

Edgemont House Limited

Edgemont House

Inspection report

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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

Edgemont House is a residential service providing personal care for up to 14 older people some of whom are living with dementia. The service consists of an adapted building, which includes individual bedrooms, communal spaces and an accessible outdoor space. At the time of our inspection there were 13 people using the service.

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

People and their relatives told us people were safe with the care and support they received from the service. However, despite positive feedback we found shortfalls with the management of medicines, staff recruitment and quality assurance systems which placed people at increased risk of harm.

Systems in place to monitor the quality and safety of the service did not identify and address the shortfalls we found during the inspection.

Medicines were not managed safely in line with national guidance. Safe staff recruitment procedures were not being followed.

People were supported by a consistent team of staff who knew them well, there were enough staff to keep people safe and meet their needs.

The service had systems in place to assess people's risks, people were protected from the risk of abuse. Staff followed safe infection prevention and control procedures.

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.

The management team promoted a positive culture, staff told us they were supported and morale within the staff team was good. People and their relatives told us they were satisfied with the service.

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 4 November 2017). There has been one targeted inspection since this inspection, published 20 May 2021. This did not change the rating.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

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.

Enforcement

We have identified breaches of regulation in relation to Regulation 12 (Safe care and treatment), Regulation 17 (Good governance) and Regulation 19 (Fit and proper persons employed) at this inspection. 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 ●

Edgemont 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

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The Expert by Experience contacted people's relatives by telephone to request their feedback.

Service and service type

Edgemont 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. Edgemont 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 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. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 9 relatives. We spoke with 5 members of staff including the registered manager. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We reviewed a range of records. This included 2 people's care records and 5 people's medicines records. We looked at 3 staff files in relation to recruitment. A variety of records relating to the management of the service and quality assurance were reviewed including accident and incident records and audits. We sought feedback from professionals who work with 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 inspection published November 2017 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.

Using medicines safely

- Medicines were not managed safely in line with national guidance.
- We were not assured the service had an effective system in place to manage medicines stock. Records were not in place to show medicines were counted and checked when they were received from the pharmacy. We found examples where the stock of medicines held did not match the records kept by the service. This meant we could not be assured people were receiving their medicines as prescribed.
- The service had procedures in place to store medicines. However, we found medicines in people's rooms which were not stored securely.
- Staff administering medicines had been trained to do so, however we found staff had either not had their competency formally assessed or refreshed within the past year in line with national guidance.
- Written protocols were not in place for medicines prescribed 'as required' (PRN). This meant there was insufficient written guidance for staff to know how and when to administer each medicine.
- Hand-written entries on Medicines Administration Records had not been signed or checked by another member of staff to ensure the transcribing had been completed accurately, which is good practice.

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to demonstrate medicines were effectively managed. 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.

- Following the inspection, the registered manager provided updated records and an action plan with details of improvements made to medicines management.

Staffing and recruitment

- Safe recruitment procedures were not being followed.
- For a recently recruited member of staff, we found there was no employment history or references held on file.
- Where other staff had worked in previous roles in social care, we found references had not been obtained. The registered manager told us they had attempted to obtain these references; however, this was not documented. Records of staff interviews were not sufficiently detailed.
- We found 9 members of staff employed by the service had not had their DBS check renewed within 5 years, which is the timescale for renewal according to the providers procedure. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the

Police National Computer. The information helps employers make safer recruitment decisions.

- This meant recently recruited staff had not been assessed appropriately during the recruitment process as safe to work with vulnerable adults.

Systems had not been established to ensure safe recruitment. This placed people at risk of harm. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us they had recently identified issues with staff recruitment records and were taking action to update staff DBS checks.
- Following the inspection, the registered manager told us they had reviewed their recruitment policy and procedure in order to make improvements. We were told all outstanding staff DBS checks had been processed.
- We observed there were enough staff to keep people safe and meet their needs. Feedback from people, relatives and staff confirmed this. A person said, "Yes, they get me what I want." A relative said, "There always seems to be enough staff around, when I'm there I have seen people call out and a staff member always goes quickly."
- People and their relatives told us people were supported by a consistent team of staff, who knew them well. A person said, "Oh yes, I know them all." A relative said, "Seem to keep their staff as [name of person] has regular ones."

Assessing risk, safety monitoring and management

- The service had systems in place to assess risks to people before undertaking their care and support. Areas assessed included nutrition, skin integrity and mobility and included guidance for staff to manage the risk.
- However, we found a couple of examples where records containing information about people's risks related to choking and specific behaviours required further detail. We raised this with the registered manager who updated these records.
- The service was carrying out building safety checks to ensure the safety of people living within the service, including gas and electrical checks.
- Staff knew people well and told us they knew how to support people safely. A health professional who regularly visits the service told us, "I have not had any concerns about patient safety whilst working there."

