

Serenity Homes Limited

Edgcumbe Lodge Care Home

Inspection report

35 Overhill Road
Downend
Bristol
BS16 5DS

Tel: 01179568856

Date of inspection visit:
16 March 2022

Date of publication:
08 April 2022

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

Edgecumbe Lodge is a care home providing accommodation and personal care for up to 21 people. At the time of the inspection there were 17 people living at the home. This is a Georgian home that has been converted and extended over three floors. There were two communal lounge/dining areas. People also have access to a large garden and balcony area.

People's experience of using this service and what we found

Oversight of the quality of the service provided and audits carried out had not always been effective in identifying areas for improvement and ensuring they were completed in a timely manner.

Systems to protect people from harm in respect of food hygiene was not robust. Although the provider's audit had identified areas for improvement in January 2022 these had not been rectified in March 2022 when the home was inspected by environmental health.

Staff were not always wearing face masks in accordance with the guidance, which put people at risk of catching COVID.

Oxygen was not stored safely and in accordance to the manufacture's guidance. One person's bedroom door was propped open who had been prescribed oxygen. This was a potential risk in the event of a fire.

The home was clean and free from odour. Cleaning schedules were in place and showed that high pressure points such as door handles, remotes were being cleaned frequently. People were supported to keep in contact with family in line with the government guidance. Testing was in place for staff and visitors to keep people safe.

People and relatives spoke positively about the staff working in the home telling us they were kind and attentive. Relatives felt the home was safe and people were well cared for. People's medicines were managed safely. Risk assessments were in place to keep people safe such as moving and handling, skin integrity and malnutrition.

Staff were recruited safely to ensure people were protected. There was sufficient staff in place to support people. Staff received training that was regularly updated. This included infection control training and updates to keep people safe during the pandemic. Further food hygiene training was planned for all staff in response to a recent environmental health visit. The manager and the staff were working through the action plan to make improvements in this area.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff sought people's consent to ensure they were happy with the support being given. Where

people lacked mental capacity best interest meetings were held in relation to the care and treatment. Applications were made for a deprivation of liberty where this was appropriate.

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 good (report published 10 October 2018). We completed two infection control assurance inspections (published 8 December 2020 and 20 August 2021). This type of inspection was not rated.

Why we inspected

The inspection was prompted in part due to concerns we received about the management of risk in relation to the environment and food safety. A decision was made for us to inspect to ensure people received safe care and monitoring systems were in place. As a result, we undertook a focused inspection to review the key questions of safe and well-led and examine those risks.

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 COVID-19 and other infection outbreaks effectively.

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.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. 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 Edgumbe 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 will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and governance 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 work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Edgecumbe Lodge Care Home

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 Health and Social Care Act 2008.

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 team consisted of one inspector.

Service and service type

Edgecumbe Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Edgecumbe Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager. However, they were not registered with the Care Quality Commission. Once they are registered it would mean they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed the information we had received about the service since our last inspection. We reviewed CQC notifications, which are events that happen in the service that the provider is legally required to tell us about. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority who work with the service. We used all this information to plan our inspection.

During the inspection

During our inspection we observed interactions between staff and people. We spoke with three people, four members of staff and the manager. We reviewed two people's records relating to their care and treatment, the management of the service such as quality checks, medicine management, infection control, staff recruitment and training.

After the inspection

We spoke with four relatives and three members of staff on the telephone. We continued to seek clarification from the manager to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed and is now 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.

Assessing risk, safety monitoring and management

- Safe systems for the storage of oxygen was not in place. There were three oxygen cylinders in the office and one in the shed to the rear of the property. This posed a fire risk. Guidance was shared with the manager immediately after the inspection.
- There was signage stating there was oxygen in the person's bedroom. However, the bedroom door was propped open. The object used to prop the door open would cause damage to the door meaning it would not provide an adequate seal in the event of a fire.
- Staff had received training in food hygiene. However, the practice of staff and systems in respect of keeping people safe in these areas was not robust and safe. This included cleaning, stock control, storage of food and records to show due diligence. The home had been inspected by the local authority's environmental health team and received a rating of one on 1 March 2022. This is the lowest rating that can be given to a business premise. They were given one month to rectify and make improvements. An action plan was in place to address these areas of concern.
- During the last inspection in July 2021, the manager said they and the deputy manager were planning to complete risk assessment training to increase their knowledge and competencies. This remains outstanding.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Relatives felt the service was safe. People had risk assessments around moving and handling, managing skin integrity, falls and managing weight loss.
- Checks were completed on equipment such as hoists, fire equipment, electrical and gas appliances. Staff participated in fire drills and received training in fire, health and safety and manual handling.
- Technology was used to help keep people safe such as the use of sensors, which alerted staff when a person was mobilising. The manager said they were making improvements to the information recorded in relation to mental capacity assessments and information in applications for people's deprivation of liberty safeguards. This was in response to a recommendation from the local authority's commissioning and safeguarding team.

