

Care In Mind Limited

Edge Brook

Inspection report

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22 August 2023

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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

About the service

Edge Brook is a small 'care home' providing accommodation to up to 6 people who require nursing or personal care. The service provides support to young people with an eating disorder. At the time of our inspection there were 4 people using the service.

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.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

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

Right Support: People were supported by staff who had a strong understanding of how to promote people's independence. Staff supported people to work towards achieving their goals by working in accordance with robust care plans. People told us they felt support relating to 1 to 1 support and engagement could improve; we discussed this with the provider who was able to evidence this was consistently under review. People were able to personalise their rooms with personal items important to them. The provider was able to evidence the approach staff took in supporting people during times of anxiety and distress was consistently reviewed and reflected on to inform continuous improvement.

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.

Right Care: People received robust support relating to their diet and when support from external professionals was needed, this was requested in a timely manner. Feedback from people and some relatives was mixed in relation to how safe people felt at the service. Staff's presence within the home was consistently raised as needing improvement particularly comments relating to staff spending significant periods of time in the office. We also observed during our visit to the service staff spent long periods of time based in the office; however, we also noted there was generally one member of staff based in the areas of the home most frequently used by people. We discussed feedback with the provider who provided evidence of reflective work around this issue; we have made a recommendation the provider carries out further work to respond effectively to people's feedback around feeling safe.

Right Culture: The provider ensured a person centred approach to care planning, support and care was

promoted throughout the service. People's protected characteristics were considered at all times. The provider had robust quality assurance systems in place which ensured checks within the service were robust and accurate. The provider had worked proactively with local safeguarding professionals to ensure they were meeting the requirements to share safeguarding incidents in line with local and national guidance and legislation. We observed evidence of reflective work being carried out. However, in some cases this was not always recorded in relevant records; for example, management reflection on accidents and incidents needed additional detail to evidence why staffs approach to supporting people, during periods of anxiety and distress, reflected best practice particularly in relation to people's therapeutic plans. We have made recommendation relating to reflection in accidents and incident and in relation to people feeling included in decisions made about their support.

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

Rating at last inspection and update

The last rating for this service was good (published 28 May 2023).

Why we inspected

We received information which highlighted a review of risk management and service governance was needed. As a result, we undertook a focused inspection to review the key questions of safe, effective and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained the same.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective and well-led sections of this full report.

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.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Edge Brook on our website at www.cqc.org.uk.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service 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.

Edge Brook

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by 2 inspectors.

Service and service type

Edge Brook 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 Brook is a care home with nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 26 July 2023 and ended on 22 August 2023. We visited the location's service on 26 July 2023.

What we did before the inspection

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

During the inspection

We spoke with 3 people and 1 person who had recently moved from the service to understand their experience of care and support provided. We also spoke to 3 relatives. We spoke to 7 staff including the nominated individual, the registered manager, the deputy manager and senior support and support workers. We also spoke with several professionals who work closely with the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records including 2 people's care records, medication administration records and associated documentation. We also looked at other records relating to the management of the home and risk management. We looked at safety information and certificates, staff rota's, accident and incident forms, meeting minutes, audits and policies. We also reviewed 4 staff files in relation to recruitment, staff supervision, competency assessments and training.

Alongside our visit to the service, we used remote technology such as video calls to enable us to engage with staff and electronic file sharing to enable us to review additional documentation.

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

- The providers model of care of a least restrictive approach to managing risk was made clear to people, relatives and commissioners prior to people's placements at Edge Brook. We found the provider worked in accordance with their policies relating to risk management.
- People and some relatives told us they did not always feel safe. This predominantly related to a lack of staff presence and people not feeling staff were always available to offer support during periods of anxiety and distress. One person said, "I do not feel safe whilst (I've been) here. I understand this is a least restrictive placement but the minute we struggle [staff] just leave us to 'calm down'. During these times I have (had incidents of self-harm)."
- We discussed with the provider the feedback relating to people feeling safe and staff's presence within the service. They were able to offer assurances this was consistently being reviewed and staff presence was closely monitored and had been raised during team meetings.

We recommend the provider takes effective steps to ensure people feel as safe as possible.

