

Edge Hill Limited

Edge Hill Rest Home

Inspection report

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26 April 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection was carried out on the 25 and 26 April 2017. Our visit on the 25 April 2017 was unannounced.

Edge Hill Residential Care Home provides care and support for up to 36 people. At the time of our inspection there were 16 people living at the home. It 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.

The home 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 the last inspection on the 24 and 25 November 2016 we rated the service as 'Inadequate' which meant it was placed in 'special measures.' At that inspection we identified five regulatory breaches of the Health and Social Care Act 2008 (Regulated Activities) 2014. These were in relation to unsafe moving and handling practices, poor infection control, poor food hygiene practices, inadequate staffing levels, poor training, failure to work within the principles of the Mental Capacity Act 2005, poor record keeping, failure to handle complaints correctly and poor governance. We also made three recommendations. These were in relation to dignity and privacy, activities and staff handover meetings.

Following the inspection the provider sent us an action plan detailing how the identified breaches would be addressed. This inspection was to check improvements had been made and to review the ratings.

At this inspection we found significant improvements had been made and the provider was compliant with all the regulations of the Health and Social Care Act 2008 (Regulated Activities) 2014. The service is therefore no longer in 'special measures'. We have made one recommendation. This is in relation to Deprivation of Liberty Safeguards.

The home was well maintained and attractively decorated and was free from any unpleasant odours. Environmental checks of the home, such as for the gas and electricity supply were up-to-date. We identified a ladder propping open a door which was a risk to peoples' safety. It was removed immediately. Work was underway to improve the garden environment.

Medicines were stored safely and were administered by staff who had received appropriate training and been assessed as competent to safely administer medicines.

We identified that a person had bed-rails in place without a robust assessment having been undertaken to ensure that this was safe. The registered manager took the appropriate steps to rectify this situation by referring them to the district nursing service for an equipment assessment.

Staff had a good understanding of the procedures needed to keep people safe and what action they should take in order to protect vulnerable people in their care. At the time of our inspection there were sufficient staff to respond to the needs of people promptly.

Staff had undertaken a variety of face-to-face training to ensure they had the skills and knowledge required for their roles. Staff supervision was undertaken regularly.

Two people who required Deprivation of Liberty Safeguards (DoLS) did not have these in place. Applications were submitted to the local authority during the course of our inspection.

People were complimentary about the caring nature of the staff and our observation of staff interactions with people during the inspection confirmed this. We saw that people were treated with dignity and respect.

A new documentation system had been introduced since our last inspection and we found the care plans were detailed and person-centred.

An activities co-ordinator had recently been employed at the home and we saw that there were a range of activities on offer.

The service had a complaints procedure in place and people we spoke with knew how to make a complaint. People told us they would speak to the registered manager, who they found approachable.

There was a programme of monthly audits to monitor the standard of the service. These included checks on medicines, food hygiene, dignity in care and health and safety.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

A risk assessment for bed rails was not detailed enough to ensure they could be used safely.

Arrangements were in place to safeguard people from harm and abuse.

Recruitment processes were robust and protected people who used the service from the risk of unsuitable staff.

At the time of our inspection staffing levels were sufficient to meet the needs of people using the service.

Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The provider had not identified two people who required Deprivation of Liberty Safeguards (DoLS). DoLS applications were submitted during our inspection.

Staff had received training in a variety of subjects which enabled them to carry out their roles effectively. Staff supervision was held on a regular basis.

Food was of a good quality.

Is the service caring?

Good ●

The service was caring.

People were complimentary about the staff and said they were caring. We saw friendly and positive interactions between staff and people who used the service.

Peoples' dignity and privacy were respected.

Is the service responsive?

Good ●

The service was responsive.

Care was provided in a way that was responsive to the individual needs of people living at the home.

Care plans were detailed and 'person-centred' and were reviewed regularly to ensure they were kept up-to-date.

A range of activities were available for people to take part in.

