

Pinpoint Developments Limited

Elgin Lodge

Inspection report

Elgin Drive
Wallasey
Merseyside
CH45 7PP

Tel: 01516384869

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This comprehensive inspection took place on 6 July 2017. Elgin Lodge is a detached two storey property situated on the Magazine Promenade in Wallasey, facing out across the River Mersey. The home is registered to accommodate eight people and there were eight people living at the home at the time of our inspection.

The service had a manager who was registered with the Care Quality Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

We last inspected the service in July 2015 and gave it an overall rating of good.

Staff were safely recruited and supported with an induction process. All staff also had regular supervision and appraisal meetings with the registered manager.

The staffing levels on the day of our inspection were sufficient to meet the needs of the people living there.

There was a positive and friendly atmosphere at the service. People got on well with each other and the staff. We observed people looking relaxed and comfortable in a homely environment.

People enjoyed and were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs. People chose together what they would eat and some people helped with the cooking.

Staff encouraged people to maintain their independence and supported people to enjoy their hobbies and interests.

All the documentation we looked at was well-organised and easily-accessible. People living at the service had up to date personalised care plans and risk assessments and people were involved in the process of regularly reviewing this information.

The registered manager and other staff at the service regularly checked the safety of the premises and the quality of care provided through a range of audits.

The local authority told us that it did not have any concerns about the service and that it provided a personalised and homely service to the people living there.

The local community mental health team said that staff at the service were good at recognising and appropriately acting upon changes to people's behaviour. They also explained that staff often attended appointments with people to support them, which is not very common.

Records showed that staff had received training on safeguarding vulnerable adults and there were policies and procedures in place to guide staff in relation to safeguarding adults. Staff told us that they felt people living at the service were safe. They said that they would be confident raising a concern if necessary and they believed that the registered manager would listen to any concerns and take appropriate action.

There were no people living at the service who lacked capacity or were subject to Deprivation of Liberty Safeguards (DoLS). However, staff had received training on mental capacity and DoLS and there were policies and procedures in place to meet the requirements of the Mental Capacity Act 2005 and the associated DoLS if necessary.

Medication was correctly administered, stored and recorded. Staff had had training on safe administration of medicines and there were policies and procedures in place to support staff.

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.

People living there told us that they felt safe and happy. Staff also felt people were safe and they were appropriately trained and able to raise concerns about people's safety if necessary.

Risk assessments and management strategies were in place to keep people safe.

Staff were appropriately recruited and there was a sufficient number of staff working to meet the needs of the people living at the service.

Medication was correctly administered, stored and recorded.

The environment was clean and staff understood their roles and responsibilities in relation to infection control.

Is the service effective?

Good ●

The service was effective.

Staff had received training relevant to their work and were well-supported by regular supervisions and appraisals with the registered manager.

Staff had received training on mental capacity and Deprivation of Liberty Safeguards (DoLS). There were policies and procedures in place to meet the requirements of the Mental Capacity Act 2005 and the associated DoLS if necessary.

People enjoyed and were given enough to eat and drink and a choice of suitable nutritious foods to meet their dietary needs and they took an active role in choosing what they ate and drank each week.

Staff encouraged and supported people to attend appointments about their health.

Is the service caring?

Good ●

The service was caring.

Staff and the people living at the service knew each other well and their interactions were friendly, positive and caring.

People living at the service expressed their views and ideas at monthly residents' meetings.

People told us that staff always respected their privacy and dignity and they were able to spend their time as they wished.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and their care plans were regularly reviewed.

People were regularly reminded about how to raise a complaint and the relevant contact details were readily available to them.

Is the service well-led?

Good ●

The service was well led.

There was a positive culture amongst staff, which focused on promoting people's independence and providing them with the support they need.

Staff and the people living at the service told us that the registered manager was caring, approachable and listened to them.

Management documentation was well-organised and easily-accessible.