- The provider had worked proactively to develop communication and working relationships with local safeguarding professionals. This ensured they worked in accordance with local and national guidance and legislation.
- Staff had a good understanding of how to raise safeguarding concerns and who with. One staff said, "I would share (safeguarding concerns) with my manager, if not around I would escalate it to on call or the police. I might also report it to the local authority or social workers."

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The provider assessed risk in line with a least restrictive and therapeutic approach to risk management. This included clear guidance for staff to follow in the event of accidents and incidents.
- When accidents and incidents had occurred staff recorded details thoroughly. Reflection on accidents and incidents was completed by either the registered manager or deputy manager; however, additional detail was sometimes needed to ensure it was clear as to why staff had not approached managing the risk as requested by people.

We recommend the provider ensures reflections on accident and incident always include a specific and detailed review of staff's approach.

- Risk assessments were person centred and contained specific details on how people wished the risks associated with their support to be managed. This included what staff should do and not do during periods

of anxiety and distress.

- The provider carried out regular checks and review on the management of risk within the service.

Staffing and recruitment

- Staff were recruited safely with the appropriate checks in place to ensure staffs suitability to work with vulnerable people.
- The provider obtained references from previous employers and/or character references to understand staff's values, skill and experience in supporting people.
- The provider had recently lost staff from their therapeutic team. This had impacted the consistency in people's 1:1 therapy sessions and people and relatives explained the impact of this was significant. One relative told us, "The one thing I would say is [person] is supposed to have a [therapy session] once a week and [staff] left, so [person] hasn't seen or had that [therapy] support for 5 weeks now, which does have an impact."
- We discussed this with the provider who acknowledged this gap and evidenced they were actively trying to recruit to the position. In the meantime, they had sought additional support from professionals working in other areas of the service. They also provided a rationale for not covering sessions with agency staff as a lack of consistency can have a more significant impact on people.

Using medicines safely

- Medicines were stored, administered and managed safely. Processes were in place for the timely ordering and supply of medicines.
- The provider used an electronic medication administration record (EMAR) system to record daily management of people's medicines. We found these were completed consistently and when people had declined their medication this had clearly been recorded.
- Stock levels of medicines were counted daily and actual stock of medication reconciled with the information recorded in people's records.
- People's medicines were stored safely and in line with NICE guidelines.

Preventing and controlling infection

- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured the provider's infection prevention and control policy was up to date.

Visiting in care homes

- Relatives reported no concerns with being able to visit the service. One relative told us, "We've never had a problem visiting, the staff there are really nice. It's always been fine."

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 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

- The provider ensured comprehensive assessments relating to people's physical, mental and emotional health and wellbeing were completed. These included information people had shared relating to how support should be provided and any potential triggers which would impact their experience of support negatively.
- People's needs were assessed with consideration to their protected characteristics including age, sexuality and disability. We found care plans provided staff with detailed guidance on how to support people in accordance with their protected characteristics.
- Reviews of people's care and support were completed regularly. The provider ensured there were several ways in which people could provide feedback on their experience of support and care. These included various meetings, 1 to 1 sessions with staff and reviews with external professionals.

Staff support: induction, training, skills and experience

- People were supported by a skilled staff team which included the management team, senior support staff and support workers. Staff were provided with quality training and competency checks were thorough and consistently completed. Training included courses dedicated to specialist support provided at Edge Brook particularly in relation to eating disorders.
- We found staff consistently told us they felt well supported and completed training regularly. This was reflected in feedback we received from staff who demonstrated an understanding of how to support people in a person centred way and in line with best practice.
- Staff receive regular supervision and felt supported by the management team. One staff said, "Yes I do (feel supported by the management). We also have staff support sessions as well where we all get together and share any problems we might be having. It's a good place to work."

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

- People had robust diet plans in place which considered their dietary requirement. Healthy eating was promoted and monitoring of food intake was detailed and recorded. People's likes and dislikes were clearly recorded in their care plans.
- The impact of how staff should approach discussing dietary needs was recorded with people's involvement. This was due to discussions around food and fluid intake being potential triggers for people; where this was the case, preferred language was recorded in people's plans.
- How people wished for their food to be prepared was recorded in their care plans. Plans also included how much involvement they wanted to have in relation to portioning food and what techniques people used to support food and fluid intake; for example, distraction techniques, separating food and reducing

sensory overload issues.

