

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 effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Ermington House is a residential care home in its own grounds in South Devon. It is set over three floors and was providing personal and nursing care to 26 people aged 65 and over at the time of the inspection. The service can support up to 34 people.

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

We found improvements in every area during this inspection. People, staff, relatives and professionals told us they had seen a positive change in the service.

People felt safe and were supported by adequate numbers of staff. Staff knew how to identify, and report abuse and were recruited safely. New staff had been guided through an induction.

Staff were supported with training and supervision and felt they could approach the management team with any concerns. Health professionals said the service had improved in identifying issues with people's health and had seen improvements in infection control and wound care practises.

People told us they enjoyed the food. There had been substantial changes in the environment. Several bedrooms had been renovated, new carpets and décor had been arranged and the service was now wheelchair accessible.

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 were caring and took their time to support people.

People felt listened to, comfortable to make a complaint and more involved in the running of the service than at our last inspection. The activities programme was being improved and we saw the care was more person centred and responsive.

The quality assurance system was more robust and we saw how effective auditing had ensured actions to make improvements were being made. Staff felt supported by a compassionate, visible and dedicated management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (report published on 1 August 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Requires Improvement ●

The service was not always 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.

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 single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 ten people who used the service and six relatives about their experience of the care provided. We spoke with seven members of staff including the manager, care staff, domestic staff, the chef and nominated individual. The nominated individual is responsible for supervising the management of the

service on behalf of the provider. We also spoke with three health and social care professionals who visit the service. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included four 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 policies and procedures were reviewed.

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 spoke with two further professionals who regularly visit the service, two further staff and one further relative.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection the provider had failed to monitor the safety of people effectively. This resulted in incidents not being followed up robustly, people being placed at risk by poor positioning in their beds and concerns around the safe storage and management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks that people faced were assessed and reviewed regularly and known by care staff.
- The new management team had a good day to day oversight of people's needs and managers and staff were visible in communal areas throughout the day to help and check on people's welfare.
- Medicines were stored, administered and managed safely. Staff had been trained and competency assessed before administering medicines.
- Record keeping for medicines administration was robust and people had plans in place for when they required PRN or 'as and when needed' medicines such as pain relief.
- The safety of the environment was monitored regularly and checks on the building and utilities were clearly recorded.
- The manager explained people were supported to take positive risks and encouraged to be more mobile and do more.

Staffing and recruitment

- There were enough staff to meet people's needs. People told us their call bells were responded to promptly and they saw staff often, either to meet their needs or to say hello and talk. One person said, "I'll tell you twice, they always make sure I have my call bell on hand." A relative said "I think they've added more staff recently."
- The service had recently done an extensive recruitment drive and recruited 15 new staff, focussing on values and quality of care. This meant the amount of agency staff relied on had reduced dramatically.
- Recruitment processes were robust and ensured all new staff had completed application, interview, DBS (police safety checks), and induction stages before they started working in the service alone with people.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and relatives confirmed they felt the same. One person said, "I'm safe living here because the staff are very patient."

- Staff were clear on what constituted abuse and knew who to report it to and how.
- Records for recent safeguarding concerns were clear and the actions taken recorded.
- All staff had attended safeguarding training.
- Professionals said they had no concerns about people's safety.

Preventing and controlling infection

- The service was clean and free from odour. There were some building works ongoing during our visit.
- Staff used gloves and aprons, these were readily available throughout the service.
- People told us they were happy with the cleanliness of their rooms and communal areas.

Learning lessons when things go wrong

- The new manager was reflective and able to show us where they had learned lessons in the two months they had been in the service.
- Staff were open about the culture in the service previously and shared with us how they had learned since the last inspection. This was evident in their practise being more person focussed and less centred on tasks.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Adapting service, design, decoration to meet people's needs

At our last inspection the provider had failed to ensure adaptations to the environment and the use of equipment were able to meet people's needs. This resulted in the service not being easily accessible to those people living in wheelchairs, the environment was cluttered with old equipment that needed throwing away and there were not enough facilities available for personal care. This was a breach of regulation 15 (premises and equipment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 15.

- An impressive effort had been made to improve the environment and we saw how this positively impacted on the wellbeing of people. The front of the service had been completely re-landscaped so people with mobility issues or who used a wheelchair could access it easily.
- The dining area which was unused before, had been transformed into a pleasant dining room with freshly painted walls, new curtains and tables laid with flowers. We saw this was now used by people during mealtimes.
- The lounge area had been separated into "pods" so what was previously an expanse of open space now had separate cosy areas for television watching, activities and a quiet area where people and relatives could spend time together. The décor was attractive and sympathetic to those people living with dementia. For example, the carpet was plain, as patterns on carpets can sometimes be confusing or disorientating for people with dementia.
- Equipment was regularly serviced, and there was enough of it to meet people's needs.
- The upstairs bathroom that had been condemned as unsafe at our last visit, was now open and had a new ceiling track for those people who required the use of a hoist to get into the bath. The downstairs bathroom in the basement had not had any improvement but works were scheduled to start on it in January 2020.

