Edge Hill Limited

Edge Hill Rest 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

Edge Hill is a 'care home'. People in care homes receive accommodation and 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. Edge Hill is a detached building situated approximately one mile from Oldham Town Centre and is surrounded by a large garden. There is a small car park to the rear of the property. It provides accommodation for up to 36 people. At the time of our inspection there were 26 people living at the home.

The service had a registered manager. 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.

At our last inspection in June 2017 we rated the service 'requires improvement' overall, although we did not find any breaches of the Health and Social Care Act 2008. However, because the service had previously been in 'special measures' (because it had been rated 'inadequate' overall) we could not rate it as good until we could be sure it could adequately sustain the improvements it had made.

At this inspection we found the service had sustained its improvements and we have therefore rated it 'good' overall.

There were systems in place to help safeguard people from abuse. Staff understood what action they should take to protect vulnerable people in their care. Recruitment checks had been carried out on all staff to ensure they were suitable to work in a care setting with vulnerable people. At the time of our inspection there were sufficient staff to respond to the needs of people promptly.

The home was well maintained and attractively decorated and was free from any unpleasant odours. Staff used appropriate personal protective equipment (PPE), such as disposable aprons and gloves when carrying out personal care tasks. This protected people from the risk of cross infection. Maintenance checks on services and equipment were up-to-date.

The administration of medicines was safe. Staff had been trained in the administration of medicines and had up to date policies and procedures to follow.

New staff received an induction to provide them with the skills to care for people. Regular face-to-face training was provided to ensure all staff updated their mandatory training annually. Staff received regular supervision and an annual appraisal. This gave staff the opportunity to discuss their work and training needs and for management to check staff remained competent.

Staff encouraged people to make choices where they were able. People's independence was encouraged

and promoted. The service was working within the principles of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were complimentary about the staff. We observed kind and caring interactions between staff and people who used the service. Care plans, which were reviewed regularly, were detailed and reflected the needs of each person.

We received mixed views about the quality of the food. Some people felt there was not sufficient choice or variety, while other people were happy with it.

People's day to day health needs were met by the staff and the service had good relationships with external healthcare professionals. A range of activities were provided.

Audits and quality checks were undertaken on a monthly basis and any issues or concerns addressed with appropriate actions.

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.

Safe recruitment processes were followed and staff understood how to keep people safe from harm.

There were effective systems in place to manage and administer medicines.

The home was clean and well-maintained. Equipment was regularly checked and serviced.

Is the service effective?

Good

The service was effective.

New staff received a thorough induction. Staff had received training in a variety of subjects which enabled them to carry out their roles effectively. Staff were provided with the opportunity to discuss their progress at work through regular supervision and annual appraisals.

The provider was meeting the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

Is the service caring?

Good

The service was caring.

People were supported by staff who were kind and caring.

People had their dignity, privacy and independence respected.

Is the service responsive?

Good

The service was responsive.

People were encouraged to take part in activities of their choice.

Care records were detailed, clear and person-centred.

Is the service well-led?

Good

The service was well-led.

There were effective management systems in place to monitor and improve the quality of service people received.

People said the register manager was helpful and approachable. The registered manager was keen to maintain and further improve the quality of the service.

Edge Hill Rest 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 was an unannounced inspection which took place on 8 and 11 May 2018. The inspection was carried out by an adult social care inspector.

Before the inspection we reviewed information we held about the service. This included the statutory notifications the CQC had received from the provider. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay.

Prior to the inspection we contacted the local authority and Healthwatch Oldham to ask if they had any concerns about the service, which they did not. We viewed an infection control audit carried out by the local authority in June 2017 and a report following an inspection of the service carried out by Healthwatch in May 2017. Healthwatch is the national independent champion for consumers and users of health and social care in England.

During our visit we spoke with the home owner, registered manager, two senior care assistants, the activities coordinator, a cook, two people who used the service and three relatives. We looked around the home, checking on the condition of the communal areas, toilets and bathrooms, kitchen and laundry. We looked in several bedrooms after we had received permission to enter them. We spent time observing the lunchtime meal and the administration of medicines.

As part of the inspection we reviewed in detail the care records of three people living at the home. The records included their care plans and risk assessments. We reviewed other information about the service, including training and supervision records, three staff personnel files, medicine administration records, audits, meeting minutes and maintenance and servicing records.

Good

Is the service safe?

