

Serenity Homes Limited

Edgcumbe Lodge Care Home

Inspection report

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19 September 2018

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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 18 and 19 September 2018 and was unannounced. Edgecumbe Lodge is registered to provide accommodation and personal care for up to 21 people. At the time of our visit there were 19 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 July 2017 we rated the service overall as Requires Improvement. At that inspection we found some breaches in our regulation had been fully met, some had been partially met and we needed to be satisfied that the improvements made would be sustained.

The registered manager told us, "Our focus has been around sustaining and continuously improving the quality of the service we provide in a safe environment, this specifically relates to maintaining infection control measures and safe practices, maintaining the building, premises/equipment and maintaining compliance checks and audits. One new initiative has been the managers walk around which is completed weekly with the aim of identifying areas of improvement before things fall back, this is a complimentary process to the service audit around the environment".

At the time of the inspection the service had improved and people received a service that was safe. The registered manager and staff understood their role and responsibilities to keep people safe from harm. People were supported to take risks and promote their independence. Risks were assessed and plans put in place to keep people safe. There was enough staff to safely provide care and support to people. Checks were carried out on staff before they started work to assess their suitability to support vulnerable people. Medicines were well managed and people received their medicines as prescribed. Infection control policy and procedures were followed.

At the time of the inspection the service had improved and people received a service that was effective. Staff received regular supervision and the training needed to meet people's needs. Arrangements were made for people to see a GP and other healthcare professionals when they needed to do so. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) 2005 and, worked to ensure people's rights were respected. People were supported to enjoy a healthy, nutritious, balanced diet whilst promoting and respecting choice.

We were introduced to people throughout our visit and they welcomed us. They were relaxed, comfortable and confident in their home. The feedback we received from them was positive. Those people who used the service expressed satisfaction and spoke highly of all staff. Staff had a good awareness of individuals' needs and treated people in a warm and respectful manner.

The service had sustained previous improvements and staff were responsive to people's needs. People received person centred care and support. Staff monitored and responded to changes in people's needs. They were knowledgeable about people's lives before they started using the service. Improvements were required to enhance this knowledge so that their life experiences remained meaningful.

At the time of the inspection the service had improved and people received a service that was well led. The registered manager and staff team maintained a clear focus on continually seeking to improve the service people received. Quality assurance systems were in place and based upon regular, scheduled audits which identified any action required to make improvements. This meant the quality of service people received was monitored on a regular basis and, where shortfalls were identified they were acted upon.

Further information is in the detailed findings below.

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.

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

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

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.

People were protected from the risk of cross infection because appropriate guidance was followed. The home was clean and odour free.

Is the service effective?

Good ●

The service had improved to Good.

People were cared for by staff who had received sufficient training to meet their individual needs.

People were cared for by staff who received regular and effective support and supervision.

Staff promoted and respected people's choices and decisions. The registered manager and senior staff had a good understanding of the Mental Capacity Act 2005 (MCA).

People were provided with a healthy diet which promoted their health and well-being and considered their nutritional requirements and personal preferences.

Maintenance of the home had improved and plans were in place to sustain this.

Is the service caring?

Good ●

The service remained Good.

Is the service responsive?

Good ●

The service had improved to Good.

Staff identified how people wished to be supported so that it was meaningful and personalised.

People were encouraged to join in activities. Further improvements were required to support people to pursue personal interests and hobbies and to access activities in the service and community.

People were listened to and staff supported them if they had any concerns or were unhappy.

Is the service well-led?

Good ●

The service had improved to Good.

The registered manager had continued to be a consistent leader and maintain previous improvements.

Quality monitoring systems were in place and had influenced change and improvement.

People who used the service felt supported by the management team.

Procedures were in place for recording and managing complaints, safeguarding concerns, incidents and accidents.

Edgecumbe Lodge Care Home

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 was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, and to provide a rating for the service under the Care Act 2014.

The inspection was carried out by one lead inspector for adult social care. We were accompanied by an expert by experience. An expert by experience is a person who has used this type of service in the past.

