

Edgemont House Limited

Edgemont House

Inspection report

Edgemont House
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Bristol
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22 August 2017

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on 21 and 22 August 2017 and was unannounced. Edgemont House is registered to provide accommodation and personal care for up to 14 people. At the time of our visit there were 14 people living at the service.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection in May 2016 we rated the service overall as Requires Improvement. At that inspection we found breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 and, a breach of section 33 of the Health and Social Care Act 2008.

Following that inspection we told the provider to send us an action plan detailing how they would ensure they met the requirements of those regulations. At this inspection we saw the provider had taken action as identified in their action plan. As a result improvements had been made. As a result of this inspection the service has an overall rating of Good.

Why the service is rated Good

The appointment of the registered manager had helped rectify previous poor management of the service. An increase in the provider's oversight meant that a significant number of improvements had been made to help ensure that people were safe and received quality care.

The registered manager and staff followed procedures which reduced the risk of people being harmed. Staff understood what constituted abuse and what action they should take if they suspected this had occurred. Staff had considered actual and potential risks to people, plans were in place about how to manage monitor and review these.

People were supported by the service's recruitment policy and practices to help ensure that staff were suitable. The registered manager and staff were able to demonstrate there were sufficient numbers of staff with a combined skill mix on each shift.

Staff had the knowledge and skills they needed to carry out their roles effectively. They were supported by the provider and the registered manager at all times. Staff had completed nationally recognised qualifications in health and social care and others were in the process of completing this.

People received a service that was based on their personal needs and wishes. Changes in people's needs were quickly identified and their care amended to meet their changing needs. The service was flexible and

responded very positively to people's requests. People who used the service felt able to make requests and express their opinions and views.

People were helped to exercise choices and control over their lives wherever possible. Where people lacked capacity to make decisions a process of best interest decision making had been followed that was consistent with the principles of the Mental Capacity Act 2005 (MCA)..The Deprivation of Liberty Safeguards (DoLS) were understood by staff and appropriately implemented to ensure that people who could not make decisions for themselves were protected.

People benefitted from a service that was well led. The vision, values and culture of the service were clearly communicated to and understood by staff. The registered manager had implemented a programme of 'planned growth' that had been well managed and they were committed to continuous improvement.

The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. There were processes in place to monitor quality and understand the experiences of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service had improved to Good.

Appropriate action was taken to ensure there were enough care staff to support people.

Staff had received training in safeguarding so they would recognise abuse and know what to do if they had any concerns.

People received care from staff who took steps to protect them from unnecessary harm. Risks had been appropriately assessed and staff had been provided with clear guidance on the management of identified risks.

People were protected through the homes recruitment procedures. These procedures helped ensure staff were suitable to work with vulnerable people.

People were protected against the risks associated with unsafe use and management of medicines.

Appropriate health and safety checks were undertaken to reduce risks to people.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Caring.

Is the service responsive?

Good ●

The service remains Responsive.

Is the service well-led?

Good ●

The service had improved to Good.

The appointment of a registered manager had helped improve consistent leadership of the service.

Effective quality monitoring systems had been implemented. Audits were being completed to regularly assess the quality and safety of the service provided.

People and staff acknowledged the improvements in the home following the appointment of the registered manager.

The service notified CQC of events as required by law.

Edgemont House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This service was previously inspected in May 2016. At that time we found there were areas that required improvement. This inspection was conducted over two days by one adult social care inspector.

Prior to the inspection we looked at information we had about the service. This information included the statutory notifications that the provider had sent to CQC. A notification is information about important events which the service is required to send us by law.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they planned to make. We reviewed the information included in the PIR and used it to assist in our planning of the inspection.

During our visit we met everyone living in the home and spoke with four people individually. We spent time with the registered manager, nominated individual and all staff on duty. We looked at three people's care records, together with other records relating to their care and the running of the service. This included staff employment records, policies and procedures, audits and quality assurance reports.

Is the service safe?