Our findings

People and relatives told us Edge Hill was a safe place to live. Comments included, "Staff I see I can't fault.'' Staff we spoke with understood what constituted abuse and were confident that if they reported any safeguarding concerns they would be investigated thoroughly by the registered manager.

We looked round all areas of the home to check on the maintenance and cleanliness of the building. We found the environment was clean and free from unpleasant odours and the communal rooms were well-maintained and decorated to a high standard. Steps had been taken to minimise risks to people from the environment. For example, windows were secured with window restrictors to minimise the risk from people falling or climbing out of them.

We inspected the kitchen and found it was clean. The daily cleaning schedules were completed correctly. Food was stored safely and the fridge and freezer temperatures were monitored and recorded daily. These procedures helped to minimize the risk of food contamination. The kitchen had achieved a rating of five stars at a food standards agency inspection in May 2017. This meant food ordering, storage and preparation were classed as 'very good'.

Systems were in place to prevent and control the spread of infection. Toilets and bathrooms had adequate supplies of liquid soap and paper towels. Handwashing posters showing the correct handwashing procedure were displayed. Pedal bins were in toilets and bath/shower rooms which meant soiled items could be disposed of correctly. There was an adequate supply of personal protective equipment (PPE), such as disposable aprons and gloves and we observed staff using these appropriately, such as while carrying out personal care. Colour coded cleaning equipment was in use to help prevent cross infection, for example, from toilets areas into bedrooms. This followed the National Colour Coding Scheme. Colour coding of cleaning materials and equipment ensures that these items are not used in multiple areas, therefore reducing the risk of transmission of infection from one area to another. The service had an infection control notice board, which displayed information and guidance on the subject. The local authority had carried out an infection prevention and control audit in June 2017 in which service had scored 91%.

When we toured the building we saw that substances which could cause damage to health if used incorrectly, such as bleach, disinfectants or other cleaning materials, were secured in locked cupboards. This helped keep people safe.

Systems were in place to protect staff and people who used the service from the risk of fire. A fire risk assessment had been completed in April 2018. Firefighting equipment, such as extinguishers and the alarm system were regularly checked and the fire exits were all clear at the time of our inspection. Records showed that fire drills were carried out every few months. Everyone living at the home had a personal evacuation escape plan (PEEP). PEEPs explain how each person would be evacuated from the building in the event of an emergency and take into consideration a person's individual mobility and support needs. PEEPs were kept at the two exits, so that they were easily available in the event of an emergency evacuation. The service had an arrangement with a nearby residential home who had agreed to provide support to the service in the

event of an emergency.

All maintenance checks and servicing of equipment, such as for the gas supply, passenger lift, and hoists and hoist slings were up-to-date. Weekly checks on the window restrictors and hot water temperatures had been carried out. These helped to ensure all equipment and services were well-maintained and people living at the home were kept safe.

Staff employed by the service had been through a thorough recruitment process. We reviewed three staff personnel files. They contained all the necessary documentation, including an application form, two references, photographic confirmation of identification and a Disclosure and Barring Service (DBS) criminal record check. These checks help to ensure people are protected from the risk of unsuitable staff, as they identify if a person has had any criminal convictions or cautions.

We inspected the storage and management of medicines. Medicines were stored securely in a locked trolley within in a locked treatment room. The temperature of the room and the medicines fridge were checked daily to ensure that medicines were stored at the correct temperature. We reviewed the Medicines Administration Records (MARs), which contained information necessary for the safe administration of medicines, such as photographs of people living at Edgehill, information about allergies and any special instructions, such as information about how the medicine should be given. We found that some MARs had handwritten changes. There was no signature and counter signature to show who had made the change and if the information recorded was correct. The National Institute for Health and Clinical Excellence recommends that additions and changes to MARs are checked for accuracy by a second trained staff member to reduce the risk of errors. We discussed this with the registered manager who arranged for the MARs changes to be checked and for this matter to be brought to the attention of all staff who administered medicines to prevent it happening in the future.

We observed the administration of medicines on the second day of our inspection and found this was done safely. All staff who administered medicines had received training in this area and had been checked to ensure they were competent.

On both days of the inspection there appeared to be sufficient numbers of staff working at the home to respond promptly to peoples' needs and people were not left unattended in the main communal lounge where the majority of people spent their time. The home employed senior care staff and care staff, two part-time cooks, a maintenance person and a team of part-time domestic staff. No agency staff were used as any shifts that needed covering due to staff sickness were worked by the regular care team.

