Belmont Sandbanks Limited

Edendale Lodge

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Edendale Lodge is a residential care home that accommodates up to 35 older people who may be living with dementia. At the time of inspection, there were 15 people living at the service, this included one person who was admitted to the home on the day of our inspection.

People's experience of using this service and what we found
Although the service had an infection prevention and control (IPC) policy, we found that new people admitted to the home were not being supported to isolate from other people at the home in line with government guidance. People had received a negative COVID-19 test before coming to the home, but the provider had not followed government guidance that people should be supported to isolate on admission for 14 days. We received assurances after the inspection that this was now being done.

The registered manager told us the provider had admitted five people to the service in a short space of time, this had put pressure on staff and the home. Staff told us that it was difficult to get to know people when people are admitted in quick succession. Staff told us they did not feel there were enough staff to safely support people. We saw that some people's records were not fully completed, and staff told us that this was because they did not have time.

Staff had experienced pressure in dealing with the COVID-19 outbreak. We found this had impacted on record keeping and staff needed time to catch up and reinstate their regular quality assurance checks.

Relatives told us that they were informed of accidents and incidents and that they felt their loved ones were safe. However, some relatives told us they found it hard to get hold of the registered manager and found it difficult to get general information.

Risks to people were safely managed and risk assessments were in place to identify support needs of people who were at risk of falls, behaviour that challenges, choking and skin break down. People living at the service seemed relaxed around staff and one person told us, "It's alright here, I like it". Relatives were positive about the care provided to their loved ones.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk
Rating at last inspection (and update)
The last rating for this service was requires improvement (29 March 2019)

Why we inspected
We received concerns in relation to personal care, risk management and communication between the registered manager and relatives. The service had also recently experienced an outbreak of coronavirus. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.
The overall rating for the service has remained as requires improvement. This is based on the findings at this inspection.
We have found evidence that the provider needs to make improvement. Please see the safe and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Edendale Lodge on our website at www.cqc.org.uk.

Enforcement
We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection.

We have identified breaches in relation to infection prevention and control and staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up
We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our safe findings below.

Edendale Lodge

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team
The inspection was carried out by two inspectors. An assistant inspector supported with calls to relatives and staff after the site visit.

Service and service type
Edendale Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they

plan to make. We contacted two health and social care professionals for feedback about the service and received feedback from one of them. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We spoke with people living at the service throughout the inspection. However, most people were living with dementia and were not able to tell us what it was like to live at the home so we spoke to relatives and made observations. We observed interactions between people and staff. We spoke with five members of staff including the registered manager, deputy manager and care staff. We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with six further members of staff about what it was like to work at the home. We spoke with the relatives of eight people about their loved one's experiences of care.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

● The provider was not admitting people safely to the service. People admitted to the service were not supported to isolate in line with current government guidance. During the inspection, we saw a person, newly admitted to the service had been supported into the lounge to sit with other people at the home, still wearing their clothes from the hospital. The registered manager told us that this person had received a negative COVID-19 result before admission but had not followed government guidance for the person to isolate for 14 days. This had been the case for people recently admitted to the home who had been required to isolate. This posed a risk to people. The registered manager assured us after the inspection that people recently admitted to the service were now being supported to isolate in their bedrooms.

● We were assured that the provider was preventing visitors from catching and spreading infections. The registered manager told us that relatives were supported to keep in contact with their loved ones through video and phone calls as well as window and garden visits.

● We were assured that the provider was meeting shielding and social distancing rules. Staff took their breaks one at a time in the activity room and did not remove their masks unless they were in this room. The registered manager told us that staff were encouraged to keep their distance from each other. The provider had been willing to pay for cabs for staff to get to work who normally car shared in order to minimise the risk of infection transmission.

● We were assured that the provider was using personal protective equipment (PPE) effectively and safely. Staff were wearing face masks at all times and there were PPE stations around the home.

● We were assured that the provider was accessing testing for people using the service and staff.

● We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. Care staff were assigned cleaning and laundry tasks and were regularly reminded by the registered manager to clean frequently touched surfaces. An external cleaning company were also contracted to carry out a deep clean once a month.

