Arcare Edge Hall Limited

Edge Hall Care Home

Inspection report

21 Knowsley Road
Southport
Merseyside
PR9 0HN

Tel: 01704541643

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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

This inspection took place on 12 May 2016 and was unannounced.

Edge Hall Care home is located in a residential area of Southport, Edge Hall Care Home provides accommodation and care for a maximum of 12 people with a learning disability. There were 12 people living at the home at the time of our inspection.

The accommodation includes single rooms with ensuite facilities, a shared lounge and dining area. A passenger lift is available for access to the upper floors. Parking is available to the front of the property and a garden to the rear. The home is located near to local places of interest and the main shopping area of Southport.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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 we spoke with told us they felt safe and staff knew what actions to take if they thought that anyone had been harmed in any way.

People received their medicines as prescribed and safe practices had been followed in the administration and recording of medicines.

People confirmed there were enough staff available to meet their needs.

Staff we observed delivering support were kind and compassionate when working with people. They knew people well and were aware of their history, preferences and dislikes. People's privacy and dignity were upheld. Staff monitored people's health and welfare needs and acted on issues identified. People had been referred to healthcare professionals when needed.

People told us there were enough suitably trained staff to meet their individual care needs. Staff were only appointed after a thorough recruitment process. Staff were available to support people to go on trips or visits within the local and wider community.

Staff understood the need to respect people's choices and decisions if they had the capacity to do so. Assessments had been carried out and reviewed regarding people's individual capacity to make care decisions. Were people did not have capacity, this was documented appropriately and decisions were made in their best interest with the involvement of family members where appropriate and relevant health care professionals. This showed the provider understood and was adhering to the Mental Capacity Act 2005.This is legislation to protect and empower people who may not be able to make their own decisions.

The provider was meeting their requirements set out in the Deprivation of Liberty Safeguards (DoLS). DoLS is part of the Mental Capacity Act (2005).

People's bedrooms were individually decorated to their own tastes. People who could not communicate were encouraged to express their views in a variety of ways – verbally, through physical gestures, body language, Makaton and British Sign Language.

People were supported to purchase and prepare the food and drink that they chose. People who lived at the home, their relatives and other professionals had been involved in the assessment and planning of their care. Care records were detailed and gave staff the information they required so that they were aware of how to meet people's needs.

There was a complaints procedure in place and people felt confident to raise any concerns either with the staff, the deputy manager or the registered manager.

Staff were trained and skilled in all mandatory subjects, and additional training which was taking place within the organisation. Staff we spoke with were able to explain their development plans to us in detail and told us they enjoyed the training they received. Staff told us they could approach the management team anytime and ask for additional support and advice.

Staff spoke highly of the organisation's values and all of the staff we spoke with told us they were proud to work for the organisation. Staff said they benefited from regular one to one supervision and appraisal from their manager.
There was a safeguarding and a whistleblowing policy in place, which staff were familiar with.

Quality assurance audits and feedback were collected regularly from staff, relatives and people living at the home, and were analysed and responded too appropriately. We could see the registered manager was using this feedback to continually improve the service. Other quality assurance audits we saw were highly detailed and the registered manager responded appropriately to shortfalls identified within the service provision. Working action plans and target dates for completion were seen.

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

There was enough staff employed at the service to ensure people were supported safely.

Recruitment checks had been undertaken on staff before they started working at the home to check they could work safely with vulnerable people.

There were procedures in place to monitor the stock, delivery and administration of medication. Everyone was receiving their medications safely.

Risk assessments were in place for people who needed them. They were reviewed on a regular basis or when the person's needs changed, and contained up to date information.

Is the service effective?

Good

The service was effective.

The service was operating in accordance with The Mental Capacity Act 2005 and associated principles.

Staff felt the level of training and supervision they had access to supported them effectively in their everyday role and made them feel valued.

The home was in the process of being modernised further.

There was good communication with health professionals who visit people in the home.

The food was prepared by people who lived at the home with the assistance of staff. People confirmed they exercised choice over what food they ate.

Is the service caring?

Good

The staff was caring

We observed positive and friendly interactions between staff and people who lived at the home.

People told us staff respected their privacy and treated them with respect.

Staff were able to give us examples of how they supported people in a respectful way, taking their individual needs into account. Staff could demonstrate that they knew the people who lived at the home very well.

Care plans were signed by people or by their relatives if they had permission to do so.

Is the service responsive?