Our findings

The service had improved from Requires Improvement to Good. At the inspection of May 2016 we could not be satisfied that people were always safe because the staffing levels did not take into account unforeseen circumstances or emergencies. We found the levels of care staff needed to be reviewed to take in to consideration certain factors. This included the dependency levels of people, the skill mix of staff, the layout of the home, leadership during the shift, and the need for a review of daily routines so that care support was not compromised. They also needed to take into account that people's needs were increasing requiring more staff support, for example with people's mobility and personal care. This was a breach of Regulation 12 of the Health and Social care Act 2008 (regulated Activities) Regulations 2014.

After the inspection of May 2016 the provider sent us an action plan detailing how they would resolve the issues we had identified with set timescales to achieve this.

Overall, at this inspection we saw significant improvements had been made. A new system had been introduced which enabled the registered manager to input information about the level of care people required. This included details of physical and emotional needs. In addition daily routines had been considered so that they were well led and organised. Forward thinking meant that additional staff were on duty to support GP and other community health and social care visits. Weekend cover had improved to ensure a more effective skill mix which included senior staff availability.

The registered manager told us they had full autonomy to make decisions when additional staffing was required. Recently staffing was increased by one carer at night to ensure a person who was receiving end of life care had constant companionship. They were confident that staffing levels were sufficient because they asked people for their views. This included, whether people could find a staff member when needed, were requests met in a timely manner and did they feel staff rushed when attending to them.

People were kept safe by staff who knew about the different types of abuse to look for and what action to take when abuse was suspected, witnessed or alleged. There was a safeguarding procedure for staff to follow with contact information for the local authority safeguarding team. The providers safeguarding policy was discussed in supervisions and/or staff meetings to refresh staff understanding. Staff had completed training in keeping people safe. Staff knew about 'whistle blowing' to alert management to poor practice. The registered manager and staff had appropriately raised safeguarding alerts to the local authority within the previous 12 months.

People were kept safe by staff who understood their role and responsibility to protect people. Staff had a good knowledge of risk assessments and measures to be taken to keep people safe. Assessments were undertaken to assess any risks to people, this included environmental risks and any risks due to the health and support needs of the person. Risk assessments provided a helpful guide about the action to be taken to minimise the chance of harm occurring. Examples included the risk of choking, weight loss, falls and prevention of skin breakdown.

Staff were confident in reporting accidents, incidents or concerns. Written accident and incident documentation contained details leading up to events, what had happened and what action had been taken. Any injuries sustained were recorded on body maps and monitored for healing. There was evidence of learning from incidents that took place and appropriate changes were implemented. Monthly audits had commenced to identify any trends to help ensure further reoccurrences were prevented.

Safe recruitment procedures continued to be adhered to. Appropriate pre-employment checks were completed and written references were validated. Disclosure and Barring Service (DBS) checks had been carried out for all staff. A DBS check allows employers to check whether the applicant has had any past convictions that may prevent them from working with vulnerable people.

Policies, procedures, records and practices demonstrated medicines continued to be managed safely. There had been no significant errors involving medicines in the last 12 months. Staff completed safe medicine administration training before they were able to support people with their medicines. Staff were observed on all medication rounds until they felt confident and competent to do this alone. The registered manager and senior staff completed practical competency reviews with all staff to ensure best practice was being followed.

In May 2017 the provider contacted an independent safety consultant to conduct a health and safety inspection of the home. They provided an extensive report on what the service was doing well to keep people safe and recommendations to further enhance this. In their conclusion they wrote, "There is a good culture of Health and Safety within the home and is well managed with safety in the forefront and generally seen to offer a low risk environments to residents, visitors and staff".

Staff had received fire safety training. A fire safety officer conducted an audit of the premises every six months. In house required health and safety checks were completed on emergency lights, fire control panel, fire extinguishers and smoke detectors. Each person had an individual fire evacuation plan in place, detailing the support they required to keep them safe in the event of a fire.

Is the service effective?

Our findings

The service remains effective. The registered manager ensured staff were equipped with the necessary skills and knowledge to meet people's needs. Newly appointed staff completed their induction training. The induction training programme was in line with the new Care Certificate that was introduced for all care providers on 1st April 2015. New staff worked with senior staff to assist with continued training throughout the induction process. Staff did not work alone until they felt confident with the roles they were to perform.

