

***We are the regulator:** Our job is to check whether hospitals, care homes and care services are meeting essential standards.*

EdgeHill Care Home

5 Edge Hill, Shooters Hill, London, SE18 3SQ

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Date of Inspection: 02 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Supporting workers	✓	Met this standard
Assessing and monitoring the quality of service provision	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	Mr Zaid Mauderbocus
Overview of the service	Edge Hill Care Home provides care and support for up to five people with mental health conditions.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 2 June 2014, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

We gathered evidence against the outcomes we inspected to help answer our five key questions. Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with people using the service, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read our full report.

Is the service safe?

We spoke to two people being supported by the service. They said staff supported them to take their medications and reminded them when they needed to attend health care appointments. This helped keep them safe and well.

Systems were in place to make sure that the provider and staff learned from events such as accidents and incidents and complaints and concerns. This reduced the risk to people and helped the service to continually improve.

The provider was available 'on-call' outside of office hours to respond to staff requests for support and to deal with emergencies.

Is the service effective?

People said they had care plans and attended regular review meetings with health care professionals from the Community Mental Health Team (CMHT). We saw that their care plans and risk assessments had been kept under regular review and people were supported to attend medical appointments and meetings with mental health professionals.

Each person using the service had a CPA Contact and Crisis Form. This form included the details of people and organisations involved in the persons support. These people would

be contacted in an emergency, for example, where a person using the services mental health condition had deteriorated.

Is the service caring?

One person said: "The staff are not bad we get on well, they help me with my medication and to attend my appointments which helps me." The other person said "It's okay here. If I need anything I just ask the staff, they are very helpful." Both said they had a good relationship with the provider.

We observed positive interactions between staff and people using the service during the course of our visit.

Is the service responsive?

We saw satisfaction questionnaires were completed by people using the service in May 2014. People indicated that they were satisfied with the support they received. The provider told us they used the feedback from the questionnaires to improve the service.

People said if they had to make a complaint or had any concerns about the service they would tell the provider or a member of staff. Both people we spoke with said they were confident that they would be listened to and that something would be done. One person said they had raised concerns with the provider in the past. The provider had looked into their concerns and they were satisfied with the outcome.

Is the service well-led?

We found there were effective systems in place to regularly assess and monitor the quality of service that people received.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Care and welfare of people who use services

✓ Met this standard

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

We spoke to two people using the service. One person said: "The staff are not bad we get on well, they help me with my medication and to attend my appointments which helps me." The other person said: "It's okay here. If I need anything I just ask the staff, they are very helpful." Both people said they had a good relationship with the provider. They said they had care plans and attended regular review meetings with health care professionals from the Community Mental Health Team (CMHT).

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at the files of two people using the service. Their files contained referral and assessment information, care plans, risk assessments, daily progress notes and the records of key-working sessions. People's needs were identified along with the required support and objectives. People's care plans described their mental health and physical health needs and provided guidelines for staff on how to best support them. We saw that risk assessments had been completed for example on medication, physical health and mental health relapse. We saw that care plans and risk assessments had been kept under regular review and people were supported to attend medical appointments and meetings with mental health professionals.

There were arrangements in place to deal with foreseeable emergencies. The provider showed us that each person using the service had a Contact and Crisis Form. This form included the details of the people and organisations involved in the support of the person using the service, for example, health care professionals, care coordinators and the CMHT emergency out of hour's duty team. The provider told us that these people would be contacted in an emergency, for example, where a person using the services mental health condition had deteriorated. The provider was available 'on-call' outside of office hours to respond to staff requests for support and to deal with emergencies.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

Two people told us staff supported them to take their medications and reminded them when they needed to attend health care appointments. This helped keep them safe and well.

Medicines were prescribed and given to people appropriately. The provider told us that people using the service had regular appointments with health care professionals within the CMHT. Medication was prescribed by the CMHT pharmacist and delivered to the home. Only trained staff could administer medications to people using the service. Staff training records indicated that all staff had received training on the administration of medication.