Preventing and controlling infection

- We were not assured that the provider was using Personal Protective Equipment (PPE) effectively and safely. We observed three staff members were not wearing a mask in accordance with the guidance from the

DHSC (Department Health Social Care). The face mask was not covering their mouth and nose and one staff removed their mask in the lounge area for a short period of time when talking with the inspector. This meant we could not be confident people were protected from the virus.

- We were shown the newsletter for December where a group of staff had removed their masks for a photograph in the office, and two photographs where staff were in the lounge area with no masks in close proximity to people. We spoke to the manager about our concerns. This compromised the safety of staff and people. This was not following the DHSC guidance regarding facemasks.

These shortfalls meant people were not always protected from the risk of infection because government guidance was not being followed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- We were not assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- 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.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Visiting in care homes

The manager was aware of the visiting guidance and the home was open to visitors. The manager was aware of the role of the essential care giver and was planning to promote this in consultation with people and their relatives. End of life visits continued when the home was in outbreak. Relatives said they had been supported to keep in touch but at times due to the restrictions it had been difficult especially when they had to pre-book an appointment. The manager told us there were no restrictions on visits to the home now the outbreak was over.

Systems and processes to safeguard people from the risk of abuse

- People told us they were safe. Comments included, "Yes, I feel safe the staff are very kind". Another person told us, "The staff are very attentive, and I have no concerns". Relatives also said they felt their loved ones were safe.
- Staff had received online training in safeguarding adults. They were confident that any concerns would be responded to by the management team. Staff understood what constituted abuse and what action they had to take.
- Policies and procedures were in place to guide staff on their responsibilities. The manager was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised.
- The manager was able to demonstrate that applications for deprivation of liberty safeguards were monitored and were renewed when required.

Staffing and recruitment

- Staffing was planned, a dependency tool was in place to ensure there was enough staff. There were sufficient staff working in the home.
- The home had not used any agency in the last 12 months. The manager praised the staff team in covering any absences. Whilst the home had not experienced any work force pressures, the manager said they were struggling to recruit to the vacant cook and two care staff roles. Staff were covering these vacant posts.

- The team was an established team with many staff working for the provider for ten years or more. To help the retention and recruitment of staff the provider was increasing pay to the living wage and bonuses were offered when staff worked additional hours.
- The atmosphere in the home was calm and call bells were answered promptly. A person told us the staff were responsive and although they had not used their call bell, they were confident it would be answered quickly. Another person said, "They come as quick as they can, I have no concerns".
- Staff were seen spending time with people chatting with them in addition to supporting them with care. An activity co-ordinator was providing one to one activities with people.
- The manager told us they had not recruited any staff since our last inspection when we found pre-employment checks had been 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.

Using medicines safely

- Medicines were safely managed. There were systems for ordering, administering, and monitoring medicines. There had been no errors involving medicines in the last 12 months.
- Medicines were administered by staff who had completed their competency assessment and received regular updates based on best practice guidelines.
- A person confirmed they received their medicines when they needed them.

Learning lessons when things go wrong

- An analysis of accidents and incidents was undertaken to identify any themes and trends, specific to an individual or general to the home. People's records were updated to reflect any changes required to their care to help reduce similar incidents.

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 our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. 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

- There had not been a registered manager at Edgecumbe Lodge since June 2020. There is a condition that the home must have a registered manager. This is a ratings limiter and therefore this key question can only be requires improvement.
- The current manager had worked for the provider as the operations manager for seven years. Managing a care home was a new role for them and they commenced in their role in June 2020. Their skill set was very much a business management role. They were working closely alongside the deputy who had been in post for nine years.
- The provider and registered manager completed various audits to assess the quality of care and support to people. Some of these were not robust enough to drive improvements. For example, the environmental audit had not picked up the need to redecorate the kitchen and replace the chipped tiles, which had been noted during an environmental inspection by the local authority.
- The environmental audit completed in January 2022 had identified areas for improvement such as the cleanliness, stock control, labelling of food items, cleaning of fridges and freezers and records relating to food safety had not been completed. This had not been rectified in a timely manner and was still outstanding when the environmental health officer visited on 1 March 2022.
- There were no formal systems to seek the views of people, their relatives, staff or other stakeholders on their experience of the care and support being provided, which would help drive improvement for people.

