

***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

Tel: 07958495452

Date of Inspection: 25 February 2013

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

Respecting and involving people who use services ✓ Met this standard

Care and welfare of people who use services ✓ Met this standard

Safeguarding people who use services from abuse ✓ Met this standard

Staffing ✗ Action needed

Supporting workers ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Records ✗ Action needed

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 25 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff.

What people told us and what we found

Edge Hill Care Home had four residents at the time of our inspection. We spoke with three of them and they all made positive comments about the home and the staff. One of them said that 'You get a lot of freedom here' and explained that he made some of his meals, he went to local shops to buy his lunch and visited his relatives on the weekends. Another person told that the home is 'Nice and comfortable' but he was planning to move on to a less supported environment as he felt he would be able to manage on his own.

We saw that people personalised their own rooms and were able to have visitors. We found that people were treated respectfully and saw that staff knew how to communicate with and support them.

We found that information on people's needs and their care plans were available and were reviewed on a regular basis. The manager monitored the quality of the service through a number of regular checks to ensure that the service met people's needs.

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

What we have told the provider to do

We have asked the provider to send us a report by 17 April 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external appeal processes. We will publish a further report on any action we take.

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

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People were able to visit and spend some time in the home with their care manager and/or relatives in order to make an informed choice whether they wanted to live in Edge Hill Care Home. Information on the service and a service user guide was also provided to them.

People signed a contract when they moved to the home which described what the rules in the home were and what was expected from the residents. People also signed data protection and information sharing agreements as part of their admission process,

People had a monthly key-working session where they were able to discuss any issues regarding their needs, care plans or activities. The manager was also available on the weekdays and discussed actual issues with the people who used the service. People's care plans were reviewed with them in every six months with their involvement.

People at the home were able to decide how to spend their time and they were encouraged to improve their life skills. People were prompted to complete their personal care tasks and activities of daily living. People had a weekly activity plan to do their own laundry, cleaning and other household chores. People were also able to go to local shops, cafes, swimming pool or gym. The manager told us that some people who had used the service were able to move on to a less supported environment.

We observed that people were treated with respect and as individuals. People had their own room and we saw that their privacy was respected by knocking on the door and not entering the room if permission wasn't given.

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

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

People at Edge Hill Care Home were supported by the local authority and their community mental health team. People were referred to the service by their care managers with the person's needs assessment, Care Programme Approach (CPA) documents and in some cases with an additional Occupational Therapy report. The home's manager carried out his own assessment to ensure that the service could meet the person's needs. People had a gradual admission to the home to ensure that they could settle in smoothly.

People's personal files contained their care plans, risk assessments, daily progress notes and the records of their one to one 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 how to best support the person. Financial and medical correspondence was filed as well. People were supported to attend any medical appointments and CPA reviews.

The manager demonstrated the knowledge of people's background, mental health conditions and support needs. He worked closely with the various mental health professionals to provide feedback and to discuss people's progress. The home's aim was to rehabilitate people and enable them to move on to a less supported environment.

We received a letter from a forensic social worker who referred people to the home over the years. In the social worker's view the home worked in an empowering manner to both enhance and improve the skills what people already had and aimed to gain. They also praised the manager's focus and attentiveness to the care of people.

The service had and 'Emergency / Crisis Plan' to deal with foreseeable emergencies. The manager was 'on-call' at all times to deal with any kind of emergencies.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The service had a safeguarding vulnerable adults policy in place and a copy of the local authority's safeguarding policy was also available to staff.

We spoke with the manager and a support worker who were aware of the policies and their responsibilities regarding safeguarding people who used the service. They were able to describe the different types of abuses and that they would report abuse or allegations of abuse to the local safeguarding team.

People who were not able to manage their own finances had arrangements in place to get support. In one case the manager had kept records and receipts regarding a person's finances and spending and reported to the person's appointee on a monthly basis. The person was protected from the risk of financial abuse.

The manager explained how the service dealt with potential abuse and how people were safeguarded from abuse. Discussions were taken place with people who used the service and preventative actions were also taken.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was not meeting this standard.

There were not enough qualified, skilled and experienced staff to meet people's needs.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

Edge Hill Care Home provided care twenty-four hours a day. We were told that the manager was on duty every weekday from around 8AM to around 8PM. One support worker worked normal 'office' hours during the weekdays. All other shifts, nights and weekends, were covered by agency staff.

The manager told us that they had struggled to find suitable workers to employ on a permanent basis. This had an impact on the quality of the service. We found evidence that some records were not kept up to date and there was no written evidence that two out of three agency staff had induction to the service.

We concluded that the home may not be able to respond unexpected changes in circumstances in the service and that the problems regarding the effective management of the service and the accurate record keeping related to the lack of staff.

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 to an appropriate standard.

Reasons for our judgement

The service had one permanent staff and a number of regular agency staff. Staff were able to discuss people's needs and actual issues with the manager during the handovers. The agency staff were responsible for their own training arrangements and professional development.

We saw the records of three agency staff who worked at the home regularly. They were adequately qualified and skilled to work at the home and completed mandatory trainings. We were told that they had induction to the service but only one had a completed and signed induction checklist on file.

The only permanent staff member was supervised by the manager however the one to one supervision sessions or the appraisals were not recorded. There were plans for this staff member to obtain National Vocational Qualification (NVQ) Level 4 for in the near future.

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

There was a system in place to monitor the quality of the service at Edge Hill Care Home. This included regular reviews of people's files, risk assessments, medication records by the manager. There were procedures in place to carry out various health and safety checks to ensure that people were getting a safe and appropriate level of service.

We found that people's views were regularly sought through daily conversations, monthly key-working sessions, care plan reviews and through their regular reviews by mental health professionals.

We saw evidence that when a resident expressed concerns or complained about the service the manager recorded these and made actions to resolve the problems. The outcome of the actions was also recorded on the complaint form.

The service had a Quality Management policy that annual audit should be done on the service along with a 'service user survey'. A plan to achieve the quality aims and a development plan should have been created as well. These however had not been completed.

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was not meeting this standard.

People were not protected from the risks of unsafe or inappropriate care because accurate and appropriate records were not maintained.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We found evidence that the manager did not ensure that people were protected against the risk of unsafe care by means of the maintenance of accurate records related to people, staff and the management of the service.

Three people's one to one key-working sessions had not been recorded since the autumn of 2012. Three people's care plans and risk assessment had no indication that it was reviewed but had due dates in 2012. Staff member's supervisions and appraisals were not recorded. Two out of three agency staff's induction checklist had not been completed. Some health and safety checks had not been signed when those were completed. Environmental audits had not been signed off since autumn 2012.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010 Staffing
	How the regulation was not being met: The home may not be able to respond unexpected changes in circumstances in the service and that the problems regarding the effective management of the service and the accurate record keeping related to the lack of staff.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 20 HSCA 2008 (Regulated Activities) Regulations 2010 Records
	How the regulation was not being met: The manager did not ensure that people were protected against the risk of unsafe care by means of the maintenance of accurate records related to people, staff and the management of the service. Key information such as people's one to one keyworking sessions, staff induction and supervisions, health and safety checks had not been documented.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us by 17 April 2013.

CQC should be informed when compliance actions are complete.

This section is primarily information for the provider

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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