● We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed. Staff and agency staff worked exclusively at Edendale Lodge. The agency staff contracted to work at the home were included in the home's regular testing.

● We were assured that the provider's infection prevention and control policy was up to date. The Clinical Commissioning Group (CCG) had recently undertaken an infection prevention and control (IPC) visit. The registered manager had made environmental changes based on feedback from this visit to improve infection control.

We have also signposted the provider to resources to develop their approach.

Staffing and recruitment

● The registered manager told us the provider had admitted five people to the service over a 10 day period. Staff told us that this made it difficult to get to know people and staff told us they had found this stressful. A pre-admission assessment had been completed by the provider before each person's admission which determined that the current staff team would be able to meet each person's needs. This assessment did not consider the impact of the increased pressure this amount of people being admitted in a short space of time would have on the service.

● Staff were concerned about the high needs of people being admitted to the home and told us there were not enough staff to support them safely, one staff member told us, "It's really difficult when we look after other people as well to keep an eye on [a person newly admitted who was at high risk of falls]. I am really concerned that they are going to hurt themselves."

● Staff told us there were not enough staff at the service to support people safely. They said that with people needing support on a one to one basis, it was difficult to support people at risk of falls and those who expressed behaviour that challenged. One staff member said, "Quite often we are short staffed, there isn't enough, it's really impacting us. It makes you annoyed because you want to do your job properly." Staff were also responsible for cleaning and laundry at the service in the absence of housekeeping staff. The provider told us that as new people had been admitted to the home, staffing levels had been increased accordingly and that an advert was in place for new housekeeping staff.

● At our inspection, we observed that staff were constantly busy, supporting people who were at high risk of falls as well as supporting other people living at the home. The deputy manager, who was not scheduled to work that day, was needed to support someone who was at risk of falls to allow carers to support other people living at the home. We noticed that documents for new people had not been fully completed as staff said they had not had time to do this. For example, medicine administration records (MARS) were handwritten for new people and double signed. However, for some new people these only included the person's name and no other identifying information such as their date of birth. Some people did not have a fully completed care plan detailing their needs and support requirements. Staff said they had not had time to complete these fully. People had pre-admission assessments and risk assessments. We received feedback from the provider that a full care plan is put into place after seven days of the person being admitted, in order for staff to get to know people before completing the person's care plan.

● The provider showed us that staffing levels had recently been increased based on a tool used to identify the needs of people and amount of staff needed, and that they were using a higher amount of staffing hours than this recommended. However, this information did not reflect the one to one staff support some people needed to support them to mobilise safely. The provider told us that staff had not raised any concerns with them about staffing levels and that they would discuss this with staff.

The provider had failed to follow government guidance to prevent and control the spread of infection. The provider had failed to provide enough staff to ensure risks were mitigated. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

● Staff received training on how to support people safely.

● The provider undertook checks on new staff before they started work. This included checking their identity, their eligibility to work in the UK, obtaining at least two references from previous employers and Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

Assessing risk, safety monitoring and management

● Before the inspection we had concerns shared with us that some people's risks had not always been managed safely. We found that risks to people had been managed safely but that in some cases record keeping needed to improve to reflect this.
● Prior to the outbreak of COVID-19 at the service, accidents and incidents were analysed in the monthly provider audit and trends had been previously identified which informed changes in the service. Some people at the service expressed behaviours that challenged. Incidents were recorded by staff and gave information about what happened, where it happened and what action was taken to support the person. We found that these forms did not include a time for the events which meant that analysis of trends and possible causes of these incidents was difficult. The registered manager said that this was an administrative error on the form staff used to record these incidents and would re-print the form correctly.
● Staff implemented safety measures for people who were at high risk of falls. People's care plans contained falls risk assessments and guidance for staff on how to reduce these risks. Some people who were at risk of falls and needed staff support to walk had equipment to alert staff if the person tried to stand up without support. The registered manager told us that if staff were unable to reduce incidents of falling, they would ask the GP for a falls team or an Occupational Therapy (OT) referral.
● Risk assessments identified if people were at risk of developing pressure damage to their skin. Care plans contained guidance about what steps to take to prevent this. This included regular checks of people's skin, changing their position and the use of preventative equipment, such as air mattresses. Records showed that these checks and measures were in place. Staff told us how they supported people at risk of pressure damage and knew how to identify concerns and report them.
● One person was living with diabetes and required regular insulin. This was given by staff who had received extra training and been assessed as competent. There was guidance about how this should be given and effects it may have on the person. There was no information about what range the person who was living with diabetes, blood sugar should be. Staff were able to tell us what these should be and what steps they would take if concerned. This helped to limit the impact on the person. The person's blood sugar levels were regularly monitored, and staff told us they would contact the GP if they were concerned. A record of the person's blood sugar levels was regularly sent to the GP for additional monitoring.