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. The provider completed 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 and spent time with most of the people living in the home and we spoke individually with seven. Two relatives were happy to speak with us and share their thoughts about Edgecumbe Lodge. We observed staff in different roles during our visits. We spent time with the registered manager and we spoke individually with five staff. We looked at four 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 to good. At the inspection of July 2017 improvements had been made to make the premises a safer, cleaner place to live. Further improvements were still required and we needed to be satisfied that these would be sustained. At this inspection we found the cleanliness of the home had been maintained and infection control policy was being followed. In addition, a maintenance person had been carrying out work to maintain the buildings safety. Policy and procedures to be followed in the event of an emergency had been reviewed and were known and understood by staff. There were updated personal emergency evacuation plans (PEEP's) for each person who lived at the home, these provided the level of support someone would need in an emergency evacuation. We asked people, relatives and staff for their views about the environment. Comments included, "The home is nice and clean and tidy", "It's improving and much brighter and fresher in the corridors", "I think the home always smells nice when I come in, the cleaner works hard", "I always see staff wearing gloves and aprons" and "Mums room is always nice and clean".

One of the common themes for people and their relatives was that they felt, safe, happy and secure. Comments included, "Yes, I feel very safe", "I feel safe particularly at night", "I can sleep at night and not worry", "Oh yes. I'm safe. It's because of that gentleman in there (points to the registered manager)", "Yes, my relative is safe. At night he can talk to the staff if he is awake".

During the inspection the atmosphere in the home was calm and staff did not appear to be rushed, they responded promptly to people's requests for support. People, relatives and staff confirmed there were sufficient numbers of staff on duty. People could request support by using a call bell system. Comments from people and relatives included, "Oh yes, there are enough staff. I like them very much", "There is enough consistent staff and I know all of them", "Oh yes, I have a call bell and it's answered quickly", "Staff manage well and it is a lot calmer here".

Since the last inspection the registered manager had reviewed safeguarding practices and improved the processes. Staff managed risks relating to people's health and well-being and how to respond to these. This included risks associated with weight loss, moving and handling, maintaining skin integrity and preventing falls. People's records provided staff with information about these risks and the action staff should take to reduce them. One relative told us, "My mother is a lot safer whilst living here and she had lots of accidents when she was at home alone".

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation contained a good level of detail including the lead 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. Staff identified any trends to help ensure further reoccurrences were prevented. There had been a recent incident in the home with regards to health and safety and the use of cleaning substances. The registered manager had clearly demonstrated how this incident had been handled including, clear written records, prompt support from emergency

services, ensuring people's safety, informing relevant professionals, seeking medical attention and retraining for staff.

The service ensured staff had suitable skills, experience and competence to fulfil their roles. In addition, the service considered personal qualities to help provide assurances that they were honest, trustworthy and that they would treat people well. Staff files evidenced that safe recruitment procedures were always followed. Appropriate 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.

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 could 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.

Is the service effective?

Our findings

The service had improved and provided an effective service. At the inspection in July 2017 significant improvements had been made in the environment and the previous breaches in our regulation had been partially rectified. This included a rolling programme of redecoration completed by outside contractors. Hallways, landings and communal areas had been re-painted and looked fresh and clean. Some bedrooms had been completed and further work was ongoing, including replacement of double-glazing. A part time maintenance person had been continuing with the upkeep of the home and emergency fixes. The registered manager was still trying to recruit more maintenance hours to ensure continued improvements. It is paramount that the environment issues don't lapse and there is a repeat of the breaches we found in June 2016 and July 2017.

We asked people and relatives if they felt staff had the skills to support them. Comments included, "Oh, certainly they know what they're doing", "They have the skills especially the manager", "Oh gosh yes. They know what they're doing. They have the skills to look after my relative", "They are good at the management of situations when people are distressed and anxious", "They know exactly what works to relieve my mum's anxiety and they call me so I can speak with mum when she becomes unsettled". Since the last inspection the registered manager had been inviting relatives to join training sessions. One relative told us, "I do think staff have the skills and know what they're doing. I went to a workshop and it has helped me in understand situations caused by dementia".

