

Serenity Homes Limited

Edgcumbe Lodge Care Home

Inspection report

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Downend
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Edgecumbe Lodge is a care home providing accommodation and personal care for up to 21 people. At the time of the inspection there were 14 people living at the home. This is a Georgian home that has been converted and extended over three floors. There were two communal lounge/dining areas. People also have access to a large garden and balcony area.

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

The manager and staff understood their role and responsibilities to keep people safe from harm. People continued to receive prompt medical attention when they became unwell and relationships with health professionals remained good. One visiting professional told us, "The staff were approachable and helpful, the manager was efficient and organised, and records were well kept".

People were supported to take risks and maintain their independence. Risks were assessed and plans put in place to keep people safe. Where improvements were required the manager had taken action to improve safety and quality. There were 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 managed safely, and people received their medicines as prescribed. People were protected by the homes infection control policy and procedures.

The manager and staff maintained a focus on seeking to improve the service people received and learnt lessons when things had gone wrong. Staff genuinely cared for the people they supported and were proud to be in their roles. Comments included, "When I help someone to empower themselves it is an amazing feeling and I know that our residents are safe and it fills me with a sense of pride", "I take pride in my job and always feel like I have made a difference" and "I feel proud to go home after work as it makes me feel happier, helping people to improve their lives".

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.

Rating at last inspection

The last rating for this service was Good (published in November 2018).

Why we inspected

This inspection was prompted in part due to concerns received about keeping people safe and how this is supported by people's individual risk assessments. In addition, due to unforeseen circumstances there had been some change and inconsistency in the management structure and provider oversight. A decision was made for us to inspect and examine those areas of risk and all key questions in Safe and Well Led. We found no evidence during this inspection that people were at risk of harm. Please see the Safe and Well Led section

of this report.

We also 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.

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

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well led.

Details are in our well led findings below.

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 Care Act 2014.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Edgecumbe Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

There was a manager in place who will register with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave short notice of the inspection. This was to ensure the visit could be facilitated safely during Covid-19 restrictions with a manager/provider oversight.

What we did before the inspection

Before the inspection we reviewed the information, we had received about the service since the last inspection. We reviewed CQC notifications. Notifications describe events that happen in the service that the provider is legally required to tell us about.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

During our brief tour of the premises we observed interaction between care staff and people living in the home. We introduced ourselves and spoke with them briefly about their day and how they were feeling. Six people were also enjoying a group activity and we observed this for a short period. We spoke with three staff as we walked around the premises.

The manager facilitated our visit. They answered our questions and provided records we wished to look at.

After the inspection

The second day of our inspection consisted of a video call meeting with the provider and manager. This was to discuss what we found during our visit and to collect further evidence through questions and discussion. We requested a range of records, including policies and procedures, risk assessments and quality monitoring and assurance documents. We continued to seek clarification from the provider to validate evidence found.

We welcomed people, relatives and staff to contact us should they wish to contribute to the inspection. We achieved this by sending them a selection of questions relating to areas of safe and well led in addition to seeking their personal experiences. We received responses from 11 people, 13 staff and 2 relatives. Their views and comments are referred to in this report. We received a response back from a visiting social care professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same.

Learning lessons when things go wrong; Assessing risk, safety monitoring and management

- During a visit from the local authority in April 2021 they had identified a person whose risk assessments had not been fully implemented and written assessment records required improvement. They were supporting this person and the home to make improvements for this individual in order to protect them and others. People had not come to any harm. The local authority were looking into providing risk assessment training for the manager and deputy to increase their knowledge and competencies.
- We did see examples where staff were managing risks relating to people's health and well-being. This included risks associated with weight loss, moving and handling and maintaining skin integrity.
- Thirteen staff provided good descriptions to us about how risk assessments helped to keep people safe. Some shared with us examples of how they help to protect people they cared for. One staff member told us, "We have a person with dementia who tends to walk away from the care setting. They were formerly employed in a job where they walked long distances every day. Their risk assessment indicated the main risk was getting lost. The professional's team, family and person agreed to the use of a tracking and personal alarm system to help prevent this".
- Staff understood their responsibilities for reporting accidents, incidents or concerns. Written accident and incident documentation detailed leading up to events, what had happened and, what action had been taken.
- Monthly audits of incidents were completed and would help identify any action that could be taken to help prevent reoccurrence.
- Some people required equipment to keep them safe. This was risk assessed and staff received training on how to use the equipment to reduce risks to people.
- Up to date emergency plans were in place to ensure people were supported in the event of a fire.
- There was a programme of daily, weekly and monthly checks in place to keep the premises, people, visitors and staff safe.
- Records showed all checks, servicing and maintenance were completed.

