

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

Edenside House

20 Cheapside, Middleton, Manchester, M24 6BQ

Tel: 07903213846

Date of Inspection: 21 May 2013

Date of Publication: June 2013

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

Consent to care and treatment	✘	Action needed
Care and welfare of people who use services	✘	Action needed
Safeguarding people who use services from abuse	✘	Action needed
Supporting workers	✘	Action needed
Assessing and monitoring the quality of service provision	✘	Action needed

Details about this location

Registered Provider	Mrs Karen Frances Cook
Overview of the service	Edenside House is a large house that can accommodate up to three younger adults with learning disabilities. The organisation specialises in the care of young adults with autism. It is situated in Middleton, Greater Manchester and facilities include a communal lounge, separate dining room and kitchen.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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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 21 May 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

At the time of our inspection, there was only one younger adult with autism at the house. We observed him as he was playing on a games console in his room and saw he was happy and his appearance was good. He spoke about football and looked happy and comfortable in his surroundings.

We saw the person walking around the home freely and making himself cups of tea independently. We saw good interaction between the staff and the person using the service.

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 13 July 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

Consent to care and treatment

✘ Action needed

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was not meeting this standard.

People were not always asked for their consent and the provider did not act in accordance with legal requirements.

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

Edenside House accommodates up to three adults with learning disabilities who need support to lead independent lives. Sometimes due to the nature of the people's medical conditions not everyone may be able to communicate fully.

At the time of inspection, there was one young adult with autism living at the house. The registered manager confirmed that this person had the capacity to make some decisions for themselves and where they couldn't, the staff would seek advice from their funding authority. The registered manager told us that where they determined people did not have capacity, family, relatives or representatives were asked to consent on behalf of the people who use the service.

The registered manager confirmed that consent had not been sought for any of the care or treatment being provided at Edenside House and there were no policies or procedures for staff to use that gave information about how to determine whether or not a person had the capacity to give their consent to care, support and treatment.

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

Our judgement

The provider was not meeting this standard.

People did not always experience care, treatment and support that met their needs and protected their rights because the care plans did not fully reflect the needs of the people who use the service.

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

Edenside House accommodates up to three adults with learning disabilities who need support to lead independent lives. At the time of inspection, there was one young adult with autism living at the house.

We observed him as he was playing on a games console in his room and saw he was happy and his appearance was good. He spoke about football and looked happy and comfortable in his surroundings. We saw the person walking around the home freely and making himself cups of tea independently. We saw good interaction between the staff and the person using the service.

We saw there were appropriate risk assessments in place for the environment in the home.

During the visit, we looked at one care plan. We saw that a daily log had been kept of the activities that were taking place and also of the food and medication that was being taken. The registered manager told us that the majority of the plan had come from a previous organisation that had recently closed and had not all been updated yet. We saw that a start had been made in updating the records to reflect the current needs of the person. However, the care plan and supporting documents were not yet up to date and did not fully reflect the persons' needs.

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

Our judgement

The provider was not meeting this standard.

People who use the service were not always protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

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

The registered manager confirmed there was no policy in place for the protection of vulnerable adults (POVA). The provider had not accessed the Rochdale Inter-Agency Adult Protection Policy for vulnerable adults that was available on the internet. The registered manager told us that none of the staff, including herself, had received training in the protection of vulnerable adults. This meant that staff may not be aware of how to detect different types of abuse that may occur and the actions to take if abuse was suspected.

At the time of the inspection there was only one younger adult using the service. Through our observations we noted that this person was at low risk due to their abilities.

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

Our judgement

The provider was not meeting this standard.

People were not always cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

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

The registered manager told us that there were no policies or procedures in relation to training and development. She told us there were three staff at the time of the inspection, including herself and all staff had previously worked at another organisation that had recently closed and had moved across together. She confirmed that all staff had received Criminal Records Bureau (CRB) disclosure checks before they had started working here.

None of the staff had received a formal induction and there was no training list or schedule in place. All three staff had all only received training in basic food hygiene and fire safety whilst at Edenside House. The registered manager told us she was looking into appropriate training courses for all staff.

There was no formal schedule in place for staff supervisions and no formal supervisions had been conducted. The registered manager told us that informal staff supervisions were always being carried with staff during the course of their working day.

At the time of the inspection there was only one young adult using the service. Through our observations we noted that this person was fairly independent and therefore at low risk due to their abilities.

Assessing and monitoring the quality of service provision

✘ Action needed

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 not meeting this standard.

The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.

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

The registered manager confirmed there was no process in place to monitor the quality of the service.

We saw that the medication administration sheets were being routinely checked and the stock of medication was being reconciled on a daily basis. However, apart from this there were no audit programmes or any other monitoring that took place. There was no evidence that learning from incidents / investigations took place.

At the time of the inspection there was only one young adult using the service. Through our observations we noted that this person was at low risk due to their abilities.

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	<p>Regulation 18 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Consent to care and treatment</p>
	<p>How the regulation was not being met:</p> <p>People were not always asked for their consent and the provider did not act in accordance with legal requirements.</p> <p>Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Care and welfare of people who use services</p>
	<p>How the regulation was not being met:</p> <p>People did not always experience care, treatment and support that met their needs and protected their rights because the care plans did not fully reflect the needs of the people who use the service.</p> <p>Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>
Regulated activity	Regulation

This section is primarily information for the provider

<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Safeguarding people who use services from abuse</p> <p>How the regulation was not being met:</p> <p>People who use the service were not always protected from the risk of abuse, because the provider had not taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.</p> <p>Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>
<p>Regulated activity</p>	<p>Regulation</p>
<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 23 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Supporting workers</p> <p>How the regulation was not being met:</p> <p>People were not always cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.</p> <p>Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>
<p>Regulated activity</p>	<p>Regulation</p>
<p>Accommodation for persons who require nursing or personal care</p>	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>The provider did not have an effective system to regularly assess and monitor the quality of service that people receive.</p> <p>Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.</p>

This section is primarily information for the provider

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 13 July 2013.

CQC should be informed when compliance actions are complete.

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 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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