Systems and processes to safeguard people from the risk of abuse and Learning lessons when things go wrong
● Systems were in place to protect people from abuse, discrimination and harm. Staff had received safeguarding training and were able to tell us signs and indicators of abuse and told us they would report concerns to the registered manager.
● The provider told us they had created a designated whistle-blowing email address which staff could use to report concerns anonymously.
● We observed interactions between staff and people which demonstrated that they felt safe. For example, people seemed relaxed around staff and felt comfortable approaching them for support. People's relatives told us that their loved ones were safe at Edendale Lodge. One relative said, "[Person] is as safe as they can be." Another relative said, "Oh my god yes, they have kept [person] very safe"
● Safeguarding concerns were reported appropriately to the Local Authority and the Care Quality Commission. The registered manager told us that safeguarding incidents were discussed at staff meetings and handover to ensure any learning taken from incidents was shared with staff.

Using medicines safely
● There were systems in place to ensure medicines were ordered, stored, given and disposed of safely. Only staff who had received the appropriate medicine training were able to give medicines. There was guidance about how people liked to take their medicines, for example from a spoon or tipped into their hand.
● One person required their medicines to be given covertly. This is when people decline to take their

medicines and need them provided in a disguised way, for example in food or drink. A mental capacity assessment identified the person did not have the capacity to make decisions about medicines. Discussions had taken place with the person, their representatives and relevant healthcare professionals. These showed it was essential the person took these medicines. Therefore, a best interest decision was made to give these medicines covertly. Staff were aware of the process and told us this person now received their medicines as prescribed.

● Medicine administration records (MAR) were completed when medicines were given, the number of tablets left in the box were recorded on the MAR. This provided an ongoing audit of medicine stock.

Requires Improvement

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as required improvement. At this inspection this key question has now remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The number of people being admitted to the home and the recent outbreak had impacted on the recording of information. Staff referred to information about people that was kept behind the bar area in the lounge. This provided staff with basic and clear instructions to guide staff on supporting new people. A thorough care plan had not yet been completed for all people newly admitted to the home. The provider told us people's risk assessments were completed within 24 hours of admission and a full care plan would be completed within 7 days of the person's admission. Staff we spoke to said, "Thank goodness we have this information, it's really difficult to keep up when so many people have been admitted so quickly".
- Staff knew people well and referred to people's information sheets if they weren't sure of something. However, one staff member told us, "One resident came in and we knew nothing, we didn't know what they could eat or anything." The provider told us that a pre-admission assessment was completed before each person was admitted to the home. The registered manager told us it had been difficult to fully complete newly admitted people's care plans.
- Some people had been prescribed 'as required' (PRN) medicines. People took these medicines only if they needed them, for example, if they were experiencing pain. For people who were new to the home there was no guidance about when people may need these medicines, or what actions to take if they were not effective. Staff told us there had not been time to write the guidance. However, PRN medicines would only be given following discussions with the person. Only a small number of staff gave medicines, and this helped to limit any impact on people. We did not see any evidence of people needing their PRN medication and not receiving this. The registered manager told us this would be addressed immediately following the inspection.
- Due to the home's recent outbreak of COVID-19, some quality assurance checks had not been fully completed. The registered manager needed time to implement these fully in order to be able to identify and act on any issues found.
- The provider and registered manager had previously completed daily, weekly and monthly audits of the quality of the service provided to people. This included a log and analysis of accidents and incidents which identified trends in events and actions taken by the service to reduce the likelihood of reoccurrence. Due to pressures on the service, these had not been completed recently. The registered manager told us that she monitored the service visually by working alongside care staff and addressed any concerns that arose immediately.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics and working in partnership with others

