

# Care UK Community Partnerships Ltd

# Edgbaston Manor

## 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

### About the service

Edgbaston Manor is a residential care home providing personal care for up to 70 older people and some of those people are living with dementia. At the time of inspection 59 people were living in the home. The property is purpose built. Bedrooms are en-suite and the home has additional facilities including a hairdressers and entertainment rooms.

There are usually nine staff on day shifts including deputy managers, a chef, as well as the registered manager. Nights are covered by three staff with management on-call as required.

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

Staff used an electronic system to record the contact and support given to people. This meant that staff coming onto shift had access to up-to-date information about the care and support provided. Care plans and risk assessments identified people's support needs and staff had a good understanding of the support people needed.

Feedback about the service, from people who lived at the home and those close to them, as well as professionals who often visited was consistent and positive. People and relatives praised the staff, the facilities and management.

Distinctive leadership decisions about activities and inclusive decision-making with people who lived at the home had achieved a service that was responsive. The service was innovative and made great effort to give people a person-centred care experience which led to positive outcomes. People and their relatives were encouraged to be involved in care planning and reviews.

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.

People were treated with kindness and compassion. People felt well-supported. People were listened to and could express their views. People's privacy and dignity was maintained.

People, relatives and staff expressed confidence in the registered manager, and were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained.

People, staff, and relatives knew how to complain. The registered manager understood their responsibilities under the duty of candour.

For more details, please see the full report for Edgbaston Manor which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 10 December 2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection because this service is unrated.

#### 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?

The service was safe.

Details are in our safe findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well led.

Details are in our well led findings below.

Good 

# Edgbaston Manor

## 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 Care Act 2014.

#### Inspection team

The inspection was undertaken by one inspector.

#### Service and service type

Edgbaston Manor is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the nominated individual are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who regularly visit the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

#### During the inspection

We spoke with 8 people and 5 relatives about their experience of the care provided. We also reviewed compliments, nomination cards and surveys, which gave us further insight into the quality of people's care and what it was like to live or work at Edgbaston Manor. We spoke with 6 members of staff including the registered manager, a deputy manager, the chef and 4 care workers.

We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 6 people's care records and multiple medication records. We looked at 6 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

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.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records and policies. We spoke with 2 healthcare professional who regularly visit the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection at this service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Staff were trained in safeguarding, so they had the skills and knowledge to protect people from avoidable harm. Safeguarding training was regularly discussed during staff supervision and team meetings.
- Staff knew potential signs of abuse and understood their safeguarding responsibilities and the way to report concerns. A staff member said, "Any problems or issues I would report them to the registered or deputy manager immediately, as it's a priority to keep people safe and well".
- The registered manager analysed safeguarding concerns for trends and patterns to help minimise the risk of future occurrence. Lessons learned were shared and discussed at team meetings.
- Safeguarding concerns were referred to the Local authority where required and CQC were notified.

Assessing risk, safety monitoring and management

- People and their relatives felt safe in the home. One person said, "I always feel safe as I was worried about falling over living alone before". A relative told us, "Staff and managers help us with (name of relative) wellbeing and keeping them safe and well". Staff referred to the home as, "Our second home, with people who are like family, so we must keep them safe".
- Risk assessments were completed and gave staff the information they needed to keep people safe.
- People or their relatives were involved in risk management. For example, family members were invited to discuss falls prevention strategies when falls risks were identified.
- Systems were in place for all accidents and incidents to be reviewed. The management team held regular meetings to discuss incidents and mitigate against risk.
- Staff and the registered manager were proactive when people's needs changed. Health professionals were contacted on people's behalf. Care plans and risk assessments were updated following any change of need and people and their relatives were involved in this process. One relative said, "(Deputy or registered manager) always informs me when things change and lets me know of even the smallest issues, I can't ask for more".
- People had Personal Emergency Evacuation Plans (PEEPS) to help keep them safe in the event of an emergency.

Staffing and recruitment

- There were enough staff to meet the needs of people. Our observations supported this. People did not have to wait long to be assisted when they required help.
- Staff were recruited safely. Pre-employment checks were carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS) and work history checks and references, alongside matching appropriate skills and experiences to roles.