Training and development opportunities were tailored to individual staff requirements. Staff felt encouraged and supported to increase their skills and gain vocational qualifications. All staff received core training which included; first aid, infection control, equality and diversity, food hygiene, administration of medicines and safeguarding vulnerable adults. Specific training to meet people's needs was also provided, for example; dementia and stroke awareness and diabetes. Staff confirmed training was effective, one carer told us, "I'm enjoying all the training, it has opened my eyes".

Staff continued to feel supported by the registered manager, deputy and other colleagues. Comments included, "Things are going very well, I feel very supported by the manager and all the staff I work with" and, "The manager and deputy work with us so you never feel on your own, they are very supportive". The registered manager had ensured that staff felt supported through one to one meetings. These sessions enabled staff to discuss what was going well and where things could improve, they discussed people they cared for and any professional development and training they would like to explore. One staff member told us, "I have enjoyed these sessions, I feel confident to make suggestions and share my ideas".

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The registered manager and deputy had a good understanding of the MCA and their responsibilities with respect to promoting people's rights. They were clear that when people had mental capacity to make their own decisions, these were respected. Staff understood how to implement the five principles of the MCA. They knew how they should care for someone assessed as not having capacity and how to support best interest decisions. This included those decisions that would require a discussion with family, and possibly other significant people, for example health and social care professionals. The registered manager told us they had made plans to update staff on the MCA and the providers policy and procedures during supervision sessions.

The meals prepared and served to people had always been well received. Traditional freshly cooked meals were firm favourites and although there was a menu plan people were supported to choose whatever they 'fancied' on the day. On the first day of our inspection people were enjoying a sausage casserole, roast potatoes and vegetables with fruit crumble and custard for dessert. We heard one person say, "Wow that

looks good enough to eat" as a member of staff served them their meal. Tables were attractively laid and the dining room lent itself to a relaxed atmosphere. People confirmed they had enough to eat and drink, we saw jugs of squash and fruit bowls in the communal areas.

Staff were available to support people to access healthcare appointments if needed and, liaised with health and social care professional's involved in their care if their health or support needs changed. People's care records included evidence that the service had supported them to access district nurses, occupational therapists, dieticians and other health and social care professionals based on their individual needs.

Is the service caring?

Our findings

The service remained caring. People were positive about their experiences. One person told us, "I've been here just over two years and I am very happy, the staff are excellent, it's friendly and homely, it feels like my home, not a care home". Staff morale was cheerful and buoyant when we visited the home, it was evident they were motivated, enjoyed their roles and, were committed to the people they supported. There was positive interaction between staff and people in the home; everyone was relaxed, happy and comfortable in each other's company. We were introduced to people throughout our visits and they welcomed us to their home. People talked freely with staff in front of us and people were confident and assertive in their surroundings.

Comments in relatives surveys demonstrated positive opinions about the service delivered. People wrote, "I am very pleased with the quality of care my parent receives. I also find the staff very friendly and approachable, thank you for all your efforts", "Thank you for all your help and consideration" and, "My relative is very happy at Edgemont House. I always get a cheery welcome from staff".

We read the homes compliments log which was left at reception so that visitors could share any news and express their views about their visit. Comments included; "Thank you for all you are doing", "This home is gold standard", "This is one of the best care homes, everyone is treated with great care", "You all deserve a medal, I love you all, you do a brilliant job" and, "What would we do without you".

We spent time in various parts of the home, including communal areas and individual bedrooms so that we could observe the direct care, attention and support that staff provided people. During our visits we saw staff demonstrating patience and kindness. One staff member was supporting a person to mobilise safely to the bathroom. They were patient and encouraging offering them reassurance and praise on how well they were doing. The staff members demeanour was calm and respectful. People told us staff were 'polite, friendly and respectful' and they were 'treated with compassion and dignity'.

When people started living in the home they were asked how they wished to be addressed. People were specifically asked their feelings about terms of endearment and their choices were documented in care files. We saw that one person had stated, "I really don't mind terms of endearment, it shows staff are loving, kind and caring". This gave people the opportunity to express a preferred name and whether they were either offended, comfortable or had no preference with staff using terms such as, 'my love or my darling'.

