

Serenity Homes Limited

Edgcumbe Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Inadequate 

Is the service effective?

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 the regulated activity of accommodation with personal care for up to a maximum of 21 people. The service provides support to older people and people living with dementia. At the time of our inspection there were 15 people using the service.

Edgecumbe Lodge care home is a large, detached property in a residential area. The building has four floors with bathrooms on each floor. There is a lift and stairlift for accessibility.

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

This was a targeted inspection that considered the aspects of health and safety within the service in response to concerns received from the local authority. We found that some areas of health and safety had been rectified such as broken tiles in the porch had been fixed but there were a number of risks that had not been addressed. Some aspects of the premises and equipment were not clean or properly maintained which created a hazard around infection control.

The provider and registered manager's oversight of environmental risk was poor. We identified shortfalls in this inspection that had not been identified by the provider. Fire safety was not always maintained in the home. Some fire doors on the ground floor of the home did not close properly. The Fire evacuation folder was not kept up to date. An electrical installation conditions report dated 08 August 2019 had identified a number of urgent remedial work that was required at the service, this had not been carried out in a timely way.

The provider's internal governance processes did not highlight the concerns we found at this inspection. Quality assurance and monitoring was carried out but was not effective. However, further work and more regular audits were required both at manager and provider level, so that the service improved for people living in the home.

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.

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 requires improvement (published 04 April 2023). The service remains rated requires improvement. This service has been rated requires improvement for the last 3 consecutive inspections.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

We undertook a targeted inspection to follow up on specific concerns which we had received about the service. The inspection was prompted in part due to concerns received about health and safety. A decision was made for us to inspect and examine those risks.

We inspected and found there was a concern with environmental risks, so we widened the scope of the inspection to become a focused inspection which included the key questions of safe and well-led.

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.

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

Enforcement

We found several breaches of regulation and issued the provider with warning notices in relation to premises and equipment and good governance.

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?

The service was not safe.

Inadequate ●

Is the service effective?

The service was not always effective.

Requires Improvement ●

Is the service well-led?

The service was not always well led

Requires Improvement ●

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.

This was a targeted inspection in response to health and safety concerns received about the service from the local authority but became a focused inspection due to additional concerns identified at the service. 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 team consisted of two inspectors and an operations manager.

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

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 used all this information to plan our inspection.

During the inspection

We spoke with 5 people who lived at the service and 2 visitors. We also spoke with the registered manager, the deputy manager, the nominated individual, the provider's HR compliance manager and 4 care staff at the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a sample of people's care and support records. We also looked at records relating to staff recruitment and the management of the service such as incident and accident records, staffing rotas, meeting minutes, training records and audits.

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.

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 has changed to inadequate. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Personal evacuation plans (PEEPs) were in place which informed staff how much support people would require if they needed to evacuate the building during an emergency. However, the PEEP folder that would be used in an emergency, was not up to date. The list of people using the service was not an accurate reflection of the people living at the service. This meant there was a risk that in an emergency, there could be confusion about who needed to be evacuated. We discussed this with the provider during the inspection and they advised us they would ensure the file was updated by the end of the day.
- Environmental health and safety risk assessments were not provided on the day of our inspection. Some of the risk assessments in relation to health and safety had been produced after the local authority had raised health and safety concerns at the service. These were provided the next day by the registered manager.
- Spot checks carried out by the service and the nominated individual did not always identify shortfalls. During the inspection we found a number of risks to people's safety. Some rooms had no window restrictors, which meant they would open wide enough for people to potentially fit through. We also found frayed cables connected to an electric armchair and wall fans in people's rooms causing a trip hazard. These issues were resolved during the inspection. We saw evidence of written records of some spot checks that had been carried out over the last 6 months during the inspection process, but this was inconsistent.
- Fire safety was not always maintained in the home. Some fire doors on the ground floor of the home did not close properly. The provider was unaware of this. The provider had started a plan of refurbishment in the home and all fire doors had been identified as requiring replacement. This work had started before the inspection and is currently ongoing. There were no plans that were provided to mitigate the current risk of fire.

Risks to people's safety were not robustly assessed, managed, and mitigated. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

- A maintenance log was provided for review during the inspection, but it was not up to date and there was no evidence that the repairs and issues in the maintenance log had been rectified.
- In one bathroom on the ground floor the extractor fan cord was broken, and a plastic apron was being used as a makeshift cord. This had not been noted in the maintenance log for repair.
- Some areas of concern that were identified in the local authority health and safety report had been actioned such as the tiled area at the front entrance had been repaired. The gas cooking system had been serviced by a gas safe person and a gas safety certificate was provided. However, not all the areas of concern had been resolved such as the fire doors had not been replaced and the building conditions survey had not

been carried out.