Risks to people's health, such as from falls or pressure ulcers had been assessed. These were reviewed regularly to ensure they remained up-to-date. As part of the way the service monitored people's weight, it used the Malnutrition Universal Screening Tool (MUST). This helps to identify adults who are malnourished, at risk of malnutrition, or obese. On reviewing the MUST scores we found that on two occasions one person's score had not been calculated correctly and did not accurately reflect the levels of risk of malnutrition. However, the service were taking the correct steps to help this person increase their weight. We have talked about this further in the 'effective' section of this report. We discussed this matter with the registered manager and have recommended the service undertake training on the correct use of this screening tool from a suitably qualified person, such as a dietician.

Accidents and incidents were monitored so that trends could be identified and appropriate action taken, Following an accident/incident, staff completed a form and recorded the nature of the incident, who had been involved and what immediate action had been taken, such as first aid. Falls were monitored using a

'falls cross'. This tool helps a service identify particular areas in the home or particular times when falls have occurred and helps them take the correct action to prevent future occurrence.

Good

Is the service effective?

Our findings

We looked at how the service provided training and supervision. All new staff had an induction which included a period of shadowing more experienced staff. This ensured new starters were familiar with the policies and procedures of the service and the care needs of people who used the service before they were allowed to work unsupervised.

Staff undertook mandatory training in a range of topics, including fire safety, moving and handling, safeguarding vulnerable adults and infection control. The service employed a staff trainer to deliver its training programme and all training was carried out face-to-face, rather than by e-learning. This meant that training could be easily related to their work and the people they worked with. The registered manager kept a training matrix which identified when staff needed to refresh their training. A recent training matrix showed that the majority of staff were up-to-date with training. We saw evidence that further training sessions had been booked for those people who needed to complete their refresher training.

Staff received regular supervision and an annual appraisal. Supervision is important as it provides staff with an opportunity to discuss their progress, any concerns or problems with their role and their learning and development needs. Supervision records we checked showed that where a concern had been identified with someone's performance, appropriate action had been taken.

There were mixed opinions from people about the quality of the food. Some people/relatives were happy with the choice and quality, which others commented that they felt there should be more variety. One person said "It wants a good overhaul with the food.'' Another person said "The food doesn't seem very nutritious."

We observed lunch on the first day of our inspection. Most people sat at the dining tables, which were nicely laid with table cloths, mats and condiments. There were sufficient staff to serve the food and to assist those people who needed support with their meal. Staff were attentive and frequently asked people if they were happy with their meal or required anything else. One person asked for some crisps to accompany their salad and these were promptly provided. People were offered a choice of hot meal and the food looked hot and appetising. Portions were an appropriate size and people were offered the choice of a second helping. Fruit juice and tea and coffee were provided with the meal and jugs of juice were left out in the lounge during the day so that people could help themselves to drinks, or be helped by staff.

We looked at how the service monitored people's weight. Most people were weighed monthly, unless they were particularly underweight, or losing weight, when they were weighed on a weekly basis. Staff also recorded people's MUST score (malnutrition universal screening tool). The MUST is a five-step screening tool which can be used to help identify adults who are malnourished, at risk of malnutrition (undernutrition), or obese. When we checked the most recent scores we found that the score for one person had been incorrectly calculated on two occasions. However, this had not had a negative impact on the person's care, as they were already under the supervision of a dietician and appropriate measures were in place to help them increase their weight. We asked the registered manager to re-calculate the MUST score and undertake

training with the staff member who had mis-calculated the score, which they did.

Some people who had a poor appetite, or were at risk of losing weight had their food intake monitored. We found that staff recorded the type of food eaten, but not the amount. Therefore nutritional charts did not always give an accurate picture of each person's food intake. We discussed this matter with the registered manager during our inspection. She promptly devised a new food monitoring chart for immediate use. This ensured that the service had a detailed and accurate picture of the food intake of those people at risk of malnutrition.

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.

The registered manager was knowledgeable about the MCA and DoLS and carried out mental capacity assessments for people who required them During our inspection we saw that staff sought peoples' consent before undertaking any care or support task and from observations of staff and people interactions we found that people were given choices and their wishes and decisions were respected. Where people were unable to consent to care and treatment we saw that discussions had taken place about their care with their relative, or other person responsible for making such decisions.