Good

The service was responsive

People's care plan reflected how they needed to be supported and contained information relevant to that person.

Information was available in different formats to support people to understand what it meant.

There was a complaints procedure in place; people at the home told us they knew how to complain.

A medical professional told us the home responded well to peoples changing needs and any advice was always acted upon.

Is the service well-led?

Good

The home was well-led.

The registered manager worked as part of the staff team and was very well known in the home.

People and staff spoke positively about the registered manager.

There were quality assurance systems in place, which regularly checked the records and other documentation relating to how the service was run.

There was a procedure in placed for collecting peoples feedback to take on board people's views to improve the service.

Edge Hall 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 inspection took place on 12 May 2016 and was unannounced.

The inspection team consisted of an adult social care inspector.

Before our inspection we reviewed the information we held about the home. This included the Provider Information Return (PIR). A PIR 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 statutory notifications and other intelligence which the Care Quality Commission had received about the home.

During the inspection we spent time with three people who were living at the home and spoke to three staff members including the registered manager. We also spoke to a visiting healthcare professional.

We looked at the care records for three people living at the home, three staff personnel files and records relevant to the quality monitoring of the service. We looked around the home, including people's bedrooms, the kitchen, bathrooms and the lounge areas.

Good

Is the service safe?

Our findings

Everyone we spoke with told us they felt safe living at the home. One person said "Yes it's great." Another person said "It's really safe" Someone else told us "I'm really happy".

We checked how staff were recruited to work in the home. We saw that the organisation followed a robust screening procedure and staff were subject to recruitment checks including a DBS (Disclosure Barring Service) to ensure the manager was aware if they had any previous convictions before they were offered a position within the home. There were two references on file for each person and copies of identification had been taken and were kept securely in the staff members file.

Risk assessments were reviewed when needed following an accident or incident. General risk assessments such as accessing the community, traveling, eating out, use of the kitchen and infection control were all in place. Risk assessments provided information to staff and guidance on how people should be looked after to keep them safe. Risk assessments contained an appropriate and informative level of detail. Risk was clearly documented and procedures were clear for staff to follow.

We looked at how medicines were managed and found appropriate arrangements were in place in relation to the safe storage, receipt, administration and disposal of medicines. Medication was delivered pre packed which meant people's medicines had been dispensed into a monitored dosage system by the pharmacist and then checked into the home by staff on duty. Arrangements were in place for confirming people's current medicines on admission to the home. Corresponding Medication Administration Records (MAR) charts were provided and all the MAR's were checked and were complete and up to date.

Medicines were stored securely which helped to minimise the risk of mishandling and misuse. Auditing medicines reduced the risk of any errors going unnoticed and therefore enabled staff to take the necessary action to rectify these. Training records showed staff responsible for medicines had been trained and a regular audit of medicine management was being carried out. Where new medicines were prescribed, these were promptly started and arrangements were made with the supplying pharmacist to ensure that sufficient stocks were maintained to allow continuity of treatment.

Some people were prescribed PRN medicines to be used only 'when required'. There was guidance in place to inform staff when these medicines should be used. This shows the provider has recognised it is important that staff have detailed information, including personalised details of people's individual signs and symptoms to ensure that people are given their medicines correctly and consistently, especially if the individual has communication difficulties or is unable to recognise their own needs.

People had been assessed to determine their wishes and capacity to manage their own medicines. Care records showed people had consented to their medicines being managed by the service. People we spoke with told us they received their prescribed medicines on time. One person was self-administering their own medication at the home, we saw that the records reflected this, and the person was well supported to manage this themselves.

We looked at the adult safeguarding policy for the home and asked the staff about their understanding of their roles in relation to safeguarding. Staff were clearly able to demonstrate an in depth knowledge of the procedures they would be expected to follow to keep people safe from abuse. One staff member said "I would either report it myself or go to the registered manager.
We also asked staff about whistleblowing. All of the staff we spoke with told us they would not hesitate to use this policy if they felt they needed too.

We checked to see if the relevant health and safety checks were regularly completed on the building. We spot checked some of the certificates, such as the gas, electric and mobile equipment, including hoists and slings. Everyone who lived at the home had a personal evacuation plan (PEEP) in place that was personalised to suit their needs.

We looked at the staff rota for the week. The registered manager told us most staff were long serving and were therefore familiar with people's needs. This also meant staff were able to build up trusting relationships with people they cared. Staff spoken with confirmed they had time to spend with people living in the home. The registered manager told us cover for sickness or annual leave was managed well with existing staff.

