plans included detailed information and guidance for staff about how people's needs should be met. Risk assessments had been completed for example on medicines, physical health and mental health relapse. The care files also included service user profiles, daily progress notes and records from key-working sessions and CPA reviews. Records showed that people using the service, their relatives where appropriate; care coordinators, keyworkers and appropriate healthcare professionals had been involved in the care planning process. Information in the care files had been reviewed by staff on a regular monthly basis.

A health professional told us staff at the home looked after people well. The provider had been very successful at

developing people's independence and since 2010 around ten people had moved through the home into their own accommodation. They found the staff to be caring and responsive to peoples care needs. The staff were particularly good at helping people to access day time activities in the local community and telling the CMHT of any signs of relapses in people's mental health. They said staff regularly supported people to attend placement reviews and CPA meetings.

A person using the service said there were plenty of opportunities to do things both in and out of the home. They said they tidied their room and did their own washing, cooking and shopping. There were board games and movies nights for people using the service to take part in if they wished. They told us they liked to frequently visit a local café; they attended an art class during the week and visited relatives at the weekend. Another person said, "I like to watch TV in my bedroom and I like to go for walks. I see my family regularly and I am seeing them over Christmas. The provider organises meals out and trips to Hastings and the shopping outlet in Ashford and we all go there."

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. People's complaints were fully investigated and resolved, where possible, to their satisfaction. The provider showed us a file for recording complaints. The file included the services complaints procedure and complaint records. The complaint records included details of the complaint, action taken by the provider and evidence that any complaints had been resolved to the satisfaction of the complainant.

# Is the service well-led?

## Our findings

The provider showed us records that demonstrated regular audits were being carried out at the home. These included maintenance, health and safety, medicines administration; fire safety and care file audits. We saw that complaints and accidents and incidents were recorded and monitored. The provider told us accidents and incidents were discussed with the CMHT and with staff at team meetings and measures were put in place to reduce the likelihood of these happening again. We saw records confirming the fire alarm system, fire safety equipment, gas boiler and portable appliances had been tested by engineers in 2015. The fire alarms system was being tested by staff each week and full fire evacuations took place every three months. We saw a report from an unannounced spot check carried out by the provider in December 2015. The provider checked medicines and spoke with people using the service about their care. The provider said they carried these checks out to make sure people were receiving good quality care at all times. The provider acknowledged that since two staff had moved to permanent employment at the home recruitment information held about them needed to be updated. Immediately following the inspection the provider confirmed this process had commenced.

People using the service told us there was always a relaxed atmosphere in their home and they felt their views and opinions were valued by staff.

Throughout the course of this inspection it was clear from the provider, staff, and people using the service, a relative and a health professional we spoke with that the ethos of the home was to improve people's confidence in their own abilities and to help them to move into their own homes.

One member of staff said, "We have a very good team. We want to help people rediscover the skills they may have lost due to illness, and support them to get better and live their lives."

Staff could express their views at team meetings. We saw that staff meetings were held every other month. These were well attended. Items discussed at the October meeting included training, cleaning the home, annual leave and the needs of people using the service. A member of staff told us, "I have worked here for a few years now. It's a good place to work. We get good training and the management are really supportive."

People who use the service were asked for their views about their care and treatment and they were acted on. The provider showed us questionnaires completed by people using the service in July 2015. Questions related to, for example, food and shopping, personal care and support, keyworkers and the management of the home. All indicated that they were very satisfied or quite satisfied with the support they received in these areas. Where people had made suggestions for improvements we saw the provider had developed a plan of action to make these improvements.

The local authority that commissioned services from the provider told us they carried out an audit of the service in July 2014. This was to ensure that people who used the service were safe, that they received support to attain their individual goals and aspirations and that the service was compliant with regulatory requirements. Some recommendations were made following the visit which the provider had addressed. The local authority said there were no current concerns about the service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

Accommodation for persons who require nursing or personal care

### Regulation

Regulation 19 HSCA (RA) Regulations 2014 Fit and proper persons employed

People using the service were not always protected against the risk of receiving care from unsuitable staff because the provider did not have appropriated procedures in place for recruiting staff.

Regulation 19 (2).