The registered manager and staff continued to ensure that's people's night-time experiences were as enjoyed as much as during the day. Preferred night time routines were always considered and records reflected that people had thought about what would make them feel content and safe. This covered aspects such as providing drinks, closing bedroom doors, whether people preferred a light on and how many times they wanted to be checked by staff during the night.

Is the service responsive?

Our findings

The service remains responsive. Throughout our inspection we saw people being cared for and supported in accordance with their individual wishes. People said they were, 'very content' and 'more than satisfied' with the care and support they received. One person told us, "Everyone is very helpful and accommodating, I have everything I need here".

The registered manager understood their responsibilities to ensure the service could meet the needs of prospective clients by completing a thorough pre-admission assessment. In addition to the individual, every effort was made to ensure significant people were also part of this assessment. This included family, hospital staff, GP's and social workers. Information from other assessments for example hospital social workers were also considered. Following the assessment staff developed specific care plans where needs were identified, over the first few weeks of admission and whilst staff got to know the person.

Care plans had a holistic approach to care and included, people's health, psychological and spiritual well-being. We saw some good examples where the documentation was person centred and enabled staff to support people in the best way possible. One care plan we read provided a detailed guide as to how staff should support a person effectively following life changing bowel surgery. Another provided clear wishes of a person who was a Jehovah's Witness and detailed how staff were to support them when making decisions about receiving any health intervention, in addition to how they were to be supported to continue practising their faith. One person who was prone to raised anxiety had a care plan that explained to staff how it was best to relieve this. Examples included, providing reassurance, letting her know how welcome she is and engage in her favourite activities, particularly one to one sessions where she enjoys talking about her family. The registered manager told us further work was planned to evidence individualised care by conducting care reviews with people.

People and staff told us that activities and outings had continued to improve since the last inspection. We could see from the minutes of 'residents' meetings that they were encouraged and supported to suggest activities and outings they would prefer and, provided feedback on the things they had enjoyed in previous months. Information on events and activities were displayed on the homes notice board. Throughout the home we saw photographic displays of people enjoying trips and organised events in the home. The activity co-ordinator had joined a local forum arranged by South Gloucestershire local authority where they met other co-ordinators. This had helped them find new innovative ways of providing stimulation for people, through sharing ideas and accessing training with ALIVE. ALIVE is an independent organisation who promote meaningful activity for older people in care. On the second day of our inspection people were very excited about a trip to the Zoo. Great care and attention had gone into planning this outing to ensure people enjoyed the trip and remained in safe hands. Extra staff had volunteered to be part of the excursion so that everyone who wanted to go were able to.

The home was proactive in supporting and enhancing the care that people received and recognised the importance of seeking expertise from community health and social care professionals. One staff member told us, "I am confident to call the GP if we have concerns about someone and I have called the NHS 111

phone line if I have needed advice". Consultations received by people and appointments attended were documented and included the outcomes of these. The home ensured that everyone had prompt and effective access to primary care including preventative screening, vaccinations, routine checks, GP call outs and access to emergency services.

People were supported to register with a GP, optician and dentist of their own choice. Opticians and dentists were accessed to provide regular check-ups and treatment where necessary. The home worked in partnership with the community and hospital social workers, physiotherapists, community nurses and hospice palliative care nurses. Referrals had been facilitated to speech and language therapists, falls clinics and community dieticians.

The service encouraged and supported people to express concerns or anxieties so they could be dealt with promptly. This approach helped prevent concerns escalating to formal complaints and relieved any anxiety that people may be feeling. The registered manager also spent time around the home and saw people every day to see how they were. Small things that people may be worried about or made them unhappy were documented in the daily records and provided information about how they had been dealt with. This information was also shared with staff in shift handovers. More formal concerns were documented in the complaints folder. One relative had recently expressed concerns about a smell in their mothers room which they thought was coming from the sink. The registered manager arranged for immediate repairs and a replacement sink and vanity unit. We saw an email received from the relative which read, "I can't thank you enough. What a difference to mums room, you really are looking after her!".

Is the service well-led?