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

- When people required support with accessing external professional involvement this was requested in a timely manner. This included GP appointments, reviews with social workers and treatment from external partners following accidents and incidents.
- We found the management team had a strong understanding of external professional involvement in people's multi-disciplinary team (MDT) support. Whenever we asked for clarification on an external professionals' involvement the registered manager and deputy manager were able to provide updates immediately which evidenced good oversight.

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

- People were encouraged to personalise their own rooms and communal areas were fresh, spacious and light. It was recognised people's rooms were their own individual space. Where people had stated they wished to have pets, the provider had worked with them to ensure this happened.
- We observed people were comfortable in their environment and naturally going wherever they wanted to, apart from other people's rooms.
- People had access to an outside area which was well kept. The services office was located in the basement area of the home; this increased the homely environment from the ground floor up.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- At the time of our inspection people living within the service had capacity to make decisions. This was only impacted during times of heightened anxiety or crisis and the provider had robust systems in place to monitor people's understanding around decisions they made.
- Staff had completed MCA and DoL's training as part of their induction and demonstrated a good understanding of how this would be relevant to the service. Staff demonstrated a good understanding of what can cause people's capacity to be temporarily impaired and the provider had implemented robust competency checks in relation to this.

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 promoted high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider obtained feedback from people, their relatives and staff. This was then analysed to identify areas where the service could develop. The provider included both positive and improvement comments in their analysis to ensure an accurate representation of people's feedback was used.
- People's care plans contained an individual diversity profile which was a space for them to share information which they felt was important for staff to know. This included information such as gender identity, cultural information, religion and beliefs.
- Some people told us additional involvement in decisions made about their support and communication from management would be beneficial. One person said, "[Management] claim we are involved in all aspects of our care however they make decisions without us, which means we are not able to manage because we haven't been able to come to some middle ground."
- We reviewed records to corroborate this feedback and found the provider had systems in place to engage people in decisions being made about their support.

We recommend the provider notes people's feedback and works to improve how people feel about their involvement in decision making.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The provider and management team used a wide range of audits to ensure robust oversight and checks on the quality of people's support were carried out.
- The provider carried out checks on the management teams audits. These were completed regularly to ensure compliance with regulations was consistent.
- Analysis of all areas of the service were consistently reviewed and reflected on to identify areas for development. Since our last inspection, the provider had refined their support for people with eating disorders and had used the model of care specific to Edge Brook to inform opening of similar services in other areas.
- The provider had identified rightly an area for improvement was to support the communication between the local authority in which they were based and commissioning local authorities for people who had been placed out of their local borough. We found evidence this had improved significantly.
- The provider had a good understanding of how to identify areas for improvement. The provider shared with us, "Lessons learned can come about from various sources including, incident management, accidents,

service reviews, complaints, suggestions and external feedback."

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

- People, relative's and staffs feedback evidenced a person centred culture throughout the service. This was further corroborated by people's care records and the providers policies. We found the provider was inclusive and people's likes, dislikes and preferences were a theme within people's care planning.
- Staff demonstrated a strong understanding of how to support people in a person centred way. One staff said, "In the past we've had more sociable and extroverted people but now we have a group of people who thrive in a quieter environment. So, we have to tailor the approach to the individual groups. It's about knowing people and understanding what they need."

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

- The provider clearly understood their responsibilities in relation to duty of candour. The provider evidenced a significant amount of work which had gone into improving relationships with external partners and professionals to report concerns, accidents and incidents appropriately.
- The provider had requested regular meetings with partners including safeguarding team, health service's and CQC to discuss any concerns in relation to their least restrictive approach. One professional told us, "The registered manager and deputy manager have engaged really well with the safeguarding team. They welcome scrutiny visits and we felt staff were open, honest and transparent. [The provider] has engaged in any enquiries."
- Relatives felt they were kept up to date when things had gone wrong. One relative said, "The staff are absolutely brilliant at Edge Brook. I know I can phone anytime and they'll let me know when [person] is distressed, we have an open dialogue which is really good."