

## EAM Lodge Community Interest Company

# EAM Lodge CIC

### Inspection report

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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

### About the service

EAM Lodge CIC (known as EAM Lodge) is a nursing home providing personal and nursing care to five young adults who have complex needs. The service can also support one person on a respite basis. Each person had their own room, with the use of a shared accessible bathroom. There is a large accessible garden to the rear of the property.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were observed to be relaxed and engaged with the care staff. Relatives were very positive about EAM Lodge and the kind and caring staff.

People's needs and possible risks were assessed, and clear guidance given on how staff would meet these identified needs.

People's complex health and nutritional needs were being met. Referrals were made to medical professionals appropriately. Staff knew where people required a modified diet; however, they did not always record when they added a thickener to fluids to reduce the risk of choking.

People received their medicines as prescribed. There was a safe system for the ordering, storage and recording of medicines.

A new management structure had been introduced. The registered manager was responsible for three small homes and an operations manager had been appointed for EAM Lodge. Staff enjoyed working at the home and said the management team were open, approachable and supportive.

Staff champions had been appointed for a variety of areas, including dignity, infection control and communication. The champions were starting to complete audits for the service, monitored by the operations and registered managers. The registered manager had completed a full audit of all areas in March 2019. Actions identified had been addressed.

People's communication needs were identified. Easy read information for a wide variety of topics was available. Staff read through the guides with people to assist their understanding.

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.

People were supported to take part in a variety of activities, both within the home and in their local community. Friendships had developed through these activities. With local people being invited to one person's birthday party and other events at the home.

Staff were safely recruited. People living at the service were involved in the recruitment process if they wanted to be.

Staff were positive about the training and support they received. Training was all up to date and annual observations of staff competency were completed. Staff found their supervision meetings and team meetings supportive and informative.

All incidents were recorded. A rigorous process was in place to investigate any incidents or complaints. Lessons learnt were shared across the providers three homes.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was good (published 10 January 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# EAM Lodge CIC

## 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.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

The service had a manager registered 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. The registered manager for EAM Lodge was also the registered manager for two other homes within the EAM group. Each of the three homes had an operations manager to assist the registered manager.

#### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection-

We spoke with one person who used the service. The other people living at the service had limited speech or were non-verbal. We interacted with people, observed and heard staff interacting and supporting people throughout the day of our inspection.

We spoke with six members of staff, including the registered manager, operations manager, the EAM social worker, nurse and support workers.

On the second day of the inspection we spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke by telephone with two members of night care staff and four relatives of people who used the service. This included relatives for two people who used the service for respite visits and two people who lived at the home.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

- Risks people may face had been identified and guidance provided for staff to manage these known risks. Risk assessments were regularly reviewed.
- When people had a respite stay at EAM Lodge, relatives were asked for any updates and changes in a person's support needs so that any risk assessments could be reviewed and updated as required.
- Weekly and monthly checks of the fire systems and water temperatures were completed. People had personal emergency evacuation plans (PEEPS) which informed staff and the emergency services of the support each person would need to evacuate the building in the event of an emergency. Regular fire drills were held.
- Equipment was serviced and maintained in accordance with the regulations. The home looked well maintained throughout.

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

- The person and relatives we spoke with thought they were safe being supported by the EAM Lodge staff. One relative said, "[Name's] safe; in my mind as long as [name] is happy that's all I want; and she is."
- Staff knew the reporting procedure for recording and reporting any concerns they had. They were confident that any issues raised would be fully investigated by the registered manager or the EAM social worker.

### Staffing and recruitment

- There were sufficient staff available to meet people's health and social needs. A qualified nurse was on duty at all times. Additional staff were rota'd to work if people's needs changed. A member of staff said, "There's now three staff on at night as [name] needs one to one support; it used to be two."
- Staff continued to be safely recruited, with all pre-employment checks being completed prior to the staff member starting work. Monthly checks were made to ensure all nurses employed continued to be registered with the Nursing and Midwifery Council (NMC).

### Using medicines safely

- People continued to receive their medicines as prescribed.
- There was a safe system for the ordering, storage and administration of medicines. Medicines administration records (MARs) were checked at the end of each shift to ensure they had been fully completed.
- Flash cards were used to quickly provide information about each person's prescribed medicines, detailing what the medicine was for, the dose and any side effects there may be.

- Medicines for people having a respite stay at EAM Lodge were checked and booked in to the service with a family member when the person arrived at the home. Any changes to the person's medicines was recorded.

#### Preventing and controlling infection

- The home was visibly clean. A cleaning rota was used to ensure all areas were regularly cleaned. A domestic staff had been appointed and was completing their pre-employment checks. This would allow care staff to spend more time with people living at the service.
- Staff had training in infection control and had access to personal protective equipment (PPE). A member of the staff team had recently been nominated as the infection control champion for the home. Their role was to oversee infection control and check that procedures were being followed.

#### Learning lessons when things go wrong

- Incident reports were reviewed by the operations and registered managers. If a formal investigation was required, the EAM social worker completed this. We saw these were thorough.
- Lessons learnt following an incident in any one of the three EAM homes were communicated and implemented across all of the EAM homes.



# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff were complimentary about the training and support they received. We were told, "We've got enough training; the refreshers are really helpful. We can talk about the training we want to do in our supervision meetings." Records showed staff had the training and support to carry out their role. Observations of competency were completed annually by the registered manager or a qualified nurse.
- EAM had recently purchased a suite of training courses which they were in the process of delivering to the staff team. The registered manager said this would enable them to relate the courses directly to the people EAM supports and make the courses more relevant to the staff.
- Staff received specific training to meet people's individual needs, for example epilepsy and Percutaneous endoscopic gastrostomy (PEG) feeding. Nurses completed clinical training to meet people's needs.
- New staff completed a comprehensive induction workbook, which included observations of their practice in a range of situations, for example personal care and moving and handling. New staff shadowed experienced members of staff to get to know people and their needs before going on the rota.
- Staff had regular supervisions to discuss their performance and any training and development. Staff said these were open discussions and they were able to raise and ideas or concerns they had.

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

- People's needs were assessed before they moved to the service or started to visit for respite. Any specific staff training, or equipment people needed would be arranged prior to their move or first visit.
- Before people visited for a respite stay staff would check with their family if there had been any changes in their health or needs since their last visit. Care plans and risk assessments were then updated, and staff informed of the changes.

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

- People's nutritional needs continued to be met by the service.
- Care plans reflected people's nutritional needs. Detailed guidance was in place where people required a modified diet, for example thickened fluids or pureed diet to reduce the risk of choking. Individual placemats had been made detailing people's dietary needs as a way to prompt and remind staff.
- However; the staff did not always record when they had added thickener to a person's fluids. A form had been introduced for this purpose but was not always completed. We discussed this with the operational and registered managers, who said they would re-iterate with the staff team the need to accurately complete the record form.
- Referrals were made to the speech and language team (SALT) where people were at risk of choking or losing weight.

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

- People were supported to maintain their health and access the healthcare services they required.
- Care plans gave clear information about people's health needs and how staff were to meet them. For example, detailed epilepsy care plans were in place, including when staff should administer recovery medication.
- Physiotherapists had provided information about exercises for people to do with staff support. Staff explained how they supported people with these exercises to maintain their joint flexibility.

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

- The home and garden were fully accessible. A walk-in shower, with suitable equipment was located on the first floor.
- People's rooms were personalised, they had been involved in choosing the colours and helping to make items for their rooms if they wanted to.
- At the time of our inspection, some re-painting of communal rooms was being undertaken. The registered manager had arranged for the work to be completed at night to reduce the disruption for the people living 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 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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was meeting the requirements of the MCA. Capacity assessments had been completed. A DoLS application had been made for everyone living at the service.
- Best interest decisions were made on people's behalf, involving their families (where appropriate), professionals and EAM Lodge staff.
- We observed and heard members of staff asking for consent before providing people with support.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- The relatives all said that their relatives enjoyed living at the service or visiting for a respite stay. A relative said, "[Name] is happy to go (to EAM Lodge); she's got friends there. I'm really pleased and wouldn't take [name] anywhere else."
- People were observed to be relaxed, smiling and settled with members of staff. Throughout our inspection we saw and heard positive interactions between people living at the service and members of staff. Staff had established strong relationships with people and were patient, kind and friendly.
- People's diverse needs, including cultural needs were assessed and staff supported people to meet these needs. For example, two people followed a halal diet and had the opportunity to listen to readings from the Koran on a cd. Another person was supported to attend the local church each week.
- The home had easy read information about relationships, which staff had read through with people.

Supporting people to express their views and be involved in making decisions about their care

- People's communication methods were recorded in their care plans. The possible meaning of gestures or actions was noted, for example if one person was banging the table they may want a drink.
- Objects of reference were used to let people know what the staff wanted to support them with. For example, one person was shown their toilet bag, so they knew they were going for a shower.
- People's likes, dislikes and information about their family and friends was recorded. A one-page profile was used to give an overview of people's support needs and preferences.
- Staff knew people, and the support they needed, well. A relative of a person who visited EAM Lodge for respite said, "They (the staff) tailor the activities and food for each of [name's] visits; they know she likes to do craft things and what she likes to eat."
- People were being supported to make their own 'life history book.' One relative told us, "They've been asking me about what we did as kids and getting pictures together."
- Relatives told us they had been involved in agreeing the care plans and were asked if there had been any changes in people's health and wellbeing needs before all respite visits.

Respecting and promoting people's privacy, dignity and independence

- Staff clearly explained how they maintained people's privacy and dignity when supporting them. People were supported to have privacy when friends or family visited if they wanted it.
- A dignity champion was now in place; they told us, "I ensure staff know what supporting people's dignity means and we discuss it at team meetings."