Elgin Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This unannounced inspection was carried out on 6 July 2017 by two adult social care inspectors. At the time of our inspection there were eight people living at the service. During the inspection we looked around the premises and we observed the support provided to people in the lounge and the dining room. We spoke with two people who lived at the service, two relatives and five members of staff who held different roles within the service.

We looked at a range of documentation including two people's care records, medication storage and records, two staff files, accident and incident report forms, health and safety records, complaints records, audits and records relating to the quality checks undertaken by staff and other management records.

We also gathered feedback about the service from the local authority and the local community mental health team.

Is the service safe?

Our findings

We asked the people living at the service if they felt safe. They told us "Yes, I feel safe and really well looked after" and "I feel very safe, relaxed and comfortable living here". People's relatives said that "It's a massive relief for the family knowing [relative's] safe and well looked after".

Records showed that staff had received training on safeguarding vulnerable adults. Staff told us that they felt people living at the service were safe. They said that they would be confident raising a concern if necessary and they believed that the registered manager would listen to any concerns and take appropriate action. The service had not made any safeguarding referrals, nor had we received any whistleblowing notifications since our last inspection. However, the service had safeguarding and whistleblowing policies and procedures in place. The registered manager had ensured that the relevant contact details for raising a concern were readily available to staff and people living at the service, as they were on display in both the staff office and the shared living room.

Risk assessments and management strategies were in place to encourage people to maintain their independence, whilst recognising and acting upon any deterioration in people's conditions in order to keep them safe. We spoke with staff about the people whose care plans we had reviewed and asked them to tell us what changes in behaviour and any side effects of their medication they needed to look out for. Staff were able to tell us what behaviour changes and side effects they should identify and what they should do in those circumstances. The actions staff told us they would take matched the information in the care plans, which showed us that staff knew the people they were supporting and how to keep them safe.

The registered manager showed us their 'grab file' for use in the event of an emergency. The file contained Personal Emergency Evacuation Plans (PEEPs) for each of the people living there. The PEEPs for each person had a photograph of them, clear information about what room they slept in and what assistance, if any, they would need to evacuate the premises in an emergency. The file also had a floor plan of the building which staff and emergency services could refer to, along with a list of emergency contact details.

The service's main fire safety file contained a fire risk assessment, which was carried out in August 2014 and this had been reviewed and updated annually. The registered manager told us that they practised full evacuation fire drills every six months. The fire alarm and emergency lighting was tested weekly and emergency escape routes were also checked every week. Staff checked the fire extinguishers at the home monthly and an external contractor was employed to service the fire extinguishers annually.

We looked at a range of safety certificates including gas, electric and legionella, all of which were up to date and confirmed the premises were safe. The registered manager ensured that the health and safety of the premises was maintained by regularly carrying out various risk assessments and audits.

The registered manager and staff completed weekly visual checks of the electrical appliances in the premises. Some of the portable appliances we looked at had stickers on them to show they had recently been tested but there was a lack of documentation in the management records to show what appliances

were being tested when and the results of any testing. We highlighted this to the registered manager who agreed to resolve this with the registered provider.

We saw that accident and incident policies and procedures were in place and the registered manager had documented any accidents and incidents that had occurred. There had not been any accidents or incidents that we should have been notified of since our last inspection. However, the registered manager was aware of their responsibility to notify us when necessary.

The staff files we looked at contained evidence to show the appropriate checks had been carried out during the recruitment process to ensure that staff were suitable to work with vulnerable people. This included having previous experience and qualifications relevant to their role at the service, verified references, photographic identification and the appropriate criminal records checks known as Disclosure and Barring Scheme (DBS) records. The registered manager told us that there was a staff disciplinary procedure but this had never been required.

People living at the service and their relatives told us that they felt staff were always available when people needed them, both during the day and at night. We saw that there was an adequate number of staff working to meet the needs of the people living at the service. On the day of our inspection the registered manager called an additional member of staff who was willing and able to come into work. This provided extra support for people whilst the registered manager assisted us with our inspection. The registered manager told us that the staff team are flexible and they work together to cover all shifts so they do not have to use agency staff. This meant that the people living there had consistent support from staff.