Is the service well-led?

The service was not consistently well-led.

The provider had made a range of improvements since our last inspection. However, to improve the rating to 'good' would require a longer term track record of consistent and sustainable good practice.

The service had a registered manager who was supported by a deputy manager and the home owners.

Quality assurance process, such as audits ensured that standards were monitored regularly.

Requires Improvement ●

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 and took place on 25 and 26 April 2017. The inspection was carried out by one adult social care inspector.

Before the inspection we reviewed information we held about the service. This included the previous inspection report and the action plans submitted to the Care Quality Commission (CQC) following the last inspection in November 2016. We also reviewed 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.

We also reviewed feedback from the local authority, which had been regularly monitoring the service since they imposed a suspension on the admission of people to Edge Hill in October 2016, following concerns about the home. Recent feedback from the local authority had been positive.

During our visit we spoke with the owner, registered manager, two carers, the cook, two people who lived at the home and two relatives. We looked around the building, including all of the communal areas, toilets, bathrooms, the kitchen, treatment room, and the garden. We spent time observing a lunchtime meal and watched the administration of medicines to check that this was done safely.

As part of the inspection we reviewed the care records of three people living in the home. The records included their care plans and risk assessments. We reviewed other information about the service, including records of training and supervision, four staff personnel files, maintenance and servicing records and quality assurance documents.

Is the service safe?

Our findings

During our inspection in November 2016 we identified multiple breaches of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to concerns around unsafe moving and handling practices, poor infection control, poor food hygiene practices and inadequate staffing levels. At this inspection we found that the requirements of the regulation were being met. However, we identified some issues during the course of our inspection, which we brought to the attention of the registered manager. Details of the issues are found in this key question of the report which has therefore been rated 'Requires Improvement'.

We looked round all areas of the home to check that the building and equipment were safe and that the environment was clean. The home was well maintained and attractively decorated and was free from any unpleasant odours. There was a large garden which contained lawns and shrubs and an area to the rear of the property where people could sit out and was accessible to wheel chairs. At our last inspection we noted that the garden was in need of maintenance. At this inspection we saw that improvements on the garden were underway, with a new fence in the process of being erected.

At our last inspection we identified concerns around the prevention and control of infection as we found that in several toilets there were no paper towels available, no handwashing posters on display showing the correct handwashing procedure and no foot operated waste bins. At this inspection we found the prevention and control of infection had improved. Alcohol hand gel was available at both entrance doors, with a sign asking visitors to de-contaminate their hands. All toilets had adequate supplies of soap and paper towels and displayed handwashing posters. All but one toilet had foot operated waste bins. We asked the registered manager to replace the swing bin we identified with a foot operated bin, which she did immediately. Staff used the appropriate personal protective equipment (PPE), including disposable gloves and aprons when carrying out care tasks.

During our last inspection we identified that food was not always stored safely and that while the kitchen was clean, the daily cleaning schedules were not always completed. In addition we found the kitchen fridge temperature had not always been checked on a daily basis to ensure they were working correctly. At this inspection we found these concerns had been rectified and that the kitchen was clean, food was stored safely and the necessary checks were being completed regularly.

During our tour of the building we found the door to an upstairs store room was propped open by a large step ladder. A sign on the door said 'keep door locked', as the room contained various pieces of equipment and boxes which might be hazardous if an unauthorised person accessed the room. The step ladder itself was also a hazard as there was a risk it might fall and injure someone. We asked for the ladder to be immediately removed and the door locked, which it was.

At our last inspection we identified concerns around unsafe moving and handling practices. We observed some staff moving people in an unsafe way and without using the correct equipment. At this inspection we found that improvements had been made in this area. All people who required assistance with moving

through the use of a hoist had their own appropriate hoist sling, which was identified in their care plan. Those people who required to be moved using a wheelchair had their own wheelchair with footplates. Since our last inspection all staff had received moving and handling training and had been observed using a hoist. Two members of staff had attended a four day moving and handling facilitator's course which enabled them to carry out moving and handling assessments for people who used the service. During this inspection we observed staff moving people using a hoist and saw that this was done correctly and carefully, with staff offering reassurance to the person they were moving.