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 Deprivation of Liberty Safeguards (DoLS). By law, the Care Quality Commission must monitor the operation of any deprivations and report on what we find. We saw information to show that applications to deprive people of their liberty had been authorised by the supervisory body (local authority), or were awaiting authorisation. Where authorisations had been granted the service had informed the Care Quality Commission.

From reviewing the care files we saw that people who used the service had access to healthcare professionals, for example speech and language therapists and district nurses. When a person was admitted to hospital, a 'hospital passport' was provided by the service. This contained information about the person, such as their likes and dislikes and how they should be supported with their daily needs. The use of this document ensured vital information was passed to hospital staff.

During our inspection we looked around the home to see how it was decorated and furnished and to check if it had been suitably adapted for the people living there. The registered manager was keen to make the home 'dementia-friendly, as many of the people living at Edge Hill had some type of dementia. Steps they had taken to improve the environment in this way included the use of picture signage for bathrooms, toilets and communal rooms, a large pictorial menu board in the dining room and re-painting bedroom doors in bright colours. They had also re-decorated one of the lounges and turned it into a 'memory room'. This room provided a quiet, comfortable communal space and contained 'old-fashioned' items and objects which could be used to aid reminiscence.

Bedrooms we viewed were nicely decorated and had been personalised with photographs, furniture and other personal effects. All bedrooms had sinks for personal use and some had en-suite toilets. The home had a garden which was accessible to anyone using a wheelchair. There was a lawned area to the front of the building and shrubs and garden furniture to the rear. The registered manager told us there were plans to make the area more attractive for the summer months, as it was used more frequently during the warmer weather.

Good

Is the service caring?

Our findings

We received positive comments from people and relatives about Edge Hill. One relative said, "I'm really, really pleased with it.'' Comments we saw in recent 'thank you' cards said "Thank you all so very much for everything you have all done for me'' and "Thank you for all you did (name)''.

We saw people were washed, presentable and dressed appropriately for the weather and looked well cared for. One person was dressed in a colour-coordinated outfit. Their relative confirmed that this was how they had liked to dress when they were able to care for themselves. This showed that staff were attentive to people's needs and preferences.

From our observations during the inspection we saw that staff supported and cared for people in a patient, kind and respectful manner and we saw caring and warm interactions between staff and people living at the home. For example, at lunchtime, we overheard one care assistant trying to wake a person to encourage them to join others at the dining table. They did this in a very gentle and sensitive manner saying, "(name), sorry to wake you up but are you coming for your dinner?''

We saw staff putting their arms round people while they spoke to them and where people needed assistance, for example, with being moved using a hoist or with walking, staff were patient and supported them in an unhurried way. We saw one care assistant helping a person to raise themselves up out of their chair. They gently supported their arm and encouraged them by saying 'Well done'.

Relatives we spoke with told us that staff treated people with respect and valued them as individuals. One relative said, "'They treat her with respect, and have a laugh with her.'' They told us that staff knew people well and were familiar with their individual needs. For example, one relative said "They know his ways. If he's grumpy they leave him be.'' They went on to say, "They sit down with him and have a chat, or sit and hold his hand. It calms him.''

Staff were respectful of people's cultural and spiritual needs. A Christian priest visited the home every Sunday to speak with people who used the service who were of that faith. There was no one living at the home at the time of our inspection with a non-Christian faith.

Good

Is the service responsive?

Our findings

The registered manager carried out a full assessment of people's needs before they moved into Edge Hill. This ensured the service was able to provide the appropriate level of support. Each person living at the home had their own care file. These contained care plans which described the person's support needs and how they would be met by staff. Care plans and risk assessments were reviewed regularly to ensure the information was up-to-date. One healthcare professional told us that they had seen a review of a person's falls risk assessment that had been correctly updated following a recent fall. Moving and handling care plans contained information about how the person should be moved. For example, if this was by use of a hoist, details about the type of hoist and hoist sling were included in the plan. Where people had the capacity to contribute towards their care plans and care reviews they were encouraged to do so.

From talking with staff and through our observations during the inspection it was clear that staff knew people's needs well responded to them appropriately. One senior carer described the importance of gathering information from a person's family if they were unable to describe their needs themselves. She also told us that helping a person with their personal care or helping them get ready for bed was a good time to get to know them. She said "It's not something you can learn from reading a piece of paper.''