- Some wardrobes in people's rooms had not been fixed to the wall. The work had begun, and the provider told us this would be completed in two days.
- An electrical company had carried out an inspection and were due to provide a new electrical installations condition report that would identify if there were any potentially dangerous issues that needed to be rectified as mentioned in the previous report dated 08 August 2019.
- There was no maintenance person employed. The last maintenance person had left some months ago. The provider was struggling to find a handyman and any minor work was being carried out by the building company that was onsite.

The premises and equipment were not maintained to an environmentally safe standard, and this was a risk to people's health and safety. This was a breach of Regulation 15, premises and equipment, of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Risk assessments had been carried out to monitor the risk of harm to people. These included risk assessments for malnutrition, skin damage, falls and choking. When risks were identified, plans detailed the steps staff should take to reduce the risk. For example, falls plans included details of any equipment people needed to support with their mobility.
- When people had been assessed as being at risk of pressure sores, plans detailed any pressure relieving equipment in use. People's weight was monitored. Health professional advice was sought if people lost weight. People were also supported to lose weight with healthy eating plans in place.
- Plans in relation to urinary catheters, included clear guidance for staff on how to prevent and monitor for signs of infection.

Preventing and controlling infection

At our last inspection we found that improvements were required to 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.

At this inspection we found some improvements had been made, but further improvements were needed, and they were still in breach of regulation 12 (safe care and treatment) of the Health and Social Care Act 2008.

- The laundry room environment had not been updated. The flooring did not cover the whole area and there was still no sink available for staff to wash their hands. Tiles were broken and/or missing. Seals between walls and floors were not in place. This made it difficult for staff to consistently apply good infection control practices. The nominated individual told us that this work was in the process of being carried out.
- Clean clothing was still observed hanging close to surfaces that did not look visibly clean. Duvets and pillows were on the floor. It was not clear if these were clean or dirty.
- Whilst most of the environment did not appear dirty, ongoing repair and refurbishment was still needed. Some areas of the building remained worn or damaged which meant they were difficult to keep clean and presented a higher risk of contamination.

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 preventing visitors from catching and spreading infections.

- We were somewhat assured that the provider was supporting people living at the service to minimise the spread of infection.
- 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 not assured that the provider was responding effectively to risks and signs of infection. We have also signposted the provider to resources to develop their approach.
- We were not assured that the provider was promoting safety through the layout and hygiene practices of the premises. We have also signposted the provider to resources to develop their approach.
- We were somewhat 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.

Visiting in care homes

The provider was following government guidance in relation to visiting, and relatives were able to see their family members safely and at times of their choosing.

Using medicines safely

At our previous inspection in March 2023, we identified the provider had failed 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.

At this inspection improvements had been made and the provider was no longer in breach of Regulation 12 in relation to medicines management.

- Medicines were stored, managed, and administered safely. Medicines were administered by staff who had completed training and had their competency assessed.
- When people were prescribed additional medicines on an 'as required' basis, PRN protocols were in place. Staff were monitoring the use of PRNs and liaised with the GP to review people's medicines when required.
- Transdermal patch records were in place which showed staff had rotated patches in line with manufacturer guidance.
- Topical medicines such as creams and lotions were administered as prescribed. There was guidance in place directing staff where to apply these.
- The temperature of medicines storage areas was monitored.
- Regular medicine audits were carried out. When issues were identified, action plans were put in place.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from the risk of abuse. People felt safe at the service. One person told us "I feel safe, the staff are kind." A visitor to the service said, "I feel confident [relative] is safe here. The décor is lacking, but I've been told rooms are being decorated in the next week or so."
- A safeguarding policy and procedure were in place, explaining what needed to be done if abuse was identified.
- Staff understood safeguarding and said they had received training. One member of staff told us "There are

different types of abuse emotional, financial, verbal and medication errors could also be classed as safeguarding."

Staffing and recruitment

- There were enough staff employed to care for people safely. Everyone we spoke with said there were enough to deliver the care people needed. One member of staff said, "Every care home could always use more staff, but we have enough and get things done. Staff always stay on, and nobody goes without care." A relative said, "There could always be more, but staff are very capable and are very good with [person]".
- Staff were recruited safely, with all the necessary procedures followed including interviews, seeking references, and carrying out DBS checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions. The information helps employers make safer recruitment decisions. We found one record where references were not evident, however these were supplied the next day.
- On the first day of the inspection there were 3 members of staff on duty. The registered manager was not available, and the deputy manager was on annual leave. A senior carer was managing the service and the nominated individual arrived to support the inspection.