Edge Hill had a safeguarding policy and the staff we spoke with understood the signs of abuse, and the importance of reporting any concerns they might have about peoples' wellbeing. One person told us "I'd go straight to my manager". The service kept a log of all safeguarding concerns which they sent to the local authority safeguarding team each month.

During our last inspection we found that there were not always enough staff available to respond to peoples' needs promptly. In November 2016 in response to concerns raised about the home the local authority imposed a suspension on the admission of people to Edge Hill. This was still in place at the time of this inspection. Consequently, there were only 16 people living at the home. The provider had not reduced the number of staff working on each shift despite the decline in numbers of residents. At this inspection we found there to be enough staff to meet peoples' needs. The registered manager told us about the dependency tool they had started using which assessed each person in a number of areas, such as physical health, mental health, moving and handling and nutritional status and produced individual dependency scores which indicated whether a person was low, medium or high dependency. These scores were then used as part of the process of reviewing the complexity of each person's needs in order to establish if there were sufficient staff to meet them.

To check on the recruitment process we reviewed four staff personnel files, which were well organised and found that all required pre-employment checks had been completed. These included two references checks and confirmation of identification. Staff had Disclosure and Barring (DBS) criminal record checks in place. These help the provider to make an informed decision about the person's suitability to work with vulnerable people, as they identify if a person has had any criminal convictions or cautions.

We inspected the systems in place for the storage and management of medicines. Some prescription medicines are controlled under the Misuse of Drugs legislation e.g. morphine, which means that stricter controls need to be applied to prevent them from being misused, obtained illegally and causing harm. We saw controlled drugs were appropriately and securely stored. The stock balance of control drugs was checked and signed for twice daily by two senior carers to ensure it was correct. Fridge and room temperatures were recorded daily to ensure medicines were stored at the correct temperature to maintain their efficacy.

We observed a lunchtime medicines round and saw that this was carried out safely. The senior carer who was administering the medicines wore a 'do not disturb' tabard. When asking people if they required painkillers we saw that this was done discreetly by kneeling down and speaking to the person at eye level and with a quiet voice.

We looked at the medicines files and saw that the Medication Administration Records (MARs) were clearly printed and contained information necessary for the safe administration of medicines, such as photographs of people living at the home and information about allergies. Medicines were only administered by senior carers, all of whom had been trained to administer medicines.

We reviewed the use of medicines that were given 'as and when required' (PRN), such as painkillers. We found there to be the correct protocols in place which explained the reason for the medicine, frequency, maximum dose allowed in 24 hours and stock balance. This meant staff had sufficient information to ensure people were given these medicines safely and consistently.

We reviewed the system for recording topical medicines, such as creams. These were signed for on the MARS but in addition a separate sheet containing information about the cream was also signed to indicate the cream had been applied. We found discrepancies between these records, as where a signature on the MARS showed a cream had been applied, there was not always a corresponding signature on the additional sheet. We brought this to the attention of the registered manager who removed the sheets and confirmed that in future topical medicines would be recorded solely on the MARs to avoid confusion and minimize the risk of error.

We looked at how the provider managed risks to peoples' health, what tools they used to identify and record risk and what actions they took to mitigate risk. The care files we reviewed contained a variety of risk assessments, such as moving and handling and falls. Where a risk had been identified, a corresponding care plan was in place to indicate how the risk could be minimised. However, we found one person who had bed rails in place did not have an adequate 'bed rail risk assessment'. The Health and Safety Executive (HSE) suggest that 'a risk assessment is carried out by a competent person taking into account the bed occupant, the bed, mattresses, bed rails and all associated equipment'. Although a bed rail assessment had been completed it only contained minimal information and was not in line with the HSE guidance. As this person did not have an adequate bed rail risk assessment we could not be sure it was safe to use them. We brought this to the attention of the registered manager who contacted the district nursing service and requested a review of this person's equipment and bed rails. We were subsequently informed this had taken place and a new bed and crash mat ordered. It was not found to be appropriate to use bed rails for this person.