One visiting healthcare professional told us "Staff are on the ball.'' They explained that staff always followed their advice, such as implementing monitoring charts, when asked to do so and were diligent in following up requests with other healthcare professionals, for example requesting visits from doctors. Relatives told us they were kept informed of any changes to their loved ones health or care needs. One person said ''They ring me straight away.'' A comment in the recent survey said, "The staff are always available for a chat and tell me anything I need to know about (name).''

People who used the service, who were able, were encouraged to maintain and develop their independence as far as possible. During our inspection we spoke with one person who was about to leave Edge Hill and return to living independently, after a long period of rehabilitation at the home.

The service employed an activities coordinator who was very enthusiastic about her job. She told us, "I love my job. I'm passionate about it.'' She supported people to take part in a varied programme of activities, including craft sessions, armchair exercises, games and bingo. Some people were taken out on shopping trips or to have a coffee in a local café. On both days of our inspection we saw that people were encouraged to participate in activities. On the first morning of our inspection some people took part in a craft activity and in the afternoon a games session was held. On our second inspection day some people baked cakes during the morning and in the afternoon there was a visiting singer. People appeared to enjoy these activities and there was a lot of laughter and joking from staff and people who used the service. We saw a comment in the recent survey which said, "Lots of effort is put into keep residents stimulated to prevent isolation. (Name) is allowed to ring me whenever they want to.''

Where people were receiving 'end of life' care, the care team were supported by the district nursing service. The service had completed the 'Six Steps to Success – Northwest end of life care programme for care

homes', which aims to provide staff with the knowledge to offer high quality end of life care.

The service had a complaints procedure which explained how to make a complaint and the timescale for receiving a reply. This was displayed in the entrance hall so it was easily accessible. The service had not received any recent complaints.

Good

Is the service well-led?

Our findings

At the time of our inspection there was a registered manager at the service. 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.

The registered manager adhered to the requirements of their registration with the Care Quality Commission (CQC) and submitted notifications about key events that occurred at the service as required. This meant we were able to see if appropriate action had been taken by management to ensure people were kept safe.

From 1 April 2015 it has been a legal requirement of all services that have been inspected by the CQC and awarded a rating to display the rating at the premises and on the service's website, if they have one. Ratings must be displayed legibly and conspicuously to enable the public and people who use the service to see them. During this inspection we saw that the rating from our last inspection was clearly displayed in the reception area and was also on the service website.

The registered manager told us they received good support from the home's owner and had daily contact with them in order to keep them informed and to discuss any concerns or problems about the service. This helped ensure there was oversight of the day-to-day management of the home.

People who used the service, relatives and health professionals had the opportunity to comment on the service through an annual survey. The most recent survey had been held in February 2018. Feedback from this survey had been positive and included comments such as, "Yes, care is first class. Staff are kind, respectful and considerate. They quickly identify any issues and address them'' and ''In the time that I have been involved with this home I have noted a vast improvement in the care and concern for residents. The atmosphere is calm and friendly. It is a pleasant environment to come into.'' A simpler, pictorial version of the survey had been made available for people who had communication problems. This showed the service valued everyone's opinion and tried to be inclusive.

Meetings were occasionally held for people who used the service/families, but we were told these we sometimes poorly attended. However, the registered manager explained that she regularly saw family members when they visited their relatives and was in contact with some families through e-mail. She told us "I have a good relationship with family members. I think what we do works." People spoke positively about the management of the home. One staff member said, "We have a good team. We work well together.'' A relative told us "I have had a lot of support from (the manager).'' Throughout our inspection we saw that the registered manager spent time interacting with people who used the service, staff and relatives and was a visible member of the staff team. She told us "I like to know everyone in the home.''

The service had a statement of purpose that set out its aims and objectives and the values it tried to uphold. These included rights to privacy, dignity, independence, choice, and human rights. Through our observations during the inspection we saw that staff had embedded these values in their day to day care.

The registered manager undertook a number of monthly audits to review the quality of service delivery. These included checks on medicines management, food safety, infection control and dignity in care (environment, privacy and choice, personal care and meals). We found that there was no managerial oversight of weight management, although this was overseen by a senior carer. Following our inspection the registered manager commenced a monthly audit of people's weights and actions taken if any weight loss had been found. This ensured clearer oversight of weight management within the service.

The provider worked with other agencies and organisations to make sure people received the care and support they needed. We saw evidence they worked with health and social care professionals. Two healthcare professionals we spoke with during our inspection commented very positively about the service and how it was managed.