

***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: 08 May 2013

Date of Publication: May  
2013

We inspected the following standards to check that action had been taken to meet them. This is what we found:

### Staffing

✓ Met this standard

### Records

✓ 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

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### Why we carried out this inspection

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We carried out this inspection to check whether EdgeHill Care Home had taken action to meet the following essential standards:

- Staffing
- Records

This was an unannounced inspection.

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### How we carried out this inspection

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We looked at the personal care or treatment records of people who use the service, carried out a visit on 8 May 2013, talked with people who use the service and talked with staff. We talked with commissioners of services.

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### What people told us and what we found

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People we spoke with told us that they felt supported by the manager and were happy living at the home.

We found that care plans and risk assessments had been updated and there were records of regular keyworker meetings. There were completed records relating to environmental checks and staff files contained appropriate information.

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

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### More information about the provider

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Please see our website [www.cqc.org.uk](http://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

### Staffing

✓ Met this standard

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

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### Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

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### Reasons for our judgement

At our inspection on the 25 February 2013, we found that there were not enough qualified, skilled and experienced staff to meet the needs of people who lived at the home. The provider did not submit an action plan stating how they would address the issues found.

At our follow up inspection on the 08 May 2013 we found that although the provider had not at the time of our inspection appointed permanent staff there were enough qualified, skilled and experienced staff to meet people's needs as the provider had temporary staff in place to support people. The provider stated that an advertisement would be placed in the near future if the agency did not agree to the permanent appointment of the staff currently being supplied.

People we spoke with at the home told us that there were always enough staff on duty to support their needs at all times. The manager told us that although they had not been able to appoint permanent staff they had agreed with an agency to use the same staff to ensure people were supported by consistent staff. We reviewed the staffing rotas from February 2013 to May 2013 and found that the same staff were being used on a regular basis. The provider may wish to note that on the day of our inspection the duty rota did include a member of staff that was not on duty and the rota had not been amended to reflect this or additional staff requested to cover the absence. The absence did not appear to impact on the support people received as the manager was available.

We looked at the staff files for four of the agency staff who worked at the home and found that the majority of staff had received an induction programme which included topics such as the key worker role, environment, fire procedures, food hygiene and infection control. We also noted that agency staff had previous experience related to healthcare, and training information was also held in their files to demonstrate they were appropriately skilled. The training included safeguarding vulnerable adults, moving and handling, food hygiene and health and safety awareness to ensure that staff were able to support the needs of people living at the home.

## Records

✓ Met this standard

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

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### Our judgement

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The provider was meeting this standard.

People were protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

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### Reasons for our judgement

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At our inspection on the 25 February 2013, we found that people were not protected from the risk of unsafe or inappropriate care because accurate and appropriate records were not maintained. The provider did not submit an action plan stating how they would address the issues found.

At our follow up inspection on the 08 May 2013 we found that people's personal records including medical records were accurate and fit for purpose. We reviewed three people's care support plans and risk assessments and found that the records had been updated and reviewed since our last visit to the home. For example, there were records to show that a care plan had been reviewed on 19 April 2013 and agreed by the individual. The care plan reflected the support the individual required relating to budgeting and information regarding the financial appointee scheme that was in place. We noted that the manager was the key worker to all the people living at the home and that there were records to demonstrate that monthly meetings had taken place with each individual at the home. One individual's key worker meeting notes on 01 May 2013 included discussions relating to personal hygiene, smoking and their activity programme. There were also records of care plan approach (CPA) meetings held with care co-ordinators and community psychiatric teams that visited the people living at the home.

We also reviewed information relating to health and safety checks and environmental audits and found that all the appropriate paperwork had been completed. This ensured that the environmental checks such as fire safety were in place to maintain the safety of people living at the home.

## 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.

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**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.

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**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.

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**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

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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)

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### **(Registered) Provider**

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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'.

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### **Regulations**

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

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### **Responsive inspection**

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

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### **Routine inspection**

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

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### **Themed inspection**

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

## Contact us

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