- People were involved in day to day activities where possible, for example helping make the meals.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Person-centred care plans detailed people's care and support needs. They included guidance for staff, so they could meet these identified needs. Care plans included what the person liked or disliked in relation to the support detailed in the plan.
- Relative's told us they were involved in agreeing the care plans and were invited to attend all review meetings.
- Detailed daily records were made of the support for each person. This enabled staff to be fully aware of what people had done and the support provided.
- Where appropriate, technology been identified to meet people's needs. For example, due to the deterioration in one person's condition a seizure monitoring machine for use at night had been purchased so respond at night when needed, without having to continually be in their bedroom.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service used easy read guides to assist people to understand information about a range of subjects, for example how to make a complaint, keeping safe and oral hygiene. Staff went through these guides with people. Easy read guides for specific topics, for example for a medical procedure, were used to give people information about what was going to take place.
- The service had referred one person to be assessed for an 'eye gaze board' to help them to communicate as their verbal communication had reduced due to their condition. This assessment was currently in progress.
- Picture cards were used with some people. For example, one person had cards detailing their family, gestures used for communicating and their prescribed medicines.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in a wide range of activities, both within the home and in their local community. These were based on their individual interests and needs.
- The service arranged for people to visit the home with adapted equipment, so people could take part in sewing and pottery activities. Music entertainers also visited the home each week.
- People accessed local community groups, for example a local lunch club and wheelchair dancing. One

person had also been supported to compete in the national wheelchair championships, where they had won in one category.

- This had led to friendships being made, with people from the wider community coming to one person's special birthday party.
- People were supported to go on a holiday with staff support if they wanted to do so.
- One relative said, "[Name] is always out and about or people go there (to the home), for example arts and crafts or having parties."

#### Improving care quality in response to complaints or concerns

- EAM Lodge had a complaints policy in place. Information was also available in an easy read format.
- Relatives said they would speak directly to, or email, the staff or managers if they had any concerns. Any issues had then been sorted out. As a result, no formal complaints had been received in the last 12 months.

#### End of life care and support

- No one was at the end of their life at the time of our inspection.
- An end of life training course was part of the suite of courses recently purchased by EAM and was planned to be used to give staff more confidence to discuss end of life choices with people and their families.

# 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 high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A new management structure was in place at the provider, with the registered manager overseeing three small homes. An operational manager had been appointed for each home to support the registered manager. Staff were clear about each managers role and who they would report to.
- Staff champions had been appointed for a range of areas, including dignity in care, infection control and nutrition. A role description was in place and additional training arranged. The champions led discussions in team meetings for their area, advised their colleagues in good practice and informed the managers of any areas of concern.
- A range of audits and checks were completed, including for record keeping, health and safety, medicines and infection control. The registered manager had completed all of these in March 2019 and an action plan produced for the operations manager, which had been completed or the actions were underway.
- The staff champions were going to complete the audit for their topic area and feedback to the operations and registered manager, so any shortfalls could be rectified. This had already been started by some of the staff champions, for example record keeping and medicines.
- Staff were positive about the champions role and saw it as developing their skills. One member of staff said, "I think the champions are working okay. I've had feedback that they hadn't thought about some of the things we'd discussed 9at a team meeting) and so they're learning from it."

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

- People were observed to be happy and relaxed in the company of staff. Relatives were very positive about the support the service provided. One relative said, "It's really good, you can tell they're (the staff) are fond of them (people living at the service)." A compliment received from another relative read, "Thanks for arranging such an amazing party for my brother [name]. The staff are all amazing."
- Staff said they felt fully engaged with the service and the management team were approachable and very supportive. Regular team meetings were held where a learning topic was discussed, led by the staff champion for that area. Topics already discussed included communication and oral care, where staff had cleaned each other's teeth, so they experienced what this felt like. A large wall blackboard was used to record discussion points for these meetings.
- The staff we spoke with said the service had a homely environment and everyone was treated as if they were family. A professional visitor had written, "The home is warm and very homely. The staff are very passionate and there are lots of activities going on."

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

- A wall in the conservatory area had been painted as a 'lottery of dreams' wall. Staff had supported people to choose different dream activities they wanted to do during 2019. These included going on holiday, buying sensory lights and going shopping for new clothes. Some of these had already been taken place, with others planned for the rest of the year.
- People were included in the staff recruitment process, asking questions if they wanted to as part of the staff interview.
- Relatives said they were involved in the service and kept fully informed about any changes in their relative's support needs or health. Relatives were invited to attend all reviews.
- A survey for families and people using the service had been completed in May 2018. The results had been collated and were seen to be overwhelmingly positive. The provider had not issued the 2019 survey at the time of our inspection.
- People were supported to make local connections, including attending a luncheon club at a local pub, going to the local church and wheelchair dancing. Neighbours and friends from these clubs had attended one person's birthday party and coffee mornings held at the home.

Continuous learning and improving care; 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

- There was a rigorous investigation process in place following incidents or if a concern was raised. This was completed by the provider's social worker, who covered all three of the providers homes. The outcomes from these investigations were used for learning across the whole organisation.
- The provider was open with external bodies and relatives about any incidents and the outcomes of any investigation. The CQC was notified of any serious events as required by law.

Working in partnership with others

- The service worked well with medical professionals and specialists to meet people's complex care needs.
- The registered manager and operations manager had started to attend meetings for local providers and national care organisations, for example Skills for Care. Skills for Care supports providers to develop the skills of their workforce.