The provider had not ensured systems and processes were operated effectively to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider visited the service at least once a month to complete quality checks. This included meeting with the manager, the staff and people using the service. The manager also completed a tracker on various aspects of the provision of care including complaints, safeguarding alerts, any known risks, staffing including recruitment, sickness and training. This was shared with the provider enabling them to have oversight of the care provision.

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

- People and their relatives described a service that was person centred, where they were listened to.

Comments included, "The staff are really kind and caring, it is like a home from home", and "The staff are really fond of (name of person), he is in the best place".

- Staff told us they enjoyed their work, that they were a cohesive team and because they were a small home, they knew people well. Staff said, "We treat our residents like family. Edgumbe Lodge is a home from home", and "The team is really good we all put our residents first, it is their home".
- The manager and the deputy manager spent time in the home and provided leadership for staff. The manager completed daily walk arounds, which included speaking with staff and people who used the service. People and their relatives knew who the manager was and found both the manager and the deputy to be approachable.

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

- The manager understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Monthly newsletters had been introduced to enable relatives and people to keep up to date with what was happening in the home in relation to activities. A relative said, there was also a WhatsApp group, but this had been quiet recently only finding out the home had an outbreak when they made contact with the home. Another relative said they were unaware of the newsletter.
- Relatives were consulted about the care and support given to their loved ones. A relative said there was good communication between them, the staff and the management team.
- People's protected characteristics were respected by staff. Staff had a clear understanding about how people wished to be supported by them, including people's individual likes and dislikes.
- The manager told us staff communication was in the form of daily handovers, communication book and a WhatsApp group. The manager said a senior team meeting had taken place. This was to discuss the improvements required in response to the recent environmental health visit. The manager said due to the pandemic no staff meetings or resident meetings had taken place. Moving forward they were planning to re-introduce these.
- Communication systems had been developed for a person to communicate in their native language. Staff were able to communicate verbally with the person during the day. However, at night there was no staff that spoke the person's native language, so communication cards were used to foster good communication enabling the person to effectively communicate their needs.

Continuous learning and improving care

- Staff received regular training this was planned throughout the year. Training was a combination of face to face and eLearning. Staff confirmed they had regular training. A member of staff said, "We do lots of training and we are told when it is due".
- The manager told us that an external food hygiene course was planned for the 23 March 2022 for all staff. The trainer would also be completing a food hygiene audit and working alongside the manager and the cooks to ensure effective systems were in place.
- There was an improvement plan in place that the manager was working through covering maintenance of the property, infection control, care plans and medication. Some areas had been completed such as flooring in the dining area, purchase of a smart television in the lounge and replacement of bins in people's rooms. Other areas remain ongoing with timescales in place. Work had commenced on two of the bathrooms to make them into wet rooms meaning they were more accessible to people, improving the bathing experience for people.

Working in partnership with others

- Staff involved health and social care professionals to promote and maintain where possible people's wellbeing. Staff told us they had a good relationship with the GP who visited weekly along with the district nurses and the care home liaison team.
- The manager said they also attended the provider forum with the local authority on a monthly basis. These meetings had been held virtually. They were also a member of Care and Support South West who provide support to care providers and regular updates including guidance in respect of keeping people safe during the pandemic.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>How the regulation was not being met: People were not always protected from the risk of infection because official guidance was not being followed, particularly those introduced during the Covid19 pandemic. systems were not effective to assess, prevent or control the risk of spreading infections. Regulation 12(1)(2)(h).</p> <p>People who use services and others were not protected against the risks associated with safe storage of oxygen as these had not been assessed. Regulation 12 (1) (2) (b) (e)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met: The provider had not ensured systems and processes were operated effectively to assess, monitor and improve the quality and safety of the service.</p> <p>This is because timely actions had not been taken to address the shortfalls found in the kitchen.</p> <p>Systems were not in place to seek the views of people, staff and other stakeholders on their experience of Edgumbe Lodge. Regulation 17 (1) (2) (a) (b) (e)</p>

