

# Royal Masonic Benevolent Institution Ecclesholme

## Inspection Report

Vicars Street  
Eccles  
Manchester  
M30 0DG  
Tel:0161 7889517  
Website:

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## Contents

### Summary of this inspection

	Page
Overall summary	2
The five questions we ask about services and what we found	3
What people who use the service and those that matter to them say	6

### Detailed findings from this inspection

Background to this inspection	7
Findings by main service	8

# Summary of findings

## Overall summary

Ecclesholme Care Home is situated in the Eccles area of Manchester and provides care and support for 50 adults. The home does not provide nursing care. The home is a three storey purpose built home set in its own grounds with safe and secure garden areas. Car parking at the front of the home is available. The home is close to shops and other local amenities.

Below is a summary of what we found. The summary is based on our observations during the inspection, discussions with people who use the service, their relatives, the staff supporting them and the records we looked at.

At the time of our inspection 46 people were living at the home. The manager told us 36 of those people had a dementia related illness.

Systems were in place to ensure that people were protected against the risk of potential harm or abuse. Staff had access to policies and procedures to guide them in areas such as safeguarding from abuse, Mental Capacity Act 2005 (MCA), deprivation of liberty safeguards (DoLS), confidentiality and recruitment.

Effective recruitment procedures were in place so people were safe and their health and welfare needs were met by appropriately recruited staff.

Sufficient numbers of staff were on duty to ensure people were supported. Staff had undertaken appropriate training in areas such as moving and handling, dementia awareness, infection control and end of life care.

We found the care records provided staff with information about the individual needs of people and directed staff on how care and support was to be delivered. We saw care records were safely and securely stored to maintain confidentiality.

We saw arrangements were in place to ensure people were supported to have adequate nutrition and hydration. People were provided with a choice of food and drinks.

We saw people were offered a wide range of activities both in the home and within the local community.

We saw privacy and dignity was respected when staff supported people with their personal care needs. Staff were seen to escort people to their own room or bathroom so care could be provided in private.

Suitable arrangements were in place to monitor the quality of the service to check people were receiving a good quality service. The home was maintained to a good standard with a rolling programme of decoration and refurbishment. Maintenance checks were made to premises and to the servicing of equipment helping to ensure people were kept safe.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### **Are services safe?**

Staff received training in a number of areas, including moving and handling, dementia and first aid in order to enable them to deliver care safely. Staff had received training in the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. The manager was aware of the procedures and the legal requirements to follow if a situation arose where a person needed to be deprived of their liberty ensuring their human rights were upheld.

Staff had undertaken training in safeguarding; this had been updated as required. Staff with whom we spoke with had a good understanding of whistleblowing procedures and knew who to speak with if they had any concerns.

We saw staff responded quickly and efficiently to attend to people's needs. There were enough staff on duty to meet the needs of the people living at the home. This meant staff had time to sit and spend time with people chatting.

Risk assessments were in place for each person who used the service. There was clear guidance for staff on how to manage each individual risk so that people were protected against potential harm or injury.

Checks were carried out at regular intervals to ensure staff were following people's care plans and that the information was current and up to date.

We saw rigorous recruitment procedures were in place when employing new staff. Information was accurate and suitable checks had been carried out to help protect people from any form of abuse.

### **Are services effective?**

People had an individual care plan in place. Information included personal details, health, and medication and identified areas of risk and how these were to be managed. This helped ensure people received safe and effective care. We saw staff responded to people's needs effectively and efficiently.

We saw in the care plans where people were able to make their own decisions about their care and welfare. Systems were in place for people who required assistance with decision making.

# Summary of findings

We saw evidence within the care plans of people's individual abilities and strengths and what assistance was required by staff to help people achieve their goals. We saw the care plans had been regularly updated and any amends to the plan of care had been documented.

People's needs were taken into account with appropriate signage to help with orientation around the building. The layout and design of the building enabled people to move freely around the home. There were quiet areas so people could have time alone or to meet with their visitors.

Ecclesholme is a Masonic home, therefore fellowship meetings were arranged so masons could still participate in group meetings. The home welcomes people who are not masons.

The programmed TV set in the reception area provided people with daily information of who was visiting the home and events taking place. Other information and leaflets were available about the service and the care and support provided.

We saw systems were in place to ensure staff received training and support. Staff had undertaken health and safety training and refresher dates were planned on the training matrix as required.

Staff meetings were held on a regular basis and minutes of the meetings had been recorded. Staff supervisions and annual appraisals had been completed and recorded. These meetings enabled staff to discuss any concerns and further training and development they wished to be considered for.

## **Are services caring?**

We saw staff interacting with people in a kind and respectful manner. They took time to observe body language and facial expressions so that they to ensure they were delivered care in accordance with people's wishes. People told us the staff were very kind and they were caring.

