

Serenity Homes Limited

Edgcumbe Lodge Care Home

Inspection report

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Downend
Bristol
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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

Edgecumbe Lodge Care Home is a residential care home providing accommodation and personal care to up to 21 people. The service provides support to older people and those who are living with dementia. At the time of our inspection there were 16 people using the service.

Edgecumbe Lodge Care Home is located in a large detached property in a residential area of Bristol. Accommodation is provided across 4 floors with lift and stairlift access and bathroom facilities on each floor.

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

Medicines were not always managed safely. We found no evidence that people had been harmed, but staff did not always follow relevant guidelines about storing medicines and giving them to people.

The service did not always use effective infection prevention and control measures to keep people safe. Although improvements had been made since the last inspection, some areas of concern remained which made it difficult for staff to consistently apply good infection control practices. The service supported visits for people living in the home in line with guidance.

Governance processes were not always effective. Although audits were in place, these had not always highlighted the shortfalls we identified during the inspection. Improvements had been made, but further work was required.

Improvements had been made relating to the safe storage of oxygen and standards in the kitchen. Staff managed the safety of the living environment and equipment in it through checks. Fire safety was monitored, and actions taken as required to manage risks.

Staff knew people well and understood how to protect them from abuse. The service worked with other agencies to do keep people safe.

People were protected from the risk of harm because the service assessed, monitored and managed the risks associated with their care. Risk assessments were in place, regularly reviewed and shared with staff.

The numbers and skills of staff matched the needs of people using the service. Staff were recruited safely by the provider and there was an experienced staff team who knew people well and provided consistency.

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.

During the inspection we observed a relaxed, calm and inclusive atmosphere in the home. People appeared

comfortable speaking to staff and asking them for support when required. We received positive feedback about the service.

Staff were motivated and committed to providing high quality care to people and ensuring their needs continued to be met. Staff told us the culture was 'good' at the service and they felt well supported by the management team and their colleagues.

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 (published 08 April 2022).

At that inspection we found there were breaches of two regulations. 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, however different areas of concern were identified. This meant the provider remained in breach of regulations.

The service remains rated requires improvement. This service has now been rated requires improvement for the last two consecutive inspections.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 16 March 2022. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safety relating to infection prevention and control and safe storage at the home and operate effective processes to monitor quality and safety.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

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 remains requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Edgumbe Lodge Care Home on our website at www.cqc.org.uk.

Enforcement

At this inspection, we have identified breaches in relation to safe care and treatment and the monitoring of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the 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?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Edgecumbe Lodge Care Home

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

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 a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider had not been asked to complete a Provider Information Return (PIR) since the last 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 had received about the service since the last inspection. This included the statutory notifications the provider had sent to CQC. A notification includes information about important events which the service is required to send us by law.

We used all this information to plan our inspection.

During the inspection

We spoke with 4 people living at 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 spoke with 5 members of staff, including the deputy manager. We communicated with the registered manager after the inspection. We received feedback from 2 relatives of people who lived at Edgumbe Lodge Care Home and one professional who had regular contact with the service. The views of everyone we spoke with have been incorporated into this report.

We viewed a range of records and documents. This included 3 people's care records and medicine records. We looked at 4 staff files in relation to recruitment and staff supervision. We checked a variety of records relating to the management of the service. This included policies and procedures, quality assurance checks and health and safety documents. The registered manager sent us some additional information after we had visited the service.

We considered this information to help us to make a judgement about 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 requires improvement. At this inspection the rating for this key question has remained 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.

Preventing and controlling infection

At our last inspection, we found people were not always protected from the risk of infection because government guidance relating to the use of personal protective equipment (PPE) was not being followed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

During this inspection we found improvements had been made, although other shortfalls were identified, and the provider remained in breach of regulation 12.

- We were somewhat assured that the provider was promoting safety through the layout and hygiene practices of the premises. There had been improvements to address the issues identified at the last inspection. For example, significant improvements had been made to the kitchen and food safety. The service's food hygiene rating had improved from a score of 1 to 5 (the highest rating).
- However, we found other areas of concern. For example, in the laundry room, we saw clean clothes hanging next to a dustpan and the flooring did not cover the whole area. Not all sinks had paper towel dispensers adjacent to them, and most bins were not pedal operated. This made it difficult for staff to consistently apply good infection control practices.
- The environment did not appear dirty, but ongoing repair and refurbishment was needed. Some areas of the building were worn or damaged which meant they were difficult to keep clean and presented a higher risk of contamination. For example, the laundry room and door frames required attention.
- Although we were assured that the provider was making sure infection outbreaks could be effectively prevented or managed, we observed some staff wearing stoned jewellery and nail varnish. This is not good practice because it provides a breeding ground for microorganisms which are then difficult to completely remove when handwashing or sanitising.