Good

Is the service effective?

Our findings

People told us the staff had the right skills and knowledge to be able to support them. One person said "The staff are very good." Another person said "They know me."

People received effective care from staff who had the knowledge and skills they needed to carry out their roles and responsibilities. Staff received all essential training, which was managed by the provider, in a range of areas. For example, fire, manual handling, food hygiene, infection control, safeguarding, MCA and DoLS, food and nutrition and medication. Staff were also encouraged to work towards external qualifications, for example, some staff had achieved a Diploma / National Vocational Qualification Level 3 in Health and Social Care. The deputy manager and senior care assistant were also completing their level 5 diploma in health and social care. Before the staff started work, they completed an induction process in line with The Care Certificate. The Care Certificate is an identified set of standards which health and social care workers must adhere to in relation to their job roles. Staff induction also involved shadowing existing members of staff until they felt comfortable to work on their own.

All training was arranged by the provider and the registered manager had documented training dates in a diary as well as in a training matrix so staff were aware they had to attend training. Records confirmed that staff training was up to date and well managed. In addition to the mandatory training, staff were trained by an external specialist company who specifically trained the staff in how to managed people with the complexity of the people living in Griffin House. We saw other evidence of person specific training, such as Makaton, British Sign Language and challenging behaviour.

Staff had supervision meetings with their manager and staff records confirmed that staff had received supervisions at least every six weeks. Issues such as holidays, handovers, key working, learning and development and medicines were discussed. We also saw there was an annual appraisal system in place for staff.

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). The DoLS provide a legal framework to protect people who need to be deprived of their liberty in their own best interests.

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.

All the staff team had received training in the principles associated with the MCA 2005 and the DoLS. We found staff understood the relevant requirements of the MCA and put what they had learned into practice. The registered manager had applied for DoLS authorisations appropriately for some people who lacked capacity and was waiting for them to be authorised.

We saw an application had been made to the relevant authority for consideration.

Staff understood the importance of gaining consent from people and the principles of best interest's decisions. Useful information about their preferences and choices was recorded. We also saw evidence in care records that people's capacity to make decisions was being continually assessed on a monthly basis which meant staff knew the level of support they required while making decisions for themselves. We saw this was due to fluctuations in peoples mental capacity as a result of their medical diagnosis or their current 'mood'. Care records showed people's capacity to make decisions for themselves had been assessed on admission and in line with legal requirements.

People were supported to have sufficient to eat and drink and were encouraged to maintain a healthy and balanced diet. This was evidenced both in peoples care plans and on the menu. People were weighed weekly to ensure they were maintaining a healthy weight.

Menus were planned and took account of people's likes and dislikes. The people living in the home took it in turns to go shopping for some items. During our inspection we observed the staff supporting one of the people who lived at the home to eat their lunch. The staff were being encouraging and offering verbal prompts as recommended in the persons support plan.

We could see from peoples care plans they had regular appointments with opticians, dentists and GP's. These were managed for them by the staff.

People's rooms were decorated in their favourite colours, for example, we could see from someone's care plan they liked pinks and purples, and there was a lot of this colour used to decorate their room. There were other forms of personalisation such as photos and posters on display in their room.

The building was undergoing some refurbishment and decorating all of which had been previously risk assessed to ensure there was no danger to anyone living at the home.

Good

Is the service caring?

Our findings

Everyone told us that the staff cared about them and respected their wishes. One person told us how he had stopped smoking, and the staff were encouraging them and commending them on their efforts. Another person said "They understand when I have my moments, but they don't give up on me." Someone else said "Yes they are lovely; they knock on my door before coming in."

One medical professional we spoke with told us the general well-being of the person they oversee had improved since admission, and the staff were "excellent and caring." and "They know what to look out for."

Staff were able to understand people's non-verbal communication including their body language and used various Makaton signs to enable people to communicate effectively. We observed staff communicating with one person living at the home using Makaton and encouraging the person to sign back. There was a lot of warm engagement between the staff member and the person who lived at the home. We heard staff throughout our inspection speak to people with respect. For example, one person was going on a bike ride, and the staff member respectfully suggested that a certain item of clothing might not be weather permitting.

We asked people if they felt the staff understood their needs and preferences. One person said "They do." Another said "They know I love my roast dinners."

