

Ermington House Ltd

Ermington House

Inspection report

Ermington
Ivybridge
Devon
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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

Ermington House is a residential care home providing personal care to up to 34 people. The service provides support to people aged 65 and over. At the time of our inspection there were 24 people using the service.

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

Risks to people's health and safety were assessed and guidance was in place to manage risk. However, monitoring records did not always show that people were receiving care according to their assessed needs.

Whilst quality assurance and governance systems were in place to monitor the quality-of-care people received, the providers audits and checks had not identified the shortfalls we found regarding people's monitoring records.

During the inspection we observed people were supported by enough staff to meet their needs safely. However, we received mixed feedback from people and staff about staffing levels and some people told us they had to wait for their needs to be met. We made a recommendation to the provider about this.

People spoke positively about the service and told us they were happy with the support they received. People were complimentary about the staff and told us they felt safe living at Ermington House.

Systems and processes were in place to protect people from the risk of infections. People were supported to receive visitors at the service when they wanted.

Medicines were managed safely, and people received their medicines from trained and competent staff. Staff were recruited safely.

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.

Systems were in place to review and analyse accident and incident records to identify any trends so action could be taken to reduce the risk of avoidable harm.

People and their relatives had opportunities to provide feedback in the form of questionnaires, feedback forms and regular meetings.

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

Rating at last inspection

The last rating for this service was good. (Published 6 January 2021).

Why we inspected

The inspection was prompted in part due to concerns received about poor care, staffing levels, infection control and medicines management. A decision was made for us to inspect and examine those risks. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this 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.

Enforcement

We have identified breaches in relation to managing risk and the providers governance systems at this inspection.

We also made a recommendation in relation to staffing levels.

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 ●

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 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

This inspection was carried out by one inspector

Service and service type

Ermington House 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. Ermington House is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We reviewed information we held about this service since the last inspection. We reviewed information we had received from health professionals and the local authority. We used all this information to plan our inspection.

During the inspection

We spoke with 8 people who live at the service and 4 relatives. We spoke with the new manager, a senior manager supporting the new manager, the operations manager, the provider and 8 staff including the cook and house keeper. We reviewed a range of records related to the service people received. This included 6 peoples's care plans and medicines administration records, staff training records, 3 staff recruitment records and various audits in place to oversee and monitor the service.

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 to 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

- Risks to people's health and safety were assessed and guidance was in place to manage risk. However, where people were assessed as at risk from skin damage, monitoring records such as repositioning charts, topical medicines application charts and continence recording charts did not always show that people were receiving care according to their assessed needs.
- During the inspection we discussed what we found with the management team who acknowledged there were gaps in monitoring records and therefore were unable to assure themselves that staff had followed care detailed in people's risk assessments. Following the inspection, the provider told us they had investigated and felt the gaps in recording were due to system failures and poor recording by staff.

Whilst we found no evidence people had been harmed, we could not be assured that reasonable steps were being taken to reduce the risk associated with people's care needs. This is a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff we spoke with were knowledgeable about people's care needs and were able to tell us how they were managing people's risks to keep them safe.
- Risks within the environment had been assessed and mitigated where possible. Checks were completed at the service to ensure it was safe, for example to make sure electrical and fire equipment was in good working condition.

Staffing and recruitment

- During the inspection we observed people were supported by enough staff to meet their needs safely. However, we received mixed feedback from people about staffing levels. Some people told us staff were busy which meant they had to wait for their needs to be met. One person said, "No there is not enough staff. Some things just get left." However, another person told us, "There is always staff around."
- Staff told us during the daytime they could not always meet people's needs in a timely way. Comments from staff included, "It's not great. We are quite often short, and we are really, really struggling", "Things get delayed until we can get it done" and "For us to be able to work better, I think the levels (staffing) are a little low."
- We spoke with the provider about staffing levels. The provider told us they used a dependency tool based on people's assessed needs to determine the number of staff needed to provide people with safe care. This was kept under review.

We recommend the provider reviews staffing levels to ensure they are meeting people's needs in a timely

manner.

- People were protected by safe recruitment processes. The provider had effective recruitment procedures in place that included reference and Disclosure and Barring Service (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer.

