

Ermington House Ltd

# Ermington House

## Inspection report

Ermington  
Ivybridge  
Devon  
PL21 0LQ

Tel: 01548830076

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Ermington House is a residential care home providing personal and nursing care to 28 people aged 65 and over at the time of the inspection. The service can support up to 34 people and supports older people, some of whom may be living with a dementia. Ermington House also supports people for a short time whilst they rehabilitate or rest before going back to their homes in the community.

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

People told us they were happy with the service and felt safe, relatives said the same. Safeguarding concerns and incidents were investigated and learned from. Risk assessments were in place and staff knew people's needs well and how they liked to be supported. The service was clean and staff were wearing masks and other Personal Protective Equipment (PPE) appropriately.

There were enough staff to meet the needs of people. Environmental improvements were still ongoing but environmental safety was checked regularly. Staff recruitment processes were robust. We saw evidence that people were supported to feel safe, have their needs met and achieve positive health outcomes.

A new registered manager had been recruited and was due to start soon after the inspection. The nominated individual had been running the service since our last inspection to ensure consistency in management approach, and develop systems and processes to ensure auditing and governance were robust. Staff said they felt supported and relatives said they knew who to contact if they had any concerns and communication was good with the service.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was good (report published 24 December 2019).

### Why we inspected

We received concerns in relation to staffing and the management of safeguarding concerns. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

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.

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 found no evidence during this inspection that people were at risk of harm from this concern. 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 Ermington House on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# Ermington House

## 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 team consisted of one inspector, one assistant inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

Ermington House 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 did not have a manager registered with the Care Quality Commission but had appointed one who had started the registration process, they were due to start soon after the inspection visit. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The nominated individual was acting as the manager until the newly appointed manager started.

#### Notice of inspection

This inspection was unannounced.

#### What we did before 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. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and nine relatives about their experience of the care provided. We spoke with three members of staff including the provider, nominated individual and deputy manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including incident and safeguarding records, and policies and procedures were reviewed. We walked around the service to see how the environment and infection control processes were being managed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We sought and received feedback from four professionals and five further staff.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. Relatives said, "My relative is safe as can be" and "We trust them."
- Systems to report, investigate and record abuse were robust. Staff and the management team had a good understanding of what constituted abuse and how to report it.
- Staff had been supported to learn about safeguarding through induction, training and group supervision sessions.

Assessing risk, safety monitoring and management

- Risk assessments were in place and reviewed regularly for individual risks that people faced.
- Environmental risks were monitored and assessed. There was a rolling programme of improvements underway with plans for a new wet room and most bedrooms had been renovated since our last visit.
- Staff knew people's needs well and how to tell if they were feeling unwell or required additional support.

Staffing and recruitment

- There were enough staff to meet the needs of people. People and relatives said they were happy with the staffing levels. However, we did receive feedback to suggest some relatives worried about there being two night staff to meet every person's night time needs
- The manager said, "We continuously review hours and care needs. We talk to night and day staff and if something is changing, we adjust our levels."
- Recruitment processes were robust and included stages for application, interview, probation and police checks.

Using medicines safely

- Medicines were stored safely. Processes were in place for the safe receipt of and return of medicines.
- Medicine Administration Records (MAR) were complete and checked as part of a medicines auditing system.
- Only staff trained and tested for competency administered medicines to people. Observations of administrations showed staff were patient and encouraging whilst supporting people to take their medicines.

Preventing and controlling infection

- We were 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 somewhat assured that the provider was admitting people safely to the service.

- We were assured that the provider was using PPE effectively and safely.
- 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.

We have also signposted the provider to resources to develop their approach and linked them in with a local infection control professional.

#### Learning lessons when things go wrong

- The manager and deputy manager were open and reflective and talked about learning that had taken place since the last inspection.
- Records showed where recent learning had taken place regarding a safeguarding referral raised by a professional. The service showed how they had learned from this, changed their practice and shared this with the staff team.



# 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 requires improvement. At this inspection this key question has improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

The Nominated Individual had been acting as the manager for the service. A new manager had been recruited and was due to start working in the service. We were told that the new manager when in post would be registering with CQC.

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

- Staff as a whole fed back they were supported well. One said, "The management team are very supportive and very approachable, so easy to talk to with."
- The focus of the service was on people. We heard of good outcomes for people, improving their confidence, improving mobility needs and encouraging greater self-care. This meant some people could move back to their families or homes in the community.
- The culture of the service showed a positive focus on people. Changes had been embedded over the last year.

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 Nominated Individual (acting manager) understood the duty of candour and the importance of being open and honest when things went wrong.
- Notifications were being sent in from the service when an incident occurred, and stakeholders were informed as required.
- Relatives told us they were kept informed if anything happened regarding their loved one.

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

- There was a clear management hierarchy in the service. The provider managed refurbishment and renovations and the nominated individual oversaw care delivery and staff support. Staff knew who to go to for support.
- Systems to assess quality and safety were in place and reviewed regularly to check they were effective. Paperwork was audited but also managers were visible on the floor, observing and feeding back on staff practice.
- Managers understood regulatory requirements and were able to identify where regulations had been met and how.

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

- People were considered when the service was undergoing renovations, people were consulted on paint colours and mobility needs were planned into renovations.
- A staff member said, "The residents are listened to, with food choices and activities they've changed the menus several times to meet residents choice, and activities have been changed by their request."
- The service made efforts to respect and meet the faith and spiritual needs of staff and people living in the service.

Continuous learning and improving care; Working in partnership with others

- The Nominated Individual (acting manager) wanted to encourage improved engagement with health professionals. They had arranged to meet with local clinicians monthly to discuss any area for concern or good practice.
- Feedback received from professionals that worked with the service was positive.
- The service was responsive to discussions during the inspection around areas for improvement and responded positively to signposting.