Staff support: induction, training, skills and experience

At our last inspection we made a recommendation the service implement a supervision schedule for staff in line with their supervision policy. At this inspection we saw evidence of improvement in relation to supervisions.

- Staff felt supported through team meetings, group supervision, observed practise and one to ones. The new management structure had only been in place for eight weeks, but supervisions were planned in, starting to take place and clearly recorded.
- Staff had attended training in mandatory courses such as safeguarding adults and moving and handling. Some specialist courses had been booked or attended by staff, to meet the specific needs of people living in the service, for example around diabetes, epilepsy or skin integrity.
- New staff were supported through an induction and completed several shadow shifts with an experienced member of staff before supporting people by themselves.
- The manager and nominated individual had identified key areas for improvement in training around dignity and respect and person-centred care so had spent time talking with staff about this and supporting them to reflect on their practise.
- There was a mix of skills and experience working in the service, some staff were new to care but others had completed vocational qualifications in care and had worked in the sector for several years.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were holistically assessed, and their emotional wellbeing was considered as well as physical needs.
- Assessments were being re-written as the new manager wanted to ensure they all accurately reflected people's diverse needs, histories and preferences.
- Best practise guidance was on display in staff areas such as the kitchen and there was a designated staff area with learning topics for each month and signposting for further learning.

Supporting people to eat and drink enough to maintain a balanced diet

- People told us they enjoyed the food and we saw the lunch options being enjoyed and discussed. One person said, "The food is pretty good, not perfect" and another said, "They do a good dinner here don't they."
- People had contributed to the creation of the menu and were offered choices each day of what they would like to have for their meals. We saw one person tried the lunch option they ordered and did not like it, so the cook made them an omelette which they enjoyed.
- Food was fortified with whole fat milk and cream and diabetic and vegetarian diets were catered for.
- People had drinks within reach and there were drinks available in communal areas some more mobile people could help themselves to.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The service worked with the support of district nurses, speech and language therapists, GP's, dieticians and physiotherapists to ensure that people's healthcare needs were being met and regularly reviewed.
- Interactions with and interventions from healthcare professionals were clearly documented so people's health journeys were tracked.
- People were supported to gain weight where needed and were encouraged to move more to get some exercise and remain as mobile as possible.
- The service had been selected to run a pilot for people who needed intensive support over a period of weeks to rehabilitate before going back to their own homes. This was a sign that health and social care professionals trusted the service to run this pilot effectively.
- Feedback from healthcare professionals was positive. One professional said, "I have noticed improvements in infection control, personal hygiene and wound care." Another said, "Our advice is being followed, they ask us lots of questions which shows they are aware of when they might need extra advice."
- The service had turned its focus to oral healthcare and the manager had recently agreed a visiting arrangement with a local dentist to meet people's dental needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was acting within the MCA. Applications for DoLS were appropriately applied for.
- Staff understood why it was important to ask for and gain consent and we saw this in practise during our visit.
- Best interest decisions were documented where bed rails were used.
- Written consent was gained from people for care provision where possible.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

At our last inspection the provider had failed to ensure people were treated with dignity and respect. People were not treated with dignity around their continence care, we found soiled underwear in communal bathrooms, and people felt they did not have a choice in how their continence needs were met, At the previous two inspections we identified that there was a toilet that opened straight into the communal lounge with no lock, this lacked in privacy for people. This was a breach of regulation 10 (dignity and respect) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- Structural changes had been made to the lounge to preserve people's dignity when using the communal bathrooms. A wall had been introduced creating a corridor space, so people could not hear or see others going to use the toilet when they were sitting in the lounge. Locks had also been put onto these doors to protect people's privacy.
- There had been a shift in the staffing culture. There was less of a focus on care tasks and more responding to people's needs as they arose. For example, people told us they did not have to wait as long for continence care.
- People told us staff were kind and caring and treated them with respect. They said "Everybody is looking after me well" and, "The care from the girls is marvellous."
- Professionals said they felt more welcome and the atmosphere had changed. One said, "The mood is here is so much better, staff seem happier and I feel more welcome", another said, "Residents are now happy and the building improvements are amazing."
- We observed kind considerate interactions between staff and people, during lunch there was friendly conversation and we saw people smiling and laughing more than during our last visit.
- People's individual needs were considered in respect of their religion and culture. The service's equality agenda had become more apparent, with people with mobility issues now able to access the service.