We asked staff to give us examples of how they protect people's dignity and privacy. One staff member said "We always knock and ask permission to enter". Other staff members told us "We close doors" We heard staff addressing people by their preferred title throughout the day as well as appropriate levels of humour between staff and people who lived at the home.

We saw people's records and care plans were stored securely in a lockable room which was occupied throughout our inspection. We did not see any confidential information displayed in any of the communal areas.

We saw from looking at care plans that they had been signed by the person receiving the care or their family member. When we asked people if they had been involved in their care plans, people confirmed they had. People told us the staff asked their permission before they came into their rooms and sought permission before assisting them with nay personal care tasks.

For people who had no family or friends to represent them contact details for a local advocacy service were available. People could access this service if they wished to do so. We saw that no one was accessing these services during our inspection.

There were numerous thank you cards in the home, commending staff for all of their help and care, and a compliment from a social worker, again reflecting on the hard work and caring nature of the staff.

Good

Is the service responsive?

Our findings

People told us that they felt the staff gave them a personalised service. One person said "They treat me as me." Another person said "They respect that I don't always want to get involved, but like it when I do."

One person shared their experience of a recent day trip, which some of the people who lived at the home chose to go on together. They told us they had a wonderful time.

Support plans we looked at were personalised to contain a high level of information involving peoples specific care needs, in particular around peoples behaviours and what strategies the staff should use to physically intervene, which included when to administer PRN medications to people, and when to seek support from other medical professionals, such as Community Practice Nurses.

Staff we spoke with displayed a clear and vast knowledge of the people they supported and it was evident through our observations and conversations with staff that they knew the people who lived at the home very well. For example, staff could recall the in depth information in one person's care plan who required a high level of intervention if they became unwell. The staff member told us the exact procedure they would follow. When we checked this person's care plan we saw that this was right.

We spoke to a medical professional who was visiting on the day of inspection. The feedback we received with regards to the support proved was positive. The medical professional gave us an example of how the provider had changed the layout of one person's bedroom as the original design did not meet their medical needs. The medical professionals also confirmed that in addition to the persons support plan, there is also a crisis plan in place which has been completed in case there is a significant change to the person's needs. The medical professional also told us that the communication between the home and themselves was working well.

People told us their choice was respected, we saw from looking at menus there was always two choices provided and people confirmed they had input into what should appear on the menus.

People told us staff listened to any concerns they raised. There had been no complaints raised at the home in the last twelve months People were encouraged to share their experience of the complain if they felt the needed to. The complaints procedure was displayed in the home and people were given a copy, in easy read if they requested it. We saw this procedure and could see it encompassed the procedure of the local authority as well as the provider.

We looked at how social activities were organised. People were keen to tell us about recent day trips they had been on, and there were photographs around the home which showed people on holiday with staff engaging in various activities. Some people told us they accessed the community independently and they enjoyed doing this.

Good

Is the service well-led?

Our findings

There was a registered manager in post.

Staff and people living at the home, were complimentary about the registered manager. One staff member said "(Registered managers name) is very supportive." Another said "I could talk to (registered manager) about anything."

We observed through the day that people had a strong bond with the registered manager and told us how much they liked them.

The registered manager and the staff were aware of every person's individual support plan and specific strategies to follow. They were also aware of each person's background. The ethos of teamwork and inclusion was very much present in the home. The registered manager told us it is important that everyone gets 'stuck in.'

Team meetings were regular and were well organised on rotas so staff would be available to attend. The last team meeting was in March 2016. We saw that residents meetings were also taking place. The last resident meeting took place in April 2016.

The registered manager demonstrated an ability to deliver high quality care and regular audits took place to assess the quality of the care delivered. Records confirmed that audits had been conducted in areas such as health and safety, including accident reporting, manual
handling, premises, food safety, medication, laundry and risk assessments. Audits were undertaken on a monthly basis. Where action was required to be taken, we saw evidence this was recorded and plans put in place to achieve any improvements required.

We enquired about quality assurance systems in place to monitor performance and drive continuous improvements. The registered manager had developed a system to analyse trends and patterns in relation to accidents and incidents. We saw that all accidents and incidents and been recorded and any actions identified had been completed.

We saw results from a recent feedback survey undertaken by the home and the registered manager had analysed the results and developed a chart made up of people's responses to multiple choice questions.

The home had policies and guidance for staff to follow. For example, safeguarding, whistle blowing, compassion, dignity, independence, respect, equality and safety. Staff were aware of these policies and their roles within them

The registered manager understood their responsibility and had sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.