The service continued to ensure staff received training updates and they were suitably skilled to meet people's needs. Collectively they had the skills and confidence to carry out their roles and responsibilities effectively. Training and development opportunities were tailored to individual staff requirements and those conditions and illnesses that affected the people they cared for. Staff felt encouraged and supported to increase their skills and gain professional qualifications. There was an expectation that staff would undertake a diploma in health and social care at level two or three (formerly called a National Vocational Qualification). In addition to mandatory courses, staff accessed additional topics to help enhance the care people received. Staff told us they enjoyed the training and said the trainers were, 'engaging and helped them understand'.

The service had a small, steadfast group of staff. Staff continued to work well as a team and there was a continuous theme of supporting and supervising each other. Staff felt they were supported daily by the registered manager and colleagues. Any additional support/supervision was provided on an individual basis and these were formally recorded. Supervisions supported staff to discuss what was going well and where things could improve, they discussed individuals they cared for and any professional development and training they would like to explore.

Part of our role is to check that the service is working to support the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The MCA provides a legal framework for those acting on behalf of people who lack capacity to make their own decisions. The DoLS provide a legal framework that allows a person who lacks capacity to be deprived of their liberty if done in the least restrictive way and it is in their

best interests to do so. In discussions with the registered manager and staff it was evident that they did understand it's principles and could share with us examples where they acted in people's best interests.

Since the inspection of July 2017, the registered manager had sought help from the local authority and best interest assessors in improving mental capacity assessments for people so they had more value and were more effective. Three people had a completed mental capacity assessment using the new documentation and there were good improvements with regards to the level of detail and effectiveness of the assessment. The registered manager and deputy were in the process of completing these for the remaining people living in the home. Systems required improvement to ensure that where people had a DoLS in place these were resubmitted in a timely manner when they were due to expire.

People continued to receive a healthy, nutritious diet. Choice of meals and mealtimes were flexible each day dependent on personal preferences and daily routines. People enjoyed freshly prepared meals and told us they were mostly enjoyable, tasty and there was plenty to choose from. Comments from people and relatives included, "I am very happy with it", "I enjoy the food and I never feel hungry", "Yes, I like the food. We have lots of drinks", "Snacks and drinks are served all day. Staff are always asking if people would like anything", "Dad never complains about the food and has a good appetite" and "The food is fine I have no complaints and I always get what I ask for".

Lunch was served in two dining areas and in people's rooms. Tables were laid with cloths, cutlery and condiments. Tray cloths were put on trays for those eating in their rooms. People had a choice of cold drinks. There were two choices at each mealtime but other options were also available. On the first day of our visit most people had lamb casserole and one person had sausages. Meals were served covered and appeared to be hot, they looked appetising and the portion size was adequate. Most people ate everything and said they had enjoyed their meal. There was a choice of pudding with tea or coffee afterwards. Lunch was served efficiently and at a pace led by people using the service. Those requiring assistance and or protective clothing were helped in a dignified way.

The service continued to ensure everyone had prompt and effective access to primary care including preventative screening and vaccinations, routine checks, GP call outs and access to emergency services. The registered manager recognised the importance of seeking expertise from community health and social care professionals so that people's health and wellbeing was promoted and protected. People and relatives told us, "They let the doctor know if I'm not well and my daughter is kept informed", "Sometimes they get the doctor to see me if I don't feel well and other times I may see district nurses", "Mum has a yearly health check. They keep an eye on her blood pressure and weight is monitored" and "I always receive a call from staff if the GP has been called to my relative".

Is the service caring?

Our findings

People received care and support from a caring service. People appeared to have a good relationship with care staff and they looked comfortable and relaxed when approached. The atmosphere appeared to be good and we observed a lot of friendly, caring interactions, and smiles. We saw one person talking with a member of staff which resulted in smiles, looking relaxed and animated facial expressions. Comments from people and relatives were positive and included, "They are very nice", "The staff are so lovely. They're great. I love them", "Yes, the staff are very nice and kind to me", "They are lovely, it's beautiful here" and "The staff are helpful and you always feel welcome".