During our inspection we observed a senior carer testing the blood sugar level of a person with diabetes. This involved pricking the person's finger to obtain a blood sample. To ensure there are no traces of sugar or other contaminants on the finger, which may give a false reading, the person should have their hands washed. On this occasion the carer did not wash the person's hands, therefore we could not be sure the reading was accurate. We brought this to the attention of the registered manager who advised us she would speak to the carer and remind them of the correct procedure.

There were systems in place to protect staff and people who used the service from the risk of fire. Firefighting equipment, such as extinguishers and the alarm system were regularly checked and a fire drill had taken place in November 2016.

All checks and servicing of equipment, such as the passenger lift, hoists, gas and electricity were up-to-date.

People who used the service had a personal evacuation escape plan (PEEP) in place which explained how they would be evacuated from the building in the event of an emergency, and contained information about their mobility and any communication problems. At our last inspection we found that PEEPs for three people were not easily available. At this inspection we found that all PEEPS were stored in an emergency bag at each of the entrances to the building, so that they could be easily accessible in the event of an emergency.

Is the service effective?

Our findings

At our last inspection in November 2016, we found a breach of Regulation 18 of the Health and Social Care Act 2008 (regulated activities) Regulations (2014) in relation to training and supervision of staff. At this inspection, we found improvements had been made and the requirements of the regulation were being met.

Staff had received a variety of training which enabled them to carry out their roles effectively. Following our last inspection, where we identified unsafe moving and handling practices, all staff had received further training in moving and handling and use of the hoist. We reviewed the training schedule and saw that a variety of face-to-face training was planned for the remainder of the year. Topics to be covered included catheter awareness, prevention of falls, pressure area care and diabetes awareness.

Staff received supervision every three months, from either the registered manager or the home owner. Supervision sessions provide staff with the opportunity to talk about their training and support needs and to discuss any issues in relation to their work. If staff were involved in a particular incident, for example a medicines error, or a concern was raised around their practice, they received extra supervision. For example, we saw that a member of staff had received supervision following a concern about their communication skills.

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 made in their best interests and as least restrictive as possible. During our inspection we saw that staff sought peoples' consent before undertaking any care or support task. For example, we saw that staff asked people if they would like to have a clothes protector before they ate their meal. At our last inspection we identified that the home was not operating within the requirements of the MCA. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulation 2014. At this inspection we found improvements had been made and the requirements of the regulation were being met.

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 are called the Deprivation of Liberty Safeguards (DoLS). The Care Quality Commission is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and to report on what we find. During this inspection we identified two people who did not have the necessary DoLS in place. Both people lacked capacity to care and treatment, although they were not objecting to it. We contacted the local authority DoLS Coordinator to discuss the matter and were advised that the provider should submit DoLS applications for authorisation, which the provider did during our inspection.

We recommend that the provider seek further guidance around the DoLS application process.

People had their weight monitored weekly and where people had lost weight they had been referred to a dietician. Food charts were completed on a daily basis to record the food people had eaten. Although the charts we viewed identified what food had been consumed there was no indication of the quantity of food eaten. This meant it was difficult for staff to have an accurate picture of a person's food intake. We brought this to the attention of the registered manager and she agreed to recommend to staff that food quantities should be recorded in future.

We observed a lunchtime meal and saw that people were offered a choice of two main courses and dessert. The food looked appetising and people received ample sized portions. Tables were set with table cloths, napkins, condiments and jugs of juice and a menu board displayed the day's menu choices. People appeared to enjoy their meal which was hot and served promptly. There were sufficient staff to assist those who required assistance with their meal and we saw that staff interacted in a considerate manner during the meal and enquired if people were enjoying the food. The service had recently employed a new chef and people we spoke with confirmed that they had made suggestions for the menu plans. Where people did not like the food on offer, an alternative was provided. One person told us "He will make anything I like".