The registered manager told us that all staff are trained and qualified to administer medication. The registered manager regularly observed staff administering medication to monitor and maintain their competence in this area. The staff we spoke with told us that they felt they had the appropriate training to administer medication and they were confident doing so. The service had a medicines administration policy which was readily available to staff. There was also an up to date British National Formulary (BNF) in the staff office, which is a reference book providing wide-ranging advice and information on medicines. The registered manager told us that none of the people living there required and controlled drugs. However, they had a controlled drugs policy and appropriate systems in place, including secure storage to safely manage this if and when required.

Medication was stored safely in a locked cabinet in the office, which was also kept locked. We looked at the Medication Administration Records (MAR) for all eight of the people living at the service. The MAR charts were all up to date and correctly signed, timed and dated by staff. This showed that people received their medications in a timely manner. Any 'as required (PRN)' medications that had been given were also correctly documented on the back of the MAR charts. Records of what medicines were received and disposed of were kept by the registered manager. The registered manager also showed us the system they had put in place to record any medication people took out with them if they were going out for the day and to record any medication that they returned with.

Staff had had training on infection control and told us that they were competent using personal protective equipment (PPE) and managing infectious illnesses. During our inspection we observed that all areas of the premises were clean and tidy. We also noted that environmental health had inspected the kitchen in September 2016 and awarded it a five-star rating; the highest possible rating which it had also maintained from its last inspection in September 2014.

Is the service effective?

Our findings

We asked the people living at the service and their relatives if they thought staff had the skills and knowledge to do their jobs well. They told us "Yes, absolutely" and "the staff are great."

We looked at the staff training records and saw that staff had completed training the service considered essential. This included mandatory training such as safeguarding vulnerable adults, health and safety, fire safety, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS), safe handling of medicines, infection control and first aid. We also saw that staff had completed training specific to their roles and the people they were supporting, including mental health awareness, self-harm and diabetes. This meant that staff working at the service had the necessary training and skills to meet the specific and varied needs of the people living there.

Records showed that new staff were supported with an internal induction process and all staff had regular supervision and appraisal meetings with the registered manager. Staff told us that the registered manager was "very supportive and approachable."

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 Act 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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). There were no people living at the service who lacked capacity or were subject to DoLS. However, staff we spoke with confirmed they had had training on these subjects and were aware of the relevant key principles. There were policies and procedures in place to meet the requirements of the Mental Capacity Act 2005 and the associated DoLS if necessary.

The people we spoke with told us that staff asked for their consent when it was needed. For example, one person said that staff always explained what their medication was, what it was for and checked they were happy to take it before giving it to them. The care plans we looked at had signed consent from the person to confirm they understood and agreed with the information in their care plan.

We asked people what they thought about the food on offer at the service and if they get enough to eat and drink. One person told us "Absolutely, the food is great, we can ask for anything we want really and the staff will get it in for us." Another person said "I like the food, if I'm hungry I can help myself." One member of staff told us "People can choose to eat and drink what they like, it's their home." The registered manager explained that the people living at the service decided as a group what they wanted to eat each week and staff went out to buy it for them.

We observed lunchtime in the shared dining area. All of the people that were in at the time sat together at a table. There was a positive atmosphere and there were friendly interactions between people. We saw that

everyone ate all of the food on their plates and when we asked them if they had enjoyed their food they told us "Yes, it was very nice." One person we spoke with had diabetes and they told us that staff encouraged them to make sensible choices about their diet to keep them healthy.

There was an area for making hot drinks in the shared living and dining area which people used as and when they wanted to. We observed people independently making drinks for themselves, other people and sometimes staff.

We saw that people had been supported to personalise their own rooms and the people we spoke with told us they were happy with their rooms. The lounge and dining room was decorated in a homely way with comfortable seating and a large television that several people sat watching together on the day of our inspection. There was also a paved area to the outside of the premises. This was well-maintained and had a table and seating area overlooking the river. People told us this area was well-used when the weather was good, as it was when we visited. We observed people sitting outside relaxing and interacting with each other. There were times when staff joined people outside and sat talking with them and having a drink. This peaceful outdoor area was a real asset to the premises and was clearly highly valued by both the people living there and staff.