Learning lessons when things go wrong

- Systems were in place to report and record accident and incidents.
- The registered manager told us about actions taken in response to incidents to manage the risk and prevent re-occurrence. We were told lessons learnt were discussed with the staff team, however we found this was not well documented.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse.
- People and their relatives told us people were safe being supported by the service. A person said, "Very safe." A relative said, "[Name of person] feels very safe there."
- People told us they could raise any concerns with staff. A person said, "I could speak to the staff."
- Staff had completed safeguarding training and knew how to identify and report potential abuse.

Preventing and controlling infection

- The service was clean and well maintained. A relative said, "The bedroom is nice, and is always clean and tidy, as the whole place is."

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were 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 assured that the provider was responding effectively to risks and signs of infection.
- 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.

Visiting in care homes

- The provider was supporting visits in line with the government's guidance. We observed relatives visiting people during the inspection. A relative said, "I am always made so welcome when I go in to visit."

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)

- People's care records documented their consent to care in line with the MCA.
- Where people were being deprived of their liberty, appropriate referrals had been made to the local authority to ensure this was done lawfully and in the least restrictive way.
- People told us staff sought their consent and respected their personal choices, our observations confirmed this. A person said, "They [staff] tap on the door. They only do things if you want them to."
- Staff demonstrated an understanding of the MCA in line with the key principles.

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 inspection published November 2017 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 did not always support the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service had systems in place to monitor the quality and safety of the service such as care plan reviews, infection control and medicine audits. However, we found these systems and processes were not effective at identifying and addressing the issues we found during the inspection.
- The service was completing weekly and monthly medicine audits; however, these audits did not identify and address the issues we found with medicines management. Such as medicines not stored securely and a lack of PRN protocols.
- The registered manager told us they had identified issues with staff recruitment records; however, this had not led to timely improvements. We found there was no formal process in place to audit or check staff files at the point of recruitment to identify and address the issues we found.
- No concerns were identified with staffing levels. However, call bell audits which were part of the services governance system had not been kept up to date.
- We found lessons learnt following incidents were not well documented. This meant we could not be assured learning was always shared with the staff team.
- The registered manager told us the provider was supportive and regularly visited the service. However, we found there was no formal record of provider visits to monitor the quality and safety of the service and identify areas for improvement.

Whilst we found there was no evidence people had been harmed by the issues identified above, systems were either not in place or robust enough to demonstrate that there was adequate oversight of the service. This placed people at risk of harm to their safety and wellbeing. This was a breach of Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- During the inspection the management team responded promptly to make improvements. The services improvement plan was updated to include an action to address the concerns identified during the inspection. The registered manager told us they would work with the provider to improve their oversight of the service.
- Despite the shortfalls identified, people and their relatives told us they were satisfied with the service. A relative said, "We are extremely satisfied with the care, and have peace of mind."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives told us the management team were approachable and there was good communication with the service. A person said, "[Senior staff member] has been extremely good. Very supportive." A relative said, "The management are very good, and you can always approach them."
- Records showed people had regular meetings with their allocated key worker to discuss their support. The registered manager told us satisfaction surveys were available for relatives to complete, however none had recently been completed. The registered manager told us they would review their procedures for obtaining formal feedback from people's relatives.
- There were systems in place to communicate with staff such as a daily handover meetings and staff meetings. Staff told us communication with management team was effective. A staff member said, "100%, can go to [registered manager] with anything."
- The service worked in partnership with health and social care professionals such as social workers, GPs and district nurses.
- The provider told us the service received quarterly visits from an interdisciplinary team as part of a pilot to ensure people's needs were regularly assessed and reviewed. A health professional who works with the service told us, "System of communication is effective and used appropriately."

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

- The management team promoted a positive culture. We received positive feedback from people, relatives and staff about the management of the service. People told us the service was well managed, a person said, "As far as I know, very." A relative said, "Yes, I feel the home is very well managed, and always keep me updated on anything. Management are very approachable and will always talk to me."
- There was a homely, friendly and relaxed atmosphere within the service. We observed positive interactions between people, relatives and staff. A relative said, "We are always made welcome when we visit."
- Staff told us they felt supported and morale within the staff team was good. A staff member said, "Yes absolutely, by the registered manager and senior staff." Another staff member said, "Lovely, we have a laugh. We all get on really well."

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 registered manager understood their responsibilities under the duty of candour legislation, to be open and honest when things had gone wrong.

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 not ensured the proper and safe management of medicines. Regulation 12 (1) (2) (g)
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not always operate effective systems and processes to assess and monitor the quality and safety of the service Regulation 17 (1) (2) (a)
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider had not operated recruitment procedures effectively. Regulation 19 (2) (3)