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EdgeHill Care Home

Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

Edgehill Care Home is a residential care home for five people with mental health needs. At the time of the inspection the home was providing care and support to five people.

At our last inspection of this service on 30 March 2016 the service was rated Good. At this inspection we found the service remained Good. The home demonstrated they continued to meet the regulations and fundamental standards.

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.

People told us they felt safe living at the home. There were safeguarding procedures in place and staff had a clear understanding of these procedures. People using the service and staff told us there was always enough staff on duty to meet people's care and support needs. Robust recruitment procedures were in place. Action was taken to assess any risks to people using the service. Medicines were managed appropriately and people were receiving their medicines as prescribed by health care professionals.

People's needs were assessed and care files included detailed information and guidance for staff about how their needs should be met. Staff had the knowledge and skills required to meet people's needs. The provider had a good understanding of the Mental Capacity Act 2005 and acted according to this legislation. People told us they were encouraged to eat healthy meals and cook for themselves. Staff monitored people's mental and physical health and where there were concerns people were referred to appropriate health professionals.

Staff encouraged people to be as independent as possible. People knew about the home's complaints procedure and said they were confident their complaints would be fully investigated and action taken if necessary.

The provider took people's views into account in relation to the service, through surveys and informal residents meetings. The provider recognised the importance of regularly monitoring the quality of the service they provided to people. Staff said they enjoyed working at the home and they received good support from the provider.

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 remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection was carried out on the 11 January 2018. The inspection was unannounced and carried out by one inspector. We spent time observing care and support being provided. We spoke with three people, two members of staff, the provider and a health care professional. We looked at records, including two people's care records, staff recruitment and training records and records relating to the management of the service.

Before the inspection we looked at the information we held about the service including notifications they had sent us. A notification is information about important events which the service is required to send us by law. We also contacted the local authority responsible for commissioning the service to obtain their views and used this to help inform our inspection planning.

Is the service safe?

Our findings

People told us they felt safe. One person said, "I feel safe and secure living here." There were safeguarding procedures in place and staff had a clear understanding of these procedures. A member of staff told us they would report safeguarding concerns to the provider. If they needed to they could also report their concerns to the police, social services or the CQC. Training records confirmed that staff had received training on safeguarding adults from abuse.

People and staff told us there was always enough staff on duty. One person said, "There is always someone here. To be honest we do most things for ourselves." A member of staff said, "The people who live here have minimal support needs. Most times there is one staff on duty but the provider is always available when we need them." The provider showed us a rota and told us that staffing levels were arranged according to people's needs. If people's needs changed additional staff cover was arranged.

Robust recruitment procedures were in place. One member of staff commenced employment at the home since our last inspection. Recruitment records for this member of staff included a completed application form, employment references, evidence that a criminal record check had been carried out, health declarations and proof of identification.

Action was taken to assess any risks to people. Individual risk assessments had been completed, for example on non-compliance with medicines and specific medical conditions. These included risk management plans with information for staff about actions to be taken to minimise the chance of the risk occurring. Each person had a contact and crisis form. This form included the details of individuals and organisations involved in the support of the person, for example, health care professionals 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's mental health condition had deteriorated.

There were arrangements in place to deal with foreseeable emergencies. Staff told us they knew what to do in the event of a fire and training records confirmed that all staff had received training in fire safety. The provider was available 'on-call' outside of office hours to respond to staff requests for support and to deal with emergencies. We saw that infection control audits were carried out at the home and training records confirmed that all staff had completed training on infection control and food hygiene. Staff told us that personal protective equipment such as gloves and aprons were always available to them when they needed it.

Medicines were managed appropriately and people received their medicines as prescribed by health care professionals. Medicines were stored securely in a locked cupboard. People had individual medication administration records (MAR) that included their photographs, details of their GP and any allergies they had. They also included the names, signatures and initials of staff qualified to administer medicines. Training records confirmed that staff responsible for administering medicine had received medicines training. MAR records had been completed in full and there were no gaps in recording. We saw records of medicines

received into the home and reports from regular medication audits carried out by the provider.