People living at Edge Hill were referred to healthcare professionals, such as dieticians, speech and language therapists and district nurses when specialist help was needed.

Is the service caring?

Our findings

People who used the service and their relatives were complimentary about the staff. One relative told us "The staff are smashing, so patient" and another said "All the staff are polite. They're good on dignity". One person told us that the registered manager always went round and spoke to everyone first thing in the morning. They said "It shows she cares".

We read two letters which the provider had received from relatives. One included the paragraph "We would like to give a big thank you for the time you spent looking after (name). They passed away with dignity. Thank you for your care and compassion you all showed (name) and ourselves. I would recommend your home to others". Another said "We would like to thank you and all the staff at Edge Hill for giving (name) a special day on their birthday. The buffet was much appreciated and a special thanks to your chef for making a fantastic birthday cake".

At our last inspection although we found that peoples' clothes and appearance were clean, we saw two people sitting in the communal area without socks or footwear. At this inspection we found everyone to be appropriately and warmly dressed and we saw staff paying particular attention to how people looked. For example, we saw staff helping people to wipe their hands and face after they had finished their meal.

We observed staff interactions with people and overheard conversations which showed that staff were kind and considerate and that they wanted to make peoples' day to day experience of living at Edge Hill a pleasant one. For example, we heard a member of staff ask someone "would you like me to put a cushion behind you?" and during the lunchtime meal we heard a carer ask "Would you like a smaller spoon, that one's a bit big". One carer we spoke with, when asked what they found rewarding about their job, told us "It's satisfying, making them laugh and smile".

Staff we spoke with understood the importance of treating people with dignity and respect and could describe ways in which they would do this while assisting with personal care, such as using a towel to cover a person and making sure doors were closed.

We saw that the home had an 'end of life protocol', which informed staff about the steps they needed to take when a person was approaching the end of their life. It contained information about the process for obtaining end of life medicines and of the involvement of the district nursing service in end of life care.

Is the service responsive?

Our findings

During our inspection in November 2016 we identified a breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, as some of the care and support plans were out-of-date. This meant staff did not have all the relevant information needed to guide them in supporting people. During this inspection we found that improvements had been made and the requirements of the regulation were being met.

All the care documentation had been re-written using a standardised format which was clear and easy to follow. We looked at three care files and saw that they contained a range of information, including personal details, risk assessments and care plans which had been reviewed monthly to ensure they were up-to-date. We saw that, where able, people had been involved in formulating their care plans to ensure they were relevant to them personally. For example, one person who was diabetic, but who did not want to follow a strict diabetic diet, had signed their care plan to show that this had been their decision.

Prior to moving into the home a pre-admission assessment was carried out by the registered manager to ensure that the service could meet the person's needs. The registered manager told us that they advised people to look around the home before accepting a place, so that they could be sure the home was appropriate for them. She told us "If they get a feel for the home they will stay".

From our observations during the inspection we saw that the care staff were flexible in their approach to providing care and responded well to people's individual needs. For example, one person who had recently come to live at the home preferred to have their meals at a later time to the scheduled meal times and staff enabled them to do this. We saw that people got up at a time which suited them and they received their breakfast when they were ready to do so.

Following our last inspection we recommended that the provider review their provision of activities, as we found that the range of activities available was limited. Lack of appropriate and meaningful activities taking place on a regular basis can result in people becoming isolated and withdrawn. At this inspection we found there had been an improvement in this area. A notice board in the main lounge displayed the weekly activities schedule and on both days of our inspection we saw activities taking place which people appeared to enjoy. On our first day we saw a craft/drawing afternoon and on the second day people enjoyed an armchair ball game. We talked with the activities coordinator, who had been in post for three months. She was enthusiastic about providing a range of different activities and was planning to ask people what type of activities they would like to see offered. In addition to activities in the home, the activities coordinator regularly took people on trips out to the local shops or cafes, which gave her the opportunity to socialise with people in a different setting. We saw positive feedback from a relative which stated that there was more going on at the home and that the atmosphere was brighter and more cheerful than previously.