The registered manager wrote as part of their PIR, "Our collective effort has been about reinforcing and building on the caring ethos of the service to positively influence care delivery and get better outcomes for the residents. The daily focus has been around resident's wellbeing and their experience of receiving care and treatment from the staff and other professionals. We held a dignity day celebration where residents, family, staff and other professionals joined us to celebrate the event. It was an opportunity to learn from each other and share our views and experiences about what dignity means from a personal view point, this has led to our belief and mission that care in Edgecumbe Lodge should reflect Wellness, Happiness and Caring (WHC) to enable an easy understanding of our ethos".

Staff were proud of how they supported people and felt they received care that was caring and respected individual wishes. They had built up good relationships with people and their families. Staff comments included, "I care for them like they were my own family", "I listen and observe and I see staff that care very much about the people they support", "We always respect them and make them choose what they want to do, this is their home not mine" and "I love to be with them, they are lovely people and we need to keep them safe and happy".

During our visits we saw staff demonstrating acts of patience and kindness. Mealtimes were a good example where staff promoted an atmosphere that was calm and conducive to dining. We observed staff speak sensitively to people, they described the meal they served, repeatedly offered drinks and asked if everything was satisfactory. People who required help with eating and drinking were supported with dignity and respect.

People we spoke with agreed they were treated with respect and dignity, and their privacy was maintained. Many people chose to have their bedroom doors open, and we observed staff calling out as they entered their rooms. Everyone said their dignity was maintained when receiving personal care and confirmed doors were closed and curtains drawn before any personal care was given. One person told us, "Oh yes, they keep my dignity. They knock on the door always. I like living here. The love is what I like the most, it's the staff, they're great, so lovely".

We saw staff welcoming families warmly. They clearly knew them well and enjoyed positive relationships with them. Visitors were welcome any time and people saw family and friends in the privacy of their own rooms in addition to small quiet lounge areas in the home. Family and friends were invited to special events.

People told us, "We have a good relationship with the staff, they are lovely to my family" and "My family know the staff well and always have a nice chat when they visit". Coffee mornings were now held on the first Friday of every month and this had proved to be a positive outcome for people, family and friends. One relative told us, "There was a lovely party last summer and dignity day even at the beginning of the year. They invite us to anything that is happening".

We read some heartfelt comments received from family about the service provided and the staff. Written comments included, "Thank you for your love and caring support, my mum was very happy and we are very grateful for your help", "Sending you our thanks and gratitude for the care you showed dad. You showed him kindness and fun which made life easier", "Thank you for all your hard work and commitment, it takes special people to do the job you do", "Mum spoke of you all very highly, we can't thank you enough for all the love you showed her" and "You made dad feel happy, content and safe because you cared".

Is the service responsive?

Our findings

The service provided a responsive service. The registered manager continued to complete thorough assessments for those people who were considering moving into the home. In addition to the individual, every effort was made to ensure significant people were also part of the assessment. This included family, hospital staff, GP's and social workers. The information gathered was detailed and supported the service and prospective 'resident' to decide as to whether the service was suitable and their needs could be met. The registered manager demonstrated a sensible, measured approach before taking any new admissions. He ensured the staff compliment, skills, current dependency levels of people living in the home and the environment were satisfactory and always considered.

The registered manager wrote in their PIR, "Care is approached and guided by the core principles around wellness, happiness and caring for the service users, staff, visitors and professionals who support us in various ways". People had care plans in place and overall gave information to staff about people's care and support needs. They could be further developed to reflect and demonstrate the person-centred care people were receiving.

People told us, "They know how I like to be looked after", "They know me well. They should do!", "I have a care plan. Oh yes I have a say in how they look after me" and "They do ask me about the care and will change things if needed". One relative told us, "My relative is looked after in a way that he prefers". Plans were reviewed and updated when needs changed. Relatives told us, "If needed I am involved in care reviews and decisions. I am invited to reviews and the registered manager is constantly updating me", "We have an ongoing discussion every time we come in" and "I do touch base with a member of staff once a week to check things are all ok".