Is the service caring?

Our findings

The people we spoke to told us that the staff were "Really kind" and "Very generous, helpful and they ask me how I am." The relatives we spoke to said that staff are "Excellent, friendly and caring" and "Staff go above and beyond, I've been very impressed." One relative also told us "I couldn't speak more highly of the service. Thinking back to life before [relative] moved in, I wouldn't have believed they would ever be so well and happy."

We observed many positive and caring interactions throughout the day between staff and the people living at the service. People told us that they knew the staff well and they got on well with all of them. We spoke with several members of staff who fondly referred to the people living at the service as "The lads", which reflected the caring and well-established relationships people share at the service. People told us "The staff have always got time for you" and "The staff are always here to talk to you and listen to you if you need them."

The local community mental health team said that staff at the service were good at recognising and appropriately acting upon changes to people's behaviour. We observed an occasion when one person had become upset and anxious after talking about the previous manager of the service, who had sadly passed away, and the positive impact they had had on their life. The registered manager promptly recognised the person was upset and took some time to go sit somewhere quiet with them to reassure and comfort them.

One person liked to help staff with general chores, such as cleaning and the weekly food shop. Staff were aware that this person enjoyed these tasks and ensured that they were regularly involved in completing them. For example, this person would often go with a member of staff to the supermarket to help with the shopping. This person told us "I enjoy helping around the place, cleaning and shopping." We observed this person setting the table for people at lunchtime. We saw that being able to help with these tasks was good for this person's confidence and wellbeing.

During our inspection we observed one person say to the registered manager that they did not want to go to an appointment with the optician the next day. The registered manager explained that it was very important for the person to keep this appointment as it was part of their diabetic eye screening and they advised them to go. The person understood what the manager had explained to them and they decided to go to the appointment. However, they asked if a member of staff would be able to go with them. The manager reassured the person that they would make sure a member of staff would support them at the appointment.

We asked the registered manager if people had access to an advocacy service. The manager explained that there was a drop-in advocacy service every Friday at the local community mental health team's base. The manager explained that staff were able to support people in most instances but that they signpost people to the advocacy service if they are not sure. For example, when seeking advice on benefits arrangements and applications. The people we spoke with were aware of and had used the advocacy service the registered manager had told us about.

People told us that staff always respected their privacy and were sensitive towards issues of confidentiality. One example they gave us of this was that staff always knock on their door and never enter their room without asking first. We also observed that confidential information, such as people's care plans, was kept securely in the locked staff office.

We saw that people's dignity and independence was being maintained. People were well-kempt and staff encouraged people to maintain their personal hygiene. Staff supported people to do their own laundry and there were adequate facilities for people to do this. The registered manager also helped people by cutting their hair with clippers as and when they asked.

Is the service responsive?

Our findings

The people we spoke with told us that staff encouraged them to be independent by going out to do things. One person said "I'm happy going out to the shop, for a walk or to the daycentre. Staff make it easy for us and they support us to go out and do things we want to do." People also said "I am able to make choices about what to do but I need help. I lack confidence but staff help to reassure me and encourage me to do things and make choices for myself." A relative told us "Everyone living there gets on well together, nobody is left isolated."

The care plans that we looked at were person-centred and met the needs of the people living at the service. The files contained relevant information about the individual, such as their background, health, emotional, cultural and spiritual needs. There were daily logs of what the person had done that day, which were up to date. The care plans were regularly reviewed to ensure they were up to date and people were actively involved in planning and reviewing their care. People told us that they were aware of their care plans, they were happy with them and they were able to tell us how often they reviewed them with the registered manager.