- One staff member told us, "I moved here from another provider, and I absolutely love it. The managers support us with whatever we need".

#### Using medicines safely

- Staff understood their responsibilities in relation to medicine management. Staff were trained and had their competency in medicine administration assessed. Feedback from staff and training records supported this. Spot checks ensured that training was effective and appropriate to the needs of staff.
- Some people had medicines prescribed 'as required'. Protocols for these medicines were clear and helped ensure staff took a consistent approach when supporting people with these medicines. Staff monitored people prescribed 'as required' medicine to ensure potential underlying health issues were detected early and discussed with the registered manager.
- Medication audits provided regular oversight of any irregularities with health action plans/risk assessments. Medicines audits were overseen by the registered manager who compiled action plans when required.
- Body-maps were completed to ensure that creams applied to a person were consistent with the prescribers directions.

#### Preventing and controlling infection

- Staff had received training in infection control and were able to tell us what equipment they needed. Staff told us personal protective equipment (PPE) was available to them when they needed it. One staff member said, "All rooms have PPE in them, and we ensure stock is always available to reduce cross infection".
- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- The registered manager was ensuring that people visiting the home did so in alignment to Government guidance. They told us that they regularly reviewed this in line with their visitor's policy.

# 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.

This is the first inspection at this service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff were creative in the ways they supported people to eat and drink well. A 'restaurant-like' experience was created with tables laid and fresh linen, with napkins and people were offered wine with meals. This promoted positive dining experiences. One person said, "It's like I eat at a restaurant every night. It's all very exciting".
- We observed the support staff gave to people during a mealtime. One staff member offered a gentle, encouraging approach to a person who was not eating well and ensured they recorded what the person had eaten and drunk.
- The chef discussed menu planning with people to ensure their preferences were included. At the point of serving meals, staff ensured choices were offered by showing people plated options.
- Appropriate assessments had been made for two people who had difficulties swallowing or were at risk of choking. We saw detailed care and risk plans which identified the difficulties. Speech and language therapy (SALT) assessments had been completed for one person and a referral made for the other with interim measures taken to minimise risks. We saw that kitchen staff referred to the guidance whilst preparing food.

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

- Staff ensured people's everyday health needs were met effectively. A family member said, "When my relative first came into this home, they were very depressed, and we were worried about them. Staff have been amazing and when a staff member comes into the room (relatives) eyes light up".
- Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with healthcare professionals and the deputy managers, as well as keeping families informed. A district nurse told us, "The staff really make sure that every detail is taken into account and discussed. Nothing is too much trouble for them. When we (district nurses), give advice, this is well noted, and things change immediately".
- Staff worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff work cooperatively with other health and social care professionals such as GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed.
- Care plans included healthcare plans with details of appointments and assessments of future needs. Discussions with healthcare professionals were recorded in notes for ease of access.

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

- People's needs were assessed prior to commencing care. A needs assessment was completed with people

or family members, where appropriate that detailed ongoing health, care and support needs as well as aspirations.

- People's needs and preferences were met by staff who knew them well. One person said, "The staff try to get to know everything about us so they can help us better".

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

- Edgbaston Manor is a purpose-built home, with the internal décor being decided by the provider in line with their 'corporate colours' for homes. Whilst well-maintained, the décor did not consistently meet the needs of people living with dementia or for those with visual impairments. The colours used were light shades on floors and walls, which meant people could easily get disorientated. At the time of inspection there were 7 people living with dementia living at the home.
- The home offered 'in-house' facilities for people which they could access if they wished to. This included a cinema/TV room, bar, library, a hairdressers, and outside terraced area. One person said, "It's like having the high street inside our own building".

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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

- The managers and staff worked within the principles of the Act.
- Best interests' assessments were completed. These assessments were updated as required, and the registered manager arranged best interests' meetings where needed. We observed staff seek consent before providing care. .
- Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care.
- Where people had a lasting power of attorney (LPA), the correct documentation was in their care plan to evidence who could make decisions on their behalf. An LPA is a legal document that lets a person appoint someone to help make decisions or to make decisions on their behalf.
- Staff received training in mental capacity and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA. They knew that they would need to ensure any decisions taken are risk assessed and in line with care plan objectives.