We saw staff had time to engage with people and staff were seen sat chatting and helping with activities.

We observed staff treated people with dignity and respect when supporting them with care and when entering their bedrooms. We saw staff knocking on doors and waiting for a response before entering.

We spoke with one of the district nurses who was visiting some people at the home. They told us they had no concerns about the care their patients received.

# Summary of findings

## **Are services responsive to people's needs?**

People were encouraged and supported to make decisions for themselves. For others where decision making was difficult the staff worked closely with family members and healthcare professionals to help ensure they were supporting people appropriately. If required independent advocates would be involved to act in people's best interests.

The home had a complaints procedure advising so people and visitors how they could raise any concerns or complaints and know how these would be dealt with.

We saw a wide range of activities were available both in and outside the home. We saw people enjoying a reminiscence session with a member of staff and displays of arts and crafts were on view around the home

We saw arranged visit dates from local churches when clergy would be visiting the home for holy communion and prayers so people's spiritual and religious needs were met.

## **Are services well-led?**

Communication between the management and staff was good and we were told the manager had an 'open door' policy so people living at the home, their relatives and staff could approach the manager at any time. Staff with whom we spoke told us they felt confident in approaching the manager if they had any concerns. We saw evidence of staff supervisions and appraisals for all staff throughout the year.

The quality assurance systems evidenced a significant amount of monitoring, analysis and response to any shortfalls or improvements identified so people living at the home received a good quality of care.

The manager was well supported by senior management who visited the home on a regular basis to carry their own internal audits and monitoring.

The manager notified the Care Quality Commission as required by legislation of any accidents or incidents which may occur at the home and what actions had been taken to ensure people safety.

We saw an adequate number of staff on duty. The manager confirmed staffing levels were regularly reviewed to meet the needs of people living at the home.

# Summary of findings

## What people who use the service and those that matter to them say

During our inspection we spoke with six people who lived at the home, three visitors, five members of staff and a district nurse. The Quality Assurance Compliance Manager for the company was also present during our inspection.

People living at the home whom we spoke with were complimentary about the manager and staff team. One person told us “The staff are lovely; they look after me really well”. Another said, “It’s a nice home, it’s clean and the food is good”. One visitor we spoke with told us, “They look after my relative really well. If there’s any problems they let me know. I can go home knowing my relative is safe”.

We saw a copy of a recent email that had been sent to the home from a relative, some of the comments included, “My relative is clearly happy and well cared for, showing no signs of distress or anxiety. The member of staff that helped my relative with care showed outstanding compassion, sensitivity and genuine care”.

For some people communication was difficult. We observed how staff interacted with them and how they offered the care and support they required. We saw staff treated people with dignity and respect when offering them support.

# Ecclesholme

## Detailed findings

### Background to this inspection

We visited Ecclesholme on the 15 April 2014. We looked around the home including the communal areas and some bedrooms. We spent time speaking with people who used the service, members of staff, the administration staff and the management team.

The last inspection of Ecclesholme took place on 23 April 2013 and no areas of concern were identified.

The inspection was carried out as part of the first testing phase of the new inspection process the Care Quality Commission (CQC) is introducing for adult social care services. We set out to answer our five questions; Is the service safe, effective, caring, responsive and well led?

For the purpose of this inspection a visit was carried out by an Inspector from the CQC.

We spoke with six people who used the service, three visitors and a district nurse. We looked at some care plans, staff personnel files and servicing certificates to ensure the safety of people living and working at the home.

Before our inspection, we reviewed all the information we held about the home, including any complaints, notifications and any safeguarding referrals. We also spoke with the Salford Safeguarding Review and Extra Housing Care team to seek their views about the service.

# Are services safe?

## Our findings

We asked the manager what systems were in place to protect people from potential harm or abuse.

We saw company policies and procedures were in place with regard to safeguarding, whistleblowing, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We also saw robust recruitment procedures were in place so people who used the service were safe and their health and welfare needs were met by staff who had been effectively recruited.

We were shown the training matrix which indicated which staff had completed training in the MCA and DoLS and which staff had still to complete the training.

We looked at staff training records to see if training in safeguarding, MCA and DoLS had been provided for staff. Information provided showed 100% of staff had completed training in safeguarding and 90% staff had completed MCA and DoLS. All the staff spoken with confirmed they received regular training, which included areas of protection. What staff told us demonstrated they knew what action to take if they suspected abuse or if someone raised a concern with them. This level of training was very good and demonstrated staff's commitment in protecting people living at the home.

We asked the manager if any applications to deprive a person of their liberty had been made to the supervisory body (local authority). We were told that no applications had been made.