Is the service effective?

Our findings

Assessments of people's care and support needs were carried out before they moved into the home. These assessments along with referral information from the community mental health team were used to draw up individual care and support plans and risk assessments. People said staff knew them well and knew what they needed help with. One person told us, "I get all the help I need. The staff know me very well."

Staff had the knowledge and skills required to meet people's needs. A member of staff told us, "I completed an induction when I started work; I am up to date with all of my training." Staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Training records confirmed that all staff were up to date with training the provider considered mandatory. This training included fire safety, food hygiene, first aid, infection control, safeguarding adults, the administration of medicines, mental health awareness and the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS).

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. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the home 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 people had capacity to make decisions about their care and treatment. If they had concerns regarding any person's ability to make specific decision they said they would work with them, their relatives, if appropriate, and the relevant health and social care professionals in making decisions for them in their 'best interests' in line with the MCA.

People's care plans included sections on their diet and nutritional needs. These indicated their support needs with shopping and cooking meals. One person told us, "I have been having cooking lessons at home. That's all going very well." Another person said, "The staff cook a main meal for us every day. The food they cook is nice. I like to keep snacks in my room. They encourage us to eat healthy meals."

People's mental and physical health was monitored and if concerns were identified referrals made to health professionals. People told us they had regular contact with the Community Mental Health Team and they had access to a range of other health care professionals such as a GP, dentists, opticians and chiropractors when they needed them. Care files included records of all appointments with health care professionals. A manager from the CMHT told us the staff always contacted them if they had any concerns about people.

The home was clean and well decorated. People told us the home was comfortable and met their needs. None of the people living at the home required any adaptations to support them. People told us that when they had visitors they could use the living room or their own rooms if they wanted privacy.

Is the service caring?

Our findings

People told us they liked staying at the home and they liked the staff. One person said, "It's very comfortable here. I have everything I need. The staff are always willing to help me and they are very caring." Another person told us, "The staff are very easy to get on with. They are helpful and kind and caring. They are not moody like staff in some of the other places I have been."

People told us they had been consulted about their care and support needs. They had key workers to coordinate their care and they were happy with the support they received from staff. One person said, "I have a key worker to talk to if I need to. I also go to see my community psychiatric nurse (CPN) on a regular basis." People told us they were able to express their views about the home during one-to-one keyworker sessions. We saw that records from these sessions included people's views about issues such as meals and activities.

The provider told us that some people had expressed a wish not to hold formal residents meeting however they recorded people's views about the home during informal meetings when people were together for example at meal times. We saw the minutes from the last meeting held on 12 December 2017. The meeting was well attended and people's comments and suggestions had been recorded. Items discussed included domestic tasks, the homes no smoking policy and Christmas arrangements at the home as some people planned to visit or stay with relatives.

People told us their privacy and dignity was respected. One person said, "The staff knock on my door and ask if it's alright for them to come into my room, they would never just walk in. I am always treated with respect." Another person told us, "I like to spend time in my room listening to or making music. The staff respect that and they wouldn't come in unless they asked me first."

Throughout our inspection we observed staff speaking to and treating people in a respectful and dignified manner. A member of staff told us how they made sure people's privacy and dignity was respected. They said they knocked on doors and asked people for their permission before entering their rooms. They told us that people were independent and did not require any support with personal care; however on occasions they might remind people to have a shower, shave or change their clothing.

Is the service responsive?

Our findings

People spoke positively about the care and support they received from staff. One person said, "I have learned a lot of things since I came here. I do some cooking and cleaning and I have been supported to look for work." Another person told us, "I am learning new things all of the time. I attend regular appointments with the community mental health team. Staff used to support me to go there but I can go by myself now on public transport."