Learning lessons when things go wrong

- Staff we spoke with were aware of their responsibilities. They would ensure people were safe and information would be recorded with appropriate actions taken.
- Safeguarding and accidents/incidents were recorded but this was inconsistent, and we cannot be assured they were monitored by the management team. We did not see evidence of how accidents and incidents were monitored.

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 our last inspection this key question was rated requires improvement . At this inspection the rating has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- The home was dated and required significant improvement. A refurbishment plan was in place and refurbishment had started before the inspection. People's rooms and communal areas lacked personalisation.
- Some adaptations had been made to the home to meet the needs of the people living there. However, further simple improvements could be made to improve the home for people living with dementia by ensuring things such as toilet seats and disability aids were more easily recognisable.

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

- The records we reviewed had holistic assessments with individual support plans for people's identified care needs such as personal care, communication, vision and specific health conditions.
- Staff attended daily handovers at which they shared detailed updates about each person as well as undertaking checks on the stocks of medicines they administered.
- Prior to moving into the service people's needs were assessed by the service. This helped to create the care plans which included people's choices and preferences for their care.

Staff support: induction, training, skills and experience

- Staff received supervision, although these took place inconsistently. They promoted open conversations between staff and their managers.
- Staff we spoke with said they had the right training for the service. In addition to formal training, staff read each person's care records in full and got to know them individually.
- Staff followed a programme of induction when they started at the service. This involved conducting e-learning, shadowing staff and taking part in face to face training. The registered manager ensured that staff were competent and skilled before they started their duties. Staff told us "yes I had a good induction, I did a lot of training before starting and I shadowed staff."

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

- People received support to eat and drink enough to maintain a balanced diet. Staff supported people with special diets. One person was on a low calorie diet and the service supported the person to maintain this diet.
- The service had a menu which was co-produced with people. The service encouraged healthy eating where possible.
- The service did have a communal dining table however this was used infrequently due to individual

choice.

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

- Records indicated that the service worked with others to ensure health care needs were met.
- The service had regular contact with the GP surgery. The GP weekly to review people at the service.

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 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- 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.
- Assessments of people's capacity were carried out and these related to specific decisions. However, we did not consistently see documentation in place which showed how best interest decisions had been reached and who had been involved.
- Appropriate legal authorisations were in place to deprive a person of their liberty. Any conditions related to DoLS authorisations were being met.

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 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

- Quality assurance systems required further improvement. Audits had not always identified the issues we found during our inspection in areas such as the environment of the home.
- The service's audits were basic and lacked robustness and detail. They failed to identify the issues we had found at this inspection in relation to risk, health and safety and the environment.
- The provider and management team at the home were not clear on their roles and responsibilities. The registered manager was also responsible for one other service. This meant their time at this service was limited. We were not assured the registered manager, or the provider, had clear oversight and governance of the service.
- We found policies and procedures were generic, undated, and it was not clear when and how they were reviewed.
- The service has been rated requires improvement for the last 3 consecutive inspections.

The evidence outlined above demonstrates systems and processes for good governance were not operated effectively. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Feedback from staff and people about the management was positive. Although feedback from relatives was mixed.
- Staff and people told us the registered manager was approachable and there was a positive staff culture. One staff member said, "If I had any concerns, I would approach the manager."
- Staff spoke positively about the home; said they enjoyed their work and described it as being like part of a family.

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

- We found evidence that one safeguarding incident had not been notified to CQC. The registered manager was aware of their responsibilities in notifying CQC of significant incidents.
- We found ongoing concerns in relation to the culture within the home and concerns in relation to poor

practice, we could not be assured that the service had created an environment where people could be honest and transparent. The electrical installation conditions report findings (2019) and remedial work were not shared with the local authority and CQC..

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

- There was no feedback mechanism for obtaining views of relatives about the service.
- Staff meetings were taking place. We saw evidence of regular staff meetings taking place and these were recorded.
- Resident meetings were taking place. People's voice was not evident in the meeting minutes. We fed this back to the registered manager who told us he would improve people's experience.

Continuous learning and improving care; Working in partnership with others

- The service worked in partnership with other agencies as required including local authorities and social work teams.
- The service had a plan in place to upgrade their IT systems to improve the management of the care and service provided.

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 Risks to people's safety were not robustly assessed, managed, and mitigated. This placed people at risk of harm. Improvements were required to protect people through infection control practices. This was a breach of regulation 12

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 15 HSCA RA Regulations 2014 Premises and equipment The premises and equipment were not maintained to an environmentally safe standard, and this was a risk to people's health and safety.

The enforcement action we took:

We issued a warning notice on 28 June 2023.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The evidence demonstrates systems and processes for good governance were not operated effectively and were not robust.

The enforcement action we took:

We issued a warning notice on 28 June 2023.