Supporting people to express their views and be involved in making decisions about their care

- People told the manager and staff how they wanted their care delivered and this was translated on to care plans.

- People were asked every month whether they would like any changes to how their care was delivered.
- People were involved in some of the decisions regarding renovations and had contributed to choosing the new colour schemes in the dining area and communal lounge.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

At our last inspection the provider had failed to ensure people were receiving personalised care. Care was not provided in the way or at the time that people wanted it to be. Activities provision was poor. This was a breach of regulation 9 (person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- Care plans contained personalised information and details of what people were capable of and how they liked care to be provided.
- Preferences around gender of care staff were met
- People had input into their care plans and told staff how they wanted care to be provided where they were able to do this.
- The registered manager told us they were rewriting some care plans as the information in them previously did not always match up to what people were telling them. They were in the process of checking every care plan contained an accurate record of preferences.
- We spoke with the manager about how further detail that captured the richness of people's lives could be added in and to ensure that care plans were clear on exactly how people liked personal care to be given.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was aware people communicated in different ways and adapted information to suit this.
- Where people needed simple or clear instruction this was explained in their care plans.
- There was a pictorial menu on view in the dining area and large print copies were also available.
- Activities timetables were available in an accessible format and the service were preparing their first newsletter in large print.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- The service had employed an activities co-ordinator who worked across both Ermington House and its sister service in Plymouth. The activities co-ordinator was getting to know people and exploring their lives and achievements with them. We observed some engaging and thoughtful interactions and lively conversation around people's interests and histories.
- Relatives said, "One of the staff always make sure mum is awake to watch her favourite television programme, Strictly Come Dancing" and "Mum loves the activities."
- The service encouraged families and friends to visit and offered free lunches to families when they came to the service.
- People were supported to call relatives and offered the use of email and video conferencing to stay connected with loved ones.
- The activities provision had improved since our last inspection. This still required some further development, but the registered manager told us they wanted to have a programme of activities chosen by people and this required getting to know them properly. Whilst this was being developed people told us they enjoyed the activities that were put on such as bingo, outside entertainers and baking.

Improving care quality in response to complaints or concerns

- The complaint policy and procedure were on clear display.
- People told us they were comfortable to complain and felt listened to.
- Complaints records were clear and structured and recorded what the complaint was regarding, what action had been taken and the outcome.

End of life care and support

- All staff had either attended or had been booked on end of life care training.
- People's wishes, and end of life preference had been recorded where staff had had these conversations with people. The manager said they were yet to approach this subject with some people and some people did not want to discuss it, this was recorded.

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 inadequate. At this inspection this key question has improved 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.

At our last inspection the provider had failed to ensure there were effective governance processes in place. There was a lack of management oversight in the service and quality assurance systems were not robust. This was a breach of regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- There was no registered manager in post at the time of our inspection. The new manager had put an application in for registration to us recently. A condition of the registration of Ermington House is that there should be a registered manager in post. This can impact on the rating of the well-led domain of the report.
- The nominated individual and manager had a good understanding of regulatory requirements and could evidence clearly where the previous breaches in regulation had been met. They recognised although lots of improvements had been made there were still areas of the service that required some further improvement. For each of these areas there was a plan.
- There was a clear structure and process for quality assurance. Every aspect of care provision was checked for quality, including monitoring of staff interaction.
- The provider had a quality assurance role to play, checking the manager and nominated individual were ensuring care was of a high standard.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 led by example and was visible in the service. Their values were beginning to show in staff practise and the culture of the service was changing. There was a greater focus on people and their needs rather than tasks. The manager said, "We have had to change the culture and let staff know its ok to sit and have a chat with people. We are seeing a lot of laughter and more time spent with individuals."
- The service was encouraging people to be more active and more independent.
- The provider and manager understood their duty of candour and were open and honest throughout the inspection, and with people and relatives when things went wrong.

- Feedback from all professionals we spoke with was very positive, a change in the service had been noticed. One professional said, "If this management team can't push through change I don't know who can", and another said, "I have every confidence in them as managers."

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

- People told us they felt more involved in decisions that were made in the service.
- Staff told us they were listened to and their ideas taken on board. Some staff said they were afraid to come forward before and felt happier at work now due to changes in the service.
- People's equality characteristics were considered. For example, with regards to faith, a pastor was visiting to talk with people, and staff were provided with a quiet area for prayer.

Continuous learning and improving care; Working in partnership with others

- The new nominated individual, manager and the provider showed they were reflective about how to approach the service and dedicated to providing a high-quality care experience. The provider said they had altered their approach, this had contributed to improvements in the service.
- The service had worked closely in partnership with key health professionals and listened to their feedback on how to improve the service. The service had been supported by the local authority quality team for a period of time and had also engaged a consultant to give feedback on how the quality of care could improve.