● Whilst relatives told us that they were informed of accidents and incidents, some relatives told us that general communication with the service was inconsistent and that they sometimes found it difficult to get through to the registered manager. They told us that the quality of information received differed depending on who they spoke to at the service and felt that the registered manager was under too much pressure to be able to respond to their calls. The registered manager told us that she had given her personal phone number to staff and relatives in order for them to always be able to get hold of her.

● Staff had been through a difficult time, having lost people in the home to COVID-19 and being unwell themselves. Management acknowledged that staff were grieving and recovering and had implemented measures to support them. This included various mental health contact information to be found around home and gifts of appreciation. However, staff told us they didn't always feel supported. One staff member told us, "The staff morale is low, we do get supervisions but I'm not sure I feel supported." The registered manager told us that she had an open door policy and was always available to support staff if they needed it.

● Staff knew how to raise concerns internally and externally, however, some staff told us they were worried that their concerns would not be treated confidentially. Some staff were reluctant to talk to us about their experiences of whistle-blowing. We discussed this with the provider who told us about a confidential email address that had been implemented to protect staff who raised concerns.

● Relatives told us that they had recently received surveys to give feedback to the service. Relatives told us they were involved in making decisions about people's care. One relative told us that they had not needed to suggest any changes because, "everything has been discussed as we have gone along".

● We saw that appropriate health care referrals had taken place. This included to the GP and the District Nurse Team. We received feedback from a visiting health professional which was positive about how staff at the home supported people. People received regular visits from the chiropodist.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

● During our inspection, we observed a positive atmosphere at the home. Staff spent time talking to people and spoke to people with kindness and encouragement. Relatives told us staff were "very friendly and polite." Another relative told us, "They love my [relative], they are quite a character. We are lucky we have found this place. We wouldn't want them to be anywhere else."

● Staff did not restrict people's choices. We observed one person who chose to walk around the home throughout our inspection. This person was at risk of falls and was unsteady on their feet but determined to walk around. Staff supported this person to walk around the home safely, reminding them to use their mobility aid and respecting the person's decision when they communicated that they did not want to sit down.

● Before the inspection, we had concerns shared we us about people's personal care. At this inspection we found that people had received regular support with washing and dressing. People were well presented and were supported to choose clothes that reflected choices detailed in their care plans. For example, one person's care plan said it was important to them to look smart, we observed that the person was dressed in smart clothing.

● Relatives were positive about the registered manager. One relative said, "She is just such a caring and loving person." Relatives felt the registered manager had dealt with the outbreak of COVID-19 well and kept people safe. One relative said, "I can't fault them on how they reacted to the positive COVID-19 cases".

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong; Continuous learning and improving care

● Before this inspection, concerns were shared with us about relatives not being informed of incidents at the home. All relatives we spoke to during the inspection told us that they were informed by the registered manager of any accidents and incidents. One relative said, "They inform me straight away if there has been an accident." We saw in people's daily notes that relatives had been contacted following incidents such as falls.

● The provider was aware of their responsibilities under duty of candour and relevant statutory notifications were sent to the CQC when required.

● The provider told us that audits and governance reports were regularly shared with staff, this included both positive and negative feedback. The registered manager told us that learning from incidents was communicated to staff during supervisions, team meetings and handover meetings.

● Staff told us that incidents were discussed, and actions taken when needed. For example, one staff member told us that if someone had a high number of falls, the registered manager would suggest providing that person with constant support when walking.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to prevent and control the spread of infection 12(2)(h). The provider had failed to provide enough staff to ensure people received safe care and risks to people were mitigated 12(2)(ab)