Staff knew the people living at the service well and they were able to tell us about what they liked to do when we asked. We noted that the activities staff told us people liked to do reflected the information we had seen in their care plans. We saw that staff supported people to enjoy their hobbies and interests. One person living at the service had an interest in baking and on the day of our inspection they had arranged with a member of staff to bake a cake. We also found that, with the support of staff, some of the people living at the service cooked dinner for the other people on certain days. The people who did this told us they enjoyed cooking for everyone.

The registered manager told us that staff were willing and able to be flexible in order to meet everyone's individual needs and wishes. One example that we saw of this was one person who preferred to get up in the morning later than the other people living at the service. The registered manager explained that staff took this person's medication up to their room at an agreed time, which enabled them to stay in bed for as long as they want.

The registered manager told us that they held monthly residents' meeting so that everyone could meet to share ideas about things to do, give feedback about the service and that it gave staff the chance to update people on any important changes. We saw records to reflect this. The registered manager also explained that a permanent agenda item for these meetings was to remind people about the complaints procedure and how to raise a complaint. We saw the dates for these meetings were clearly displayed on the noticeboard in the shared living and dining room. The people we spoke with told us that they found the meetings helpful. One person told us that a 'movies afternoon' at the weekend was suggested at one of these meetings to avoid people getting bored. They said that staff had listened to their idea and they had helped to make this a regular activity, which people enjoyed.

We found that there had not been any complaints since our last inspection. However, the service had a

complaints policy in place. We saw that people were encouraged to make a complaint if they needed to and the details of how to do so were clearly displayed on the noticeboard. All of the people we spoke with told us they felt they could approach the registered manager or other staff with any concerns. They believed they would be listened to and any concerns they had would be dealt with.

Is the service well-led?

Our findings

People living at the service told us "The manager is lovely." The relatives we spoke with said they got on well with the registered manager. One relative commented "I've got a good relationship with the manager and all of the team." Another relative said "The service is well-managed, it's inclusive and the focus is that the place is these people's home." Staff said that the registered manager was caring, approachable and listened to them. They said "I love her, she's great."

There was a positive culture amongst staff, which focused on promoting people's independence and providing them with the support they needed. One person said "The atmosphere here is good, it's easy-going, laid back and helps me to feel happy. The staff and the residents get on great and we're all friends." The registered manager and staff were passionate about the visions and values of the service. They told us they aim to "Make the place feel like home, not an institution" and to "Make people feel safe, comfortable and that they can trust staff and come to us if needed." One member of staff said "I'm proud that people can trust me. They know they can come to me with any problems and they do." We saw that these visions and values were being delivered in the environment staff had created for people and their interactions with them.

We noted that most of the staff had worked at the service for a very long time, ranging from 12 months to 19 years. This demonstrated a very stable and well-established staff team that delivered continuity of care to the people living at the service. The staff team described how they willingly covered additional shifts for annual leave or sickness, as they recognised the importance of continuity for the people living at the service. The staff team were happy in their roles at the service and one member of staff said "I've worked in care for many years but here I've found a place that I love coming to work."

The registered manager knew all of the people living at the service and staff very well. They had worked at the service for 13 years and had held various roles until they became the registered manager in June 2016. There were clear lines of accountability and responsibility at the service. The registered manager told us that they had a good working relationship with the registered provider and they were well-supported by them.

Services that provide health and social care to people are required to inform the CQC of important events that happen in the service. We had only received one notification since our last inspection to notify us that someone had died. The registered manager was aware of their responsibility to send us notifications of significant events.

Staff had access to policies and procedures on areas of practice such as safeguarding, whistleblowing and safe handling of medicines. These were regularly reviewed by the service and provided staff with up to date guidance. We saw that there were weekly, monthly and annual audits in place to assess the quality and safety of the service provided. The management documentation and care records that we looked at were well-organised, easily-accessible and up to date. The registered manager was able to promptly find information and records for us when we asked.

The local community mental health team said that staff at the service were good at recognising and appropriately acting upon changes to people's behaviour. They also explained that staff often attend outpatient appointments with people to support them, which is not very common. Staff told us that they were confident working in partnership with other local health services to ensure all of people's needs are met, such as GP services and the local community mental health team.