Medicines were kept safely. We saw that medication was stored securely in a locked cupboard in the office. Appropriate arrangements were in place in relation to the recording of medicine. The provider showed us records of medication received into the home including the name of the medication, quantities, dosages, start date of usage, end of supply date and any medication spillage or medication returned to the pharmacist. The provider told us that they checked medication balances on Friday evenings however they did not record this information. Following a discussion with the provider they showed us a medication monitoring form and told us that they would immediately start recording the stocks and balances of medication held at the home. We were unable to assess the impact of this decision on the care provided at this inspection.

Medicines were safely administered. We looked at the homes medication folder. The folder included individual medication administration records for people using the service, their photographs, details of their health care professionals, information about their health conditions and any allergies. The folder also included the homes medication policy and the names, signatures and initials of staff trained to administer medication. We checked the medication administration records for two people using the service. These indicated that they were receiving their medication as prescribed by health care professionals.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

The provider told us that they did not employ any staff. They had an agreement with a local care agency to use the same three staff on a regular basis. This ensured that people using the service received consistent support. We looked at the homes staffing rota and saw that the provider and the senior member of staff covered the morning and evening shifts from Monday to Friday each week. The regular agency staff covered night time and weekend shifts.

Staff received appropriate professional development. We looked at the homes files for the agency staff and found that they had completed the homes induction programme which included topics such as the key worker role, environment, fire procedures, and food hygiene and infection control. The provider showed us evidence that agency staff had completed training on the administration of medication, infection control, safeguarding vulnerable adults from abuse, food hygiene, first aid, fire safety, moving and handling and health and safety. We also saw that agency staff had received formal supervision from the provider.

The provider is a Registered Mental Nurse (RMN). The senior member of staff told us they were part way through qualifying to become a RMN. The provider told us that they considered health and safety, first aid, food hygiene, fire safety, the administration of medication, safeguarding vulnerable adults from abuse and infection control to be mandatory training that all staff should complete. The provider showed us certificates confirming that they and the senior member of staff had completed all of the mandatory training.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who use the service were asked for their views about their care and treatment and they were acted on. The provider showed us questionnaires completed by people using the service in May 2014. Questions related to, for example, food and shopping, personal care and support, keyworkers and the management of the home. All indicated that they were very satisfied or quite satisfied with the support they received in these areas. The provider told us they planned to collate the feedback from the questionnaires, produce a report and an action plan and use this to improve the service.

The provider showed us evidence that the fire alarm system and fire safety equipment had been checked by engineers in June 2013. They showed us that the fire alarms system was being tested by staff each week. The provider and the senior member of staff also demonstrated the homes procedure for testing and documenting that the homes fire alarm system was working.

We saw records confirming that monthly health and safety checks had been carried out, gas safety and portable appliances had been tested by engineers in 2013 and that the provider regularly audited people using the services care plans and risk assessments. We also saw that the provider kept a record of complaints and any incidents or accidents that had occurred at the service. As required by law, our records indicate that the provider kept us promptly informed of any reportable events.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

People were made aware of the complaints system. This was provided in a format that met their needs. We saw that the complaints procedure was displayed in the hallway of the home. Two people using the service told us the procedure was in a format that they understood.

People were given support by the provider to make a comment or complaint where they needed assistance. The provider told us all staff were aware of the services complaints procedure and they would bring any concerns people who used the service to their attention.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. The two people we spoke with told us they if they had to make a complaint or had any concerns about the service they would tell the provider or a member of staff. They both said they were confident that they would be listened to and that something would be done.

People's complaints were fully investigated and resolved, where possible, to their satisfaction. One person said they had raised concerns with the provider in the past. The provider had looked into their concerns and they were satisfied with the outcome. Both people we spoke with said if they were not happy with things at the home they could also complain to the CMHT.

We asked for and received a summary of complaints people had made and the provider's response. The provider showed us a file for recording complaints. The file included the services complaints procedure and complaint records. The complaint records included details of the complaint, action taken by the provider and evidence that the complaint had been resolved to the satisfaction of the complainant.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

 **Met this standard** This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

 **Action needed** This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

 **Enforcement action taken** If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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