We found no evidence that people had been harmed, however improvements were required to protect people through infection control practices. This was a breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We were assured that the provider was supporting people living at the service to minimise the spread of infection. The environment looked clean and smelt fresh, although some cleaning records were incomplete.
- We were assured that the provider was preventing visitors from catching and spreading infections.

- We were 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 responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

Assessing risk, safety monitoring and management

At our last inspection, we found systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. Specifically, we identified risks relating to the storage of oxygen and standards relating to shortfalls found in the kitchen. This was a breach of regulations 12 (safe care and treatment) and 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 these elements of regulation 12 and regulation 17.

- People were protected from the risk of harm because the service assessed, monitored and managed the risks associated with their care.
- A professional told us, "The staff are proactive at contacting the surgery with any concerns".
- Care records contained risk assessments which had been recently reviewed. This included risks associated with choking, falls, fire and smoking.
- Regular checks and monitoring were in place to ensure environmental risks were assessed and safety maintained. Records showed the buildings and equipment were monitored and servicing and repairs took place.
- Systems were in place to ensure people were protected from the risk of fire. This included internal checks and an assessment by an external company. Some checks were not easily accessed when we visited the service but were sent after the inspection by the registered manager.
- Each person had a personal evacuation plan which detailed the support they would need in the event of an emergency.

Using medicines safely

- Medicines were not always managed safely.
- When we checked the medicines trolley, staff had placed one person's medicines for the whole day into pots, even though some of them would not be given until much later in the day. This did not reflect best practice and increased the risk of error.
- Some people had been prescribed additional medicines on an 'as required' basis (PRN). The PRN protocols in place were limited and did not guide staff about when or why people might need the medicine. One person had a protocol in place for medicine to be given if they became agitated or anxious. However, the protocol did not describe how the person might present, or what staff should do to support the person before resorting to the use of medication.
- Some people took PRN medicines regularly. Records showed three people had been given pain relief three times a day for at least the previous three weeks. The reasons given were general, such as 'body pain' and there was no record of whether the pain relief was effective or not. This meant it was difficult to assess if the medicine was working or whether people would benefit from a review by the GP.
- The provider's medicines policy stated, "If a PRN medicine is administered on a regular basis (best practice is no more than 3 days), a referral to the prescriber should be considered." There was no record of this happening.
- Some people had been prescribed transdermal patches. These are medicated adhesive patches, which are placed on the skin and deliver regular doses of medication into the bloodstream. We looked at the records

for 3 people and only 1 person had a patch record in place. This is a record that shows where staff have applied the patch to ensure the site is rotated. Records did not show that staff had followed manufacturer guidance for patch rotation. We discussed this with the deputy manager during the inspection and they said they would put charts in place for everyone who was prescribed patches and would remind staff of the rotation requirements.

We found no evidence that people had been harmed, however people were placed at risk by the failure to ensure the proper and safe 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.

- Records for topical medicine administration were in place and had been signed by staff to indicate creams and lotions had been applied as prescribed.
- Medicines were stored safely. The temperature of the medicines trolley and fridge were monitored.
- Medicines which required additional security were stored safely.
- Medicines were administered by staff who had been trained and had their competencies assessed.

Systems and processes to safeguard people from the risk of abuse

- All the people and relatives we spoke with told us they felt that the service was safe. One person said, "Oh yes, I feel safe". A relative noted, "I feel confident [Name] is safe here. I've never had any concerns".
- Staff understood their responsibilities to protect people from avoidable harm and abuse. Comments from staff included, "I would report any bruising I saw, to the manager or to the team leader. It's important to report because we can't keep anything like that quiet. We need to make sure we find the cause" and, "I would call the senior and show them the bruises. If no senior on duty I would tell the manager. We write in the notes and fill in a body map."
- Systems to manage safeguarding concerns were in place and staff worked with relevant professionals.
- Staff said they felt confident to raise any concerns about poor care and understood what whistleblowing meant. One staff member said, "I would report concerns to the manager and if they didn't do anything, I would go higher."

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 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.
- Assessments of people's capacity was carried out, and these related to specific decisions.
- Staff understood the importance of ensuring people's rights were respected. We heard staff asking people for their consent before assisting them and offering choices about what individuals wanted to do or where they wished to go.

Staffing and recruitment

- We found people were supported by enough staff to meet their needs.
- People and their relatives told us staffing levels were acceptable. One person said, "I don't use my bell much, but if I do use it they come quickly, even at night".
- Comments from relatives included, "There always seems to be enough staff" and, "There is always enough staff on duty and at weekends too."
- A visiting professional said, "There are always enough staff. There is always someone to come around with me".
- The provider used a tool to help determine and review safe staffing levels and staff felt there were usually enough staff on shift to support people safely.
- Some staff had worked at the service for many years, and this meant there was a core team who knew people well and provided consistency. We highlighted to the registered manager that not all staff were up to date with safety-related training. The registered manager told us training was being arranged after the inspection.
- Staff were recruited safely by the provider, and all relevant checks were carried out before new staff started working at the service. This included criminal record and employment checks to confirm staff were suitable to care for people.