Systems and processes to safeguard people from the risk of abuse;

- People and relatives confirmed they felt safe. Comments included, "Yes I feel safe, they always call the doctor if I need one", "Everything seems secure and I am being looked after well by kind people", "Yes I feel safe, the staff are very good" and "I feel very protected and I am well looked after". All thirteen staff told us they felt safe at work.
- Staff described different types of abuse and told us they would tell the manager or person in charge if they were concerned any abuse had occurred. The manager and deputy knew their responsibilities to raise safeguarding concerns when they suspected an incident or event that may constitute abuse. However, they would benefit from attending the safeguarding training provided by the local authority to increase their

knowledge. One professional told us about an occasion where the service had not followed the safeguarding reporting procedure correctly, however they did tell us this was under extenuating circumstances during the pandemic. This related to following a process and not putting a person at risk. They said, "I have no criticism to make of the care provider. They have clearly struggled during the pandemic, particularly during the unforeseen absence of the manager".

Staffing and recruitment

- Staffing levels had not been reduced whilst occupancy of the home was reduced.
- People were supported by enough staff. Staff rotas were well managed and were planned in advance.
- 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.
- The service continued to ensure staff employed had suitable skills, experience and competence to fulfil their roles. 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.

Using medicines safely

- Procedures, records and practices demonstrated medicines were managed safely. There had been no significant errors involving medicines in the last 12 months. Any errors found during the homes monthly audits were reported and addressed to prevent further re-occurrence.
- Medicines were administered by staff who had completed their competency assessment and received regular updates based on best practice guidelines.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted good-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

- The current manager had worked for the provider as the operations manager for seven years. Managing a care home was a new role for them and they had commenced a level 5 leadership and managers course. Their skill set was very much a business management role. They were working closely alongside the deputy who had been in post for seven years.
- As part of their professional development they had considered the Key Lines of Enquiry (KLOE) which CQC inspect against and how they will plan to improve and further enhance current good practice they were achieving.
- The manager and senior staff knew when notification forms had to be submitted to CQC. These notifications inform CQC of events happening in the service.
- Systems were in place to monitor and evaluate services provided in the home. Concerns, incidents, accidents and notifications were reviewed. This was to analyse and identify trends and risks to prevent recurrence and improve quality.
- 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.

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 and deputy understood their responsibilities about informing people and families, the Care Quality Commission and other agencies when incidents occurred within the service.
- The manager was open, honest and transparent when lessons could be learned and improvements in service provision could be improved. This was clearly evidenced following recent improvements whilst being supported by the local authority visits to the home.

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

- The manager, deputy and staff were a caring, cohesive group who worked well as a team. Staff told us, "We always work as a team", "Teamwork is key" and "Staff have always worked very hard and as a team".
- The manager and deputy led by example, they were caring, kind and respected. People and staff spoke well about them and the home. Staff told us, "I feel supported by the management and they listen to me", "I am always confident to express my views, I feel well supported and I am more confident now" and "I feel

fully supported by the management because they treat the staff very well by organising appropriate staffing and training".

- Staff told us supervisions were effective and made them feel supported and able to share their views and experiences. They felt they were able to effect positive change for people this way. Comments included, "I have been able to design activities and share ideas with staff, the deputy and manager", "Supervisions are very important for us to ensure we are competent in our skills and knowledge and confident in our role" and "This is the time we can discuss any skills gaps and development needs and put an action plan in place to address them and it helps me to feel motivated and feel valued".
- The ethos of a person-centred approach to care and treating people as individuals was consistent amongst all staff. Staff told us, "My care is always person centred, I want them to be happy and I respect all of their choices", "I have worked here a number of years now and I know everyone as an Individual with their own likes and dislikes", "One person loves to share the best moments of their life which makes them really happy when someone listens", "We provide coordinated care, support, and treatment with dignity, compassion and respect" and "I create care plans, it's always important to provide choices".

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

- The service promoted and encouraged open communication amongst everyone who used the service. There were good relationships between people, relatives and staff, and this supported effective communication on a day to day basis.
- People and relatives told us they knew who the manager and deputy were. Comments included, "The managers always ask how I am feeling", "I am always told what's happening", "They contact me weekly or when I make a request" and "It is really nice to be asked your opinion by them".
- Communication systems were in place to help promote effective discussions between staff so that they were aware of any changes for people in their care. This included daily handover reports, written daily records and a communication book.
- Other methods of communication included planned meetings with people, relatives and staff.

Working in partnership with others

- The service ensured they had effective working relationships with outside agencies such as the local authorities, district nursing teams, GP practices, the safeguarding and DoLS teams and CQC.