Care plans described people's mental and physical health needs and provided guidelines for staff on how to best support them. For example we saw information for staff for supporting a person with a specific medical condition and details of health care professionals to contact in the event of a crisis. People's care plans and risk regularly reviewed and people were supported to attend medical appointments and meetings with mental health professionals when required. It was evident during the inspection that staff knew people well and understood their needs. A member of staff was able to describe people's care and support needs in detail. They told us that care plans and support guidelines were easy to follow and were always kept up to date.

Care plans included a section that referred to people's religion, faith or cultural needs. The provider and staff told us that although people came from different cultural and ethnic backgrounds none had expressed that they needed any support with diverse needs. One person told us, "I do things my way; I can buy the food I like whenever I like or eat what's on offer at the home." Two other people told us they had no need for support in relation to any diverse needs. The provider and staff told us they would be happy to support people to express themselves and support them to do whatever they wanted to do.

The home had a complaints procedure in place. People told us they were confident their complaints would be listened to. One person said, "I would tell the provider if I wasn't happy about something and they would deal with it." Another person said, "There's nothing to complain about. I would tell the provider if there was. I am sure they would sort things out." We looked at the home's complaints file. The file included a copy of the complaints procedure and forms for recording and responding to complaints. The provider told us they had not received any complaints since our last inspection of the home. However, if they did, they would write to any person making a complaint to explain what actions they planned to take and keep them fully informed throughout.

People told us they were able to communicate their needs effectively and could understand information in the current written format provided to them, for example the complaints procedure and the service users guide. The service user guide included the complaints procedure and the services provided at the home and ensured people were aware of the standard of care they should expect. The provider told us that if any person planning to move into the home was not able to understand this information they would provide it in different formats for example different written languages or through interpreters.

Is the service well-led?

Our findings

People and professionals with an interest in the service spoke positively about the management at the home. One person told us, "The home is well run. The provider is around a lot, so if we need anything it gets sorted." A manager from the CMHT told us they had a good relationship with the provider and staff, they said the home was well managed and they looked forward to working with the home in the future. An officer from a local authority told us they visited the home before Christmas and they had no concerns about the quality of care provided to people.

The registered provider managed the home. They were knowledgeable about their responsibilities with regard to the Health and Social Care Act 2014 and demonstrated good knowledge of people's needs and the needs of the staffing team. A member of staff told us, "I get good support from the provider. They are available any time I need them day or night. They listen to me, they are supportive and they care about me and the people who live here. They are always asking if I need anything and make sure I get all the training I need."

Throughout the course of this inspection it was clear from people the provider and staff that the ethos of the home was to improve people's ability to live independently. One person told us, "The provider and staff are very good at encouraging people to do things for themselves. This is a very good place to live if you want to learn new things and become independent." A member of staff said, "I enjoy working here, it's rewarding. Although the people living here can do a lot of things for themselves it's good to see them learn or improve on their skills, for example one person is not drinking as many fizzy drinks and is now cooking for themselves."

The provider recognised the importance of regularly monitoring the quality of the service. We saw records confirming that regular health and safety, maintenance, infection control, medicines, fire safety, complaints and care file audits were being carried out at the home. We saw records confirming the fire alarm system, fire safety equipment, gas boiler and portable appliances had been tested by engineers in 2017. The provider kept a record of all accidents and incidents affecting people. We saw that following an incident in February 2017 when a person's personal possession went missing the provider installed a close circuit television system that covered the communal areas at the home. People told us the system made them feel safer.

The provider sought people's views through satisfaction surveys. We saw a number of questionnaires completed by people as part of the provider's annual satisfaction survey. The provider told us they were in the process of analysing the feedback from people before taking action to make improvements at the home. The provider told us they had visited other care homes to look at good practice and to consider if they could use any of what they had learned at the home. As a result of a recent visit to one care home they were developing a new survey that would seek the views of people using the service, relatives, staff and professionals with an interest in the home. They said they would use the feedback received to compile a report and an action plan for making improvements at the home. We will look at this at our next inspection of the service.