Staff support: induction, training, skills and experience

- People and relatives told us that staff had the right skills and knowledge to care for them well. One relative told us, "My relative is well looked after as staff can judge their mood and provide the support they need at that time. Even when (relative) is upset, staff are so patient with them".
- The registered manager ensured staff had support to develop their skills through a flexible and robust

approach to training. Staff told us that specialist knowledge such as hoist training was always face to face with a manager to assess understanding and competency.

- Staff received a comprehensive induction which equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need this was arranged immediately. They told us training was engaging and kept them interested. One staff member said, "When I came here, I understood the training far better than at my old place of work".

- Staff received one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection at this service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt well supported and relatives felt their family members were treated with kindness and compassion. A person said, "They (staff), know what I like and don't like." A relative told us, "Staff are very friendly, kind and take time to have conversations. They engage with relatives and residents". Another relative said, "It's like family the way the staff treat people."
- People and their relatives felt staff listened to them and they could talk to staff. A person told us, "They are very friendly, very caring and they listen to me."
- People were treated with respect. Care plan assessments detailed how staff should support people in a manner consistent with good quality care. However, people's protected characteristics, as identified in the Equality Act 2010, were not always considered as part of their assessments. Whilst the provider is gathering some information as part of care planning, regarding protected characteristics, they are not collating other information such as sex and sexuality as well as religious and cultural preferences. This meant staff did not have access to a Equality and Diversity plan which they could refer to in order to best support people. Supporting people to express their views and be involved in making decisions about their care
- People and their relatives were able to express their views and make decisions about their care. One person said, "Staff always listen to what I want. The activities staff go out of their way to do things we are interested in. That could be anything from getting dressed up for dinner to looking forward to the Coronation".
- Meetings for people who use the service were a regular occurrence and staff used different communication methods to try to engage people. We saw evidence of picture boards as well as staff using basic language.
- People's views and preferences about how they wanted their care to be provided were incorporated into person-centred care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff maintained people's dignity whilst promoting independence. A person told us, "I can't do everything myself like I used to, but staff will follow my lead each day on what support I want and need".
- People's confidential records were stored safely.
- Staff took their time and did not rush people. A staff member said, "It's better to make (people) happy by taking time rather than issues later".
- Staff spoke passionately about their roles and were committed to empowering people and providing the best quality care possible. We heard multiple examples of how staff supported people to increase their confidence and independence, some of whom had communication barriers.
- Staff received care planning training and knew people's needs well.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection at this service. At this inspection this key question has been rated good. This meant people's needs were met through good organisation and delivery.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider helped enrich people's lives and fulfil people's ambitions. One person told us, "Nothing is small or big enough for them to ignore. I sometimes miss my family who lives far away. Staff take the time to help me use a tablet to call them and ask if I have spoken to family recently. This helps me stay in touch".
- People told us there were various activities and that staff always tried to include everyone, regardless of ability. One person told us, "They just ask us what we want and wherever possible they do it. It's like magic. They always try to make sure it's something from my past or someone's past".
- We saw many cards and thank you notes from family and friends which were unanimous in their praise for the registered manager and staff for the innovative levels of support given to their loved ones. They expressed gratitude for helping with their family member's mental health as well as physical wellbeing.
- People were cared for by a consistent team of staff. This promoted continuity of care and ensured, as far as possible, that they had support from staff who knew and understood their needs and preferences.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences;

- People received personalised care that was responsive to their needs. One relative told us, "All I have to do is ring the office or email and straight away they will change things. (Relative) has put on weight and is happier in themselves. They like to do different things depending upon mood, and the staff will arrange an activity on the spot".
- Care plans were person-centred and included people's preferences and how to promote people's independence. Plans were used to provide care that focussed upon a person's individual personality.
- Relatives highly commended the staff's ability to know when a person was upset or unhappy and use person centred skills to help uplift the mood. One relative said, "When my (relative) sometimes forgets things, they get upset. However, the staff know this and quickly act to deflect them".
- People and their relatives were involved in the development and ongoing review of their care. Care plans were reviewed every 6 months or as and when their needs changed. One family member told us "They always ask me at review times. For example, they wanted to know if my relative had a particular like or desire for their birthday".
- Staff were kept informed about changes in people's care and support needs by the deputy or registered manager. One staff member said, "The registered, or deputy manager always tells us directly about any changes and writes it in the daily log. This way we get up to date information that is relevant and will help us understand people's needs".
- People were comfortable in various communal settings around the home, and one person said, "I feel truly at home. I can do what I want within reason. When there are too many people in one area, I can move

to another as this place has so many areas. I love the quiet nooks the most. Reading is my guilty pleasure and I love the fact that there are so many books here".

#### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff supported people to use computer technology to stay in touch with family and relatives. This was especially important when family and friends could not regularly visit. A person told us, "Without seeing video, I would have not spoken to my family for long periods of time. It's lovely how helpful they are".
- Where people's communication abilities were limited, they had communication care plans to support staff to know how best to interact with them.
- The registered manager told us they provided information in other formats. For example, care plans were available in easy-to-read format and translation services were used to communicate with people who did not speak or understand English. Some people had care staff read documents for them or asked staff to forward important documents to family members. At the time of inspection, there were no care plans in different languages to review as all people spoke and read English.

#### Improving care quality in response to complaints or concerns

- People and their relatives were aware of how to raise concerns or complaints with the provider. However, people we spoke to told us, "We have no reason to complain, if something is wrong, they fix it straight away".
- Complaints were recorded in an action plan which the registered manager reviewed for themes or patterns of concern. This information was used to make improvements to the service. At the time of inspection there were no complaints against the service.
- The provider investigated and responded to complaints appropriately and in line with their policy.
- Staff responded to people's needs in an appropriate manner. During lunch, we observed 1 person became anxious and did not use verbal speech so could not tell staff what they were worried about. A staff member sat close to them and gently spoke to them which calmed the person.

#### End of life care and support

- People at the end of their lives had 'end of life care plans' which took account of their wishes for when they reached end of life care. Staff worked collaboratively with other health and social care professionals in meeting end of life care needs. However, assessments were not completed for people who were not at 'end of life' stage. The registered manager told us that such discussions are difficult to have with people, and that they planned to investigate best practice to pre plan potential wishes people had.
- Feedback from professionals and families about how staff cared for people at the end of their life, with professionalism, dignity and respect for people's wishes, was very positive.

# 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.

This is the first inspection at this service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The staff and registered manager demonstrated a person-centred approach for the people they supported. People and families told us they had choice and control and were involved in day-to-day decisions.
- People described quality of the service as exceptional with one person telling us, "I would recommend anyone to come and live here. My life is so much better than when I lived in my own house".
- People felt well supported and staff, people and relatives expressed confidence in the management team. A staff member said, "The registered and deputy managers are very good. They are very easy to talk to and explain things to us". Another said, "We are so well treated and respected by both the managers and the people living here. It's a lovely place to work because we get time to support people how they want. I love to see them blossom".
- Staff practice, culture and attitudes were monitored. We saw from audit documentation that the deputy or registered manager undertook spot checks and competency assessments on the staff team. This enabled the registered manager to monitor the staff team and ensure the delivery of good care. Staff were very attentive to people's needs and used appropriate language in interactions.
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager told us, and records confirmed, audits had taken place and action plans had been created that identified areas of improvement. When actions were achieved, this had been recorded on the audit.
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. We saw notes and schedules that reflected this. This gave staff the opportunity for learning and development.
- The registered manager had notified CQC of events which had occurred in line with their legal responsibilities.
- People, their relatives and staff were given the opportunity to give feedback and opinions via discussions. Feedback was used by the registered manager to inform decisions at the home such as menus and visiting.
- Where people requested, the staff would communicate with external professionals on their behalf.

Support plans evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

Continuous learning and improving care

- The registered manager completed quality audits that look at patterns of complaints and incidents and the training of staff and managers. They were supported and monitored by the provider's larger, external training team to help monitor competencies and access additional resources. Action plans were completed from audits when concerns were highlighted. We saw an example of a medicines audit highlighting the need for further training to a staff member. This was acted upon immediately and staff were supported to better understand their role in medicines management.

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 registered manager understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement. They did this by ensuring that their policies around whistleblowing were well communicated and understood by staff and families, and that staff were aware of safeguarding requirements.