Our findings

People were now receiving care and support from a well-led service. At the inspection of May 2016 we found that a room previously used for laundry services had been refurbished into a bedroom with en-suite facilities. The room had been in use since September 2015. This had increased the occupancy from 13 to 14. The provider had not applied to the commission to vary their conditions of registration. This was a breach of section 33 of the Health and Social Care Act 2008.

In addition to this the provider had failed to notify the commission by submitting an amended statement of purpose to reflect these changes. This was a breach of Regulation 12 Care Quality Commission (Registration) Regulations 2009.

Following the inspection the provider took immediate action to rectify these breaches and the service is now correctly registered for their occupancy.

At the inspection of May 2016 we found the provider's quality monitoring visits to the home did not capture where improvements were required. The inconsistencies around management presence and oversight meant that some previous practices around quality assurance and audits had lapsed. Audits help to assess and monitor the safety of the services provided. In addition the provider was not actively seeking the views of people about their experience and the quality of care delivered by the service. This had previously been achieved by sending questionnaires, followed by analysis and any action/response required based on the information received. These were breaches of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After the inspection of May 2016 the provider sent us an action plan detailing how they would resolve the issues we had identified with set timescales to achieve this. Overall we saw significant improvements had been made. Provider visits were more robust and effective. We looked at the written content of these and the level of detail had improved. They demonstrated that the visits had been useful. The registered manager confirmed the meetings with the provider had been positive and supportive and had enabled effective changes since the last inspection.

In addition, the home now monitored and assessed the quality of service provided by giving people and their relative's surveys to complete. Where improvements were required these were put into an action plan. We looked at the results for surveys completed this year. Various areas were covered in the survey including, comfort, food, staff, activities, the environment, laundry and activities. Improvements to date included, increased staffing, improved daily routines, more activities and outings and a continued redecoration programme. People had written comments in the homes compliment log which demonstrated an appreciation of positive changes. Written comments included, "I can see you have made a big effort at the front of the house", "It's all looking rather spruce around here", "It's nice to see Edgemont come alive" and, "The flower baskets and front door look lovely, you've added some very nice touches".

At the inspection of May 2016 it was evident that the nominated individual and directors knowledge of their

responsibilities and accountability to the CQC was limited and required improvement. This included details of the CQC's Key Lines of Enquiry, the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, and the Care Quality Commission (Registration) Regulations 2009 (Part 4). Following the inspection the provider appointed a new nominated individual and meetings were arranged with the directors to address these shortfalls and formulate an annual business plan. In addition the nominated individual, registered manager and deputy were looking at ways to work in partnership with other organisations in order to make sure they were following best current practice. This included, Care and Support West and registered manager forums. Care and Support West is a membership organisation providing advice and support for independent sector providers of health and social care.

Further improvements had been made and the service now considered the Key Lines of Enquiry (KLOE) which CQC inspect against and, how they will plan for the future to improve and further enhance current good practice they were achieving. There were various systems in place to ensure services were reviewed and audited to monitor the quality of the services provided. Regular audits were carried out in the service including health and safety, environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements or changes that were required.

Since the inspection of May 2016 a new manager had been appointed and they had registered with the commission. During our inspection we found the nominated individual, registered manager and deputy demonstrated a commitment to providing effective leadership and management. They were keen to ensure a good quality service was provided, that staff were well supported and managed and that the service was promoted in the best possible light. They had implemented a programme of 'planned growth' that had been well managed. The service was proud of the achievements to date. They had a small staff team with a clear management structure. They were a cohesive group who were committed to the people they supported. Staff were all feeling settled and were proud of the service and wanted it to be a positive experience and place for everyone who used it.

'Resident' and staff meetings were well attended and minutes gave a good level of detail about what was discussed and, provided information of any action that was required and what member of staff would be responsible for following the actions up. The minutes reflected that people and staff played a key part in decision making in the home and that they were listened to. People and staff confirmed the meetings were effective, meaningful and enjoyed.

The registered manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service. CQC had received notifications from the provider in the 12 months prior to this inspection. These had provided sufficient detail and were all submitted promptly and appropriately. We used this information to monitor the service and ensure they responded appropriately to keep people safe and meet their responsibilities as a service provider.