Preventing and controlling infection

- We were somewhat assured the provider was promoting safety through the layout and hygiene practices of the premises. However, we did note that there was a lack of clinical waste bins on each floor for staff to dispose used PPE. We discussed this with the provider, and this was addressed immediately.
- We were assured the provider was preventing visitors from catching and spreading infections.
- We were assured the provider was supporting people living at the service to minimise the spread of infection.
- We were assured the provider was admitting people safely to the service.
- We were assured the provider was using PPE effectively and safely.
- We were assured the provider was responding effectively to risks and signs of infection.
- We were assured the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured the provider's infection prevention and control policy was up to date

Visiting in care homes

- People were supported to have visitors and there were no restrictions on visiting in place.

Systems and processes to safeguard people from the risk of abuse

- People were complimentary about the staff and told us they felt safe living at Ermington House. One person told us, "I feel safe, I'm not afraid and if I fall there is someone here to help." Another person said, "I think that they (staff) know what they are doing."
- Systems were in place to safeguard people from the risk of abuse.
- A safeguarding policy and procedure was in place and safeguarding concerns were being recorded and reported.
- Staff received training on safeguarding and staff understood their role in identifying, reporting and recording any allegations or incidents of abuse. One staff member told us, "It's all about protecting vulnerable people. If I was concerned, I would report it."

Using medicines safely

- Medicines were managed, stored and disposed of safely.
- People received their medicines as prescribed for them by staff that were trained and competent to do so.
- Where people were prescribed 'when required' (PRN) medicines, protocols were in place to guide staff how and when to give these medicines.
- Regular checks and audits were in place to ensure staff followed safe administration practices and medication administration records were reviewed to identify any gaps in recording.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- We found the service was working within the principles of the MCA and if needed, appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

Learning lessons when things go wrong

- Accidents and incidents were recorded and acted upon appropriately. Where necessary, referrals were made to health and social care professionals to ensure people received the right care or support.
- Systems were in place to review and analyse accident and incident records to identify any trends so action could be taken to reduce the risk of avoidable harm.

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; Continuous learning and improving care

- Quality assurance and governance systems were in place to monitor the quality-of-care people received and make improvements. However, the providers audits and checks had not been undertaken robustly and had not identified the shortfalls we found at this inspection regarding people's monitoring records.
- Following the inspection, the provider told us they had investigated and felt the gaps in recording were due to system failures and poor recording by staff. However, as the providers governance systems had not identified the shortfalls in a timely manner the provider could not be assured that this was the case and people had received care they needed to keep them safe from avoidable harm.

We found no evidence people had been harmed, however, governance systems in place were not always being undertaken robustly. This placed people at risk of harm. This was a breach of Regulation 17 (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider told us the previous management at the service left without notice which they acknowledged had impacted on the efficiency of their governance system. Following their investigation, the provider had identified training needs in relation to monitoring and recording care interventions and have added extra layers of managerial oversight to ensure a more robust system.
- The management structure at the service provided clear lines of responsibility and accountability across the staff team. A new management team were now in place, and they were being supported by senior managers within the organisation.
- Staff told us they knew who to go to for support and guidance.
- The provider was aware of their responsibilities to notify CQC of significant events for example safeguarding allegations and serious injuries.

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

- There was a positive culture in the service. People spoke positively about the service and told us they were happy with the support they received. One person said, "Staff are pretty good, all very helpful. They treat me like a person and are very respectful." Another person told us, "They treat me like they care for me."
- People received person centred care and care records provided sufficient information to guide staff about people's needs and preferences. Staff knew people well and people looked comfortable in staffs' company.
- People, their relatives and staff told us things had improved recently. A relative told us the atmosphere at

the service had massively improved which had been because of the new management team and staff changes. They told us they now enjoyed visiting their relative at the service.

- Staff told us the new manager was providing effective leadership and was supportive and approachable. One staff member said, "He's [manager] been amazing and helps us on the floor. He is very easy to go to, very 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 management team understood their responsibilities in relation to duty of candour. Duty of candour requires that providers are open and transparent with people who use services and other people acting lawfully on their behalf in relation to care and treatment.

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

- People and their relatives had opportunities to provide feedback in the form of questionnaires, feedback forms and regular meetings.
- The management team encouraged an open-door policy and made themselves available to speak with people, their relatives and staff when needed.
- Staff had opportunities to feedback and make suggestions in staff meetings and were supported with regular supervisions and appraisals.

Working in partnership with others

- The service worked in partnership with various outside agencies and health and social care professionals to promote good outcomes for people. For example, staff worked closely with the community nursing team to ensure good outcomes for people.

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	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to ensure that risk relating to people's skin care were being appropriately monitored. This put people at increased risk of harm.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider's governance systems had not always been undertaken robustly and had failed to effectively monitor care provided which placed people at risk of harm.