We saw an activities programme board in the home. Many of the females had received manicures and had their nails painted on the first day of our visit. There was a high level of friendly warm interactions between staff and people using the service. However, we also saw many people sitting for long periods in the communal areas with nothing to do and sleeping in front of the television. We asked people if they enjoyed activities. Comments included, "Sometimes staff put on a very nice party", "There is a chap who plays the organ", "I don't think there are any activities", "I help with gardening if they ask me", "I like singing and dancing" and "I don't take part because they don't interest me".

One person we spoke with used to be a photographer, he was very knowledgeable about his skill and was animated throughout our conversation. He said he would like to set up a photography club and teach people and staff how to take a good photograph. We fed this back to the registered manager to explore further. Improvements were required around providing activities so they were person centred and more meaningful. Staff were responsible for providing activities and engagement with people. They had not received any training on how to do this. All staff we spoke with said activities could be improved. Comments included, "We do try to encourage people to join in but we are not experts", "I know a lot about the people here but we don't really use that information to create an activity", "I think we do some nice things with people but it could improve, it's very general things like singing, watching films, baking and playing games

and puzzles". Staff did their best to motivate people in group sessions but the approach was not person centred to individuals past hobbies or personal interests.

We asked people if communication was good and they felt listened to when and if they had concerns. Comments included, "I would speak with staff but I don't have any concerns", "Communication with the staff is good", "They all do listen to me no problem there", "If I have a concern it gets better after speaking about it", "I had to mention a problem with a resident. They kept an eye on the situation and managed it well" and "We have no complaints and mum would speak with us is she had any worries".

Is the service well-led?

Our findings

The service had improved and was well led. The registered manager had demonstrated where previous improvements since July 2017 had been sustained. Discussions with the registered manager and information in the PIR clarified that further planning and improvements had been considered and an action plan was in place. This included embedding the new MCA documentation, enhancing the care plans to reflect the person-centred care people received and looking at how activities for people will respect personal interests and preferences. We look forward to seeing progress at our next visit. The registered manager needed to consider protected allocated hours each week to be able to move the service forward and further enhance achievements to date.

The registered managers presence had provided and benefited consistency and continuity to everyone who used the service. He was well liked and respected by everyone who used the service. His daily presence and hands on approach was appreciated by people and staff. We observed a friendly approachable manager, who was visible and knew people and staff well. Comments received included, "I really like him", "I see him regularly, he's a nice guy", "Since the manager came here things have continued to improve", "Things have steadily improved thanks to the manager and deputy, residents always come first and I like how they and staff are treated" and "The manager is friendly, accommodating, polite and leads by example, he supports us well and he is a good listener".

The registered manager stated in their PIR, "As a manager, I lead by example and role model positively. I engage with staff members and residents when I spend time on the floor. Spending time on the floor helps me to understand the service better, its needs and any required solutions, it also gives me the opportunity to cover short fall as and when the needs arise. As a manager and with this approach I report back to the governance team whether systems or policies are fit for purpose".

We asked people and relatives their overall thoughts about the service. Comments included, "We receive good care", "I am happy we are looked after well", "I would recommend the home. I am very happy", "Oh yes, I would recommend it to friends. I am a very happy lady. I love it here".

"Oh yes. I would recommend the home", "100% nothing bad to say" and "My relative has been in three care homes. This is the best. It is home from home. The staff are human and have a sense of humour".

The registered manager promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported good communication on a day to day basis. Other methods of communication included meetings for people, their relatives and staff. The minutes of the meetings gave details about what was discussed and provided information of any action that was required. Staff felt their meetings were valuable and they could influence positive change.

Systems were in place to monitor and evaluate services provided in the home. The registered manager and deputy reviewed concerns, incidents, accidents and notifications. This was to analyse and identify trends and risks to prevent recurrences and improve quality. Additional monthly audits were carried out for health

and safety, infection control, the environment, care documentation, staffing levels, training, staff supervision and medication. Action plans were developed with any improvements/changes that were required.