We entered the home through two sets of automatic doors that led into a large reception area. The reception desk was staffed and people could see who was arriving and leaving the home. We saw some people were able to go out independently. Some people were seen being accompanied out of the home by staff to maintain their safety.

We saw for some people decision making was difficult. We saw the manager had taken appropriate steps to ensure other healthcare professionals for example GPs, independent advocacy services, social workers and people's relatives were consulted and involved in acting in people's best interests to safeguard their individual rights.

We looked at the personnel files for four members of staff. We saw a fully completed application form, written references, terms and conditions and other forms of identification. We saw criminal records checks carried out by the Disclosure and Barring Service (DBS) had been completed. We saw recruitment procedures were robust. Information was accurate and suitable checks had been carried out to help protect people from any form of abuse.

On the day of our visit we saw a sufficient number of staff on duty to meet the needs of people living at the home. We observed staff responded quickly and efficiently to people when assistance was required.



# Are services effective?

(for example, treatment is effective)

## Our findings

People we spoke to told us they were involved in decisions about their care and were able to express their wishes about their daily lives. We observed staff asking people about choice of meals and drinks, or which room they wished to go in. We saw some people taking part in activities of their choice including a reminiscence group whilst other people were sitting in the reception area where there was a range of reading material and age appropriate music. Some people were also seen watching television, whilst some people preferred to remain in their own rooms.

We were told where specific decisions needed to be made about people's care and welfare; additional advice and support would be sought. Information was available for people to access independent advocacy services if required. One visitor we spoke with told us the staff involved them in helping to make some decisions about the care for their relative who found it difficult to communicate choices.

Individual care plans were in place with regards to people living at Ecclesholme. Records were easily accessible for staff to refer to. We saw staff completing and updating information on the electronic system and in the paper records.

We saw people had been assessed prior to admission to the home to ensure their individual care and support needs could be met. We saw detailed care plans were in place; these were currently being transferred to electronic copies. Information in the care plans included risks assessments, information about people's mobility, health and welfare and medication. Personal choices, preferences, activities and a social history were also recorded. Other information included visits from other healthcare professionals for example GPs, Speech and Language therapists and occupational therapists. The programmed TV screen in the reception area informed people of when a GP was to visit the home if anyone wished to see them. It also informed people of other professional visitors to the home so people were aware there may be unfamiliar faces around the home.

During the inspection we spoke with staff about training and development options available to them. Staff

confirmed they received regular training and updates. We saw on commencing work at the home staff had completed a full induction programme. This included the homes policy and procedures and what their role entailed.

We saw the training included moving and handling, protection of vulnerable adults, fire safety, end of life care, MCA and DoLS, food hygiene, medication, infection control, dementia awareness and first aid.

We spoke with the manager about staff supervisions and appraisals. We were provided with staff names, their last supervision date and the date of the next supervision session. Staff we spoke with confirmed they had received recent supervision either with the manager or senior staff. These meetings provided staff with the opportunity to discuss any issues or concerns they may have and further training and development needs.

Ecclesholme is a three storey purpose built building; access to upper floors was available by passenger lift. We looked around the home and in some bedrooms and communal areas. The home had a number of lounges, dining areas, an adequate numbers of bathrooms and toilet facilities on each floor. The home was warm, clean and nicely decorated. We saw some of the doors were brightly painted with numbers and door knockers to help people recognise their own rooms. All bedroom doors were fitted with locks that could be overridden by staff in the event of an emergency. Bathroom and toilet doors were also fitted with locks to ensure people's privacy and dignity.

There were quiet areas within the home where people could spend time with their visitors privately if they wished.

The large reception area was equipped with seating and tea or coffee facilities for people to help themselves to drinks. This area was busy and was the 'hub' of the home and on the day of our visit the area was well used by people who lived at the home.

As this home was caring for a high number of people with dementia, different reminiscence aids were in place. There was an old fashioned sweet shop in the reception area for people to buy sweets that were weighed on old fashioned scales with weights. A seaside area equipped with a Punch and Judy show to remind people of family holidays. There was an old fashioned shop front where people may remember some of the household items they used to have at home. Items in the shop could be handled.

# Are services effective?

(for example, treatment is effective)

On the 1st floor there was an exercise area with two 'easy tone chairs'. This area was being developed and further fitness equipment was to be purchased.

A room for Masonic lodge meetings was available so people could continue to be involved and meet with other masons. The room was used for and other activities such as pool and dominoes. The room was also equipped with a bar so people were able to enjoy a drink if they wished.

We saw the home was equipped with suitable aids and adaptations, for example there was clear signage to assist people with orientation around the home. We saw grab rails were fitted in bathrooms and toilets to assist people.

The garden area had flat access so that people