Visiting in care homes

- Visiting to the service was unrestricted and people were welcome at the service at any time. This would only be restricted if there was an increased risk from infections. This was in line with current government guidance.

Learning lessons when things go wrong

- Systems were in place to record and monitor accidents and incidents. We saw evidence that changes were made in response to accidents and incidents, and lessons learned to ensure people were kept safe. These were shared with staff and care plans and risk assessments updated.
- Actions taken included referral to healthcare professionals and the use of equipment such as pressure mats or different walking aids to improve safety.

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 requires improvement. At this inspection the rating for this key question has remained 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

At our last inspection, we found there were not effective systems and processes to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider remained in breach of regulation 17.

- Given the shortfalls identified at the inspection, we could not be satisfied governance systems in place were robust.
- A range of audits were in place, but these had not highlighted the shortfalls we identified relating to medicines and infection control. Improvements had been made, but further work was needed.
- Although people and staff were asked for their views at regular meetings, there was no formal system to obtain feedback from them or relatives to shape the service and culture. This was also highlighted at the previous inspection.

We found no evidence people had been harmed, but systems for monitoring the quality of the service and keeping people and staff safe were not always robust and had not identified shortfalls in practice. This was a repeated breach of regulation 17 (Good governance) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- The current CQC rating was not consistently displayed throughout the home. In some areas, we found copies of the rating from 2021 instead of 2022. Displaying the current rating is a requirement and advises people, visitors and anyone seeking information about our judgments.
- People, their relatives and staff were all complementary about the management of the service. A staff member said, "[Deputy manager] is brilliant. They listen to us. If we make a mistake, they let us know and help us put it right. If I have an appointment, [Name] will be flexible with me".
- Staff understood their role and responsibilities and were motivated to provide good quality support which met individual needs. Comments included, "The care is good. We are with the residents every day, and we do our best to give good care".

- The service had received several compliments about the care provided to people. One comment read, "We cannot thank you enough for all you did for [Name]".
- Policies and procedures were in place to provide guidance to staff about a range of subjects.

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

- During the inspection, we observed a relaxed, calm and inclusive atmosphere in the home. People appeared comfortable speaking to staff and asking them for support when required.
- Staff had a positive attitude about the service and providing good quality care. Comments from staff included, "The care is good here. We look after the residents the same way we look after our own parents."
- Staff told us the culture was 'good' at the service. All staff said they felt well supported by the management team and their colleagues. One staff member said, "If you work with good staff, like here, the job is easy".
- Relatives were happy with the care and support their family members received. One relative told us, "I am confident the care is good here. Staff are very supportive of each other".
- There was good communication between all the staff. Important information about changes in people's care needs was communicated to staff effectively.

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 provider understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- Relatives told us staff contacted them if there was a change to their family member's needs or if there had been an accident or incident.

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

- We saw staff listening to people, offering choice and giving them time to respond.
- There were regular meetings for people who lived at the service. Subjects discussed at a recent meeting included safety, activities, and staffing levels.
- People's relatives said they had not attended any meetings at the service. One person's relative said, "I come along to parties they put on, but not to any meetings. I don't think there have been any." Another person's relative said, "We come to visit so often, we can speak to someone anytime. They [management team] are always accessible, and the staff always pop in and ask if I'm OK or if I want anything."
- People's relatives said they felt able to raise any concerns but had never needed to. One person's relative said, "If I was worried about anything, I would speak up, but I've never had any concerns, I come at different times but [name] always looks well and happy."
- Staff said they received supervision and attended regular staff meetings and felt able to speak up during these. One staff member said, "[Deputy manager] always calls meetings, and makes sure we do what we need to. We also have group chat and [deputy manager] reminds us what to do."

Working in partnership with others

- The team worked with other health and social care services to promote good outcomes for people. Staff made referrals to services such as district nurses, dieticians and the GP surgery for advice and support and to improve people's health and wellbeing.
- One professional told us they felt the service was not always well organised. They sometimes found it difficult to contact staff by phone and felt staff depended on the deputy manager to lead.
- Relatives told us staff knew their family member well and promptly sought advice and guidance if there were changes in people's needs. One relative said, "The staff are quick to ring the doctor if there any health concerns and they always tell us. [Name] doesn't tend to tell staff if they're not feeling right, but staff spot it."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Improvements were required to protect people through effective infection control practices.</p> <p>The provider failed to ensure the proper and safe management of medicines.</p> <p>Regulation 12(1)(2)(g)(h)</p>
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Systems for monitoring the quality of the service and keeping people and staff safe were not always robust and had not identified shortfalls in practice.</p> <p>Systems were not in place to seek the views of people, staff and other stakeholders about their experience.</p>