Following our last inspection we recommended the provider review their procedure in relation to staff handover meetings, as the handover we observed was very brief and some information regarding a person's request for pain relief was missed. Detailed handover meetings ensure information about changes to the

health or care needs of people living at the home are discussed and any alterations in their care are communicated promptly. At this inspection we did not have the opportunity to observe a handover as this had taken place before we arrived to start our inspection. However, we reviewed the 'handover book' and saw that it contained detailed information about everyone living at the home, including information about doctors and district nursing visits and referrals to other healthcare professionals.

During our last inspection we found a breach of Regulation 16 (1) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 as the provider had not responded to complaints in line with their complaints procedure. At this inspection we found that this concern had been rectified and the requirements of the regulation were being met. We reviewed the complaints file and saw that there had been three complaints during 2017 which had been logged correctly and response letters sent to the complainants in line with the provider's complaints procedure. People we spoke with knew how to make a complaint and told us they would approach the registered manager. One person told us "she will sit and listen to you".

Is the service well-led?

Our findings

At the time of our inspection the home had a registered manager who had been in post since November 2015. People we spoke with made positive comments about the registered manager. One relative told us " (name) is very approachable" and a member of staff said " (name) is quite easy to talk to". Another member of staff told us " (name) is a really good manager".

At our last inspection in November 2016 we found short falls in the governance of the home and rated the 'well-led' domain of our report 'inadequate'. We identified a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good Governance. At this inspection we found that improvements had been made and the requirements of the regulation were being met.

The home owner visited Edge Hill once or twice a week to provide management oversight and was in daily email contact with the registered manager to discuss issues relating to the running of the home, health and care needs of the people living there and any maintenance problems. Both the owner and registered manager were present during our inspection and were helpful and cooperative and keen to show us how they had dealt with the problems and concerns we identified at our last inspection.

Since our inspection in November 2016 the provider had employed a deputy manager to assist in the day-to-day running of the home and provide support to the registered manager. We were told that the main role of the deputy manager was to write and review the care documentation and to assist with the weekly quality assurance audits. They were currently in the process of writing a new brochure for the home.

We saw evidence that staff and residents/families meetings were held on a regular basis. These provided people with an opportunity to comment on the service, raise any concerns and also be kept informed about the on-going improvements following our last inspection. Since our last inspection monthly meetings with the district nursing team had been introduced to improve communication between the services.

The registered manager reviewed incidents and accidents to make sure risks to people were minimised. We checked documentation relating to recent incidents and saw that details of what had occurred and what action had been taken had been recorded. Notifications of incidents occurring at the home had been made to the CQC in line with their registration requirements.

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 and report from our last inspection were displayed prominently in the entrance hall.

Following our last inspection we rated the service overall as 'Inadequate' and it was placed in 'special measures'. Services that are in 'special measures' are kept under review and are inspected again within six months. The expectation is that providers found to have been providing inadequate care should have made

significant improvements within this timeframe. As part of this inspection we reviewed the action plans the provider had submitted to us. We found that these had been completed and significant improvements had been made to the service. Therefore it is no longer in 'special measures'. Following our inspection in November 2016 when we identified numerous concerns, they registered manager and owner immediately set about a programme of improvement, including employing a deputy manager to assist with the day-to-day management of the home. We saw from our inspection that they were committed to maintaining a higher standard of care at Edge Hill.

However, although we saw improvements had been made, we have not rated this key question 'good'. To improve the rating to 'good' would require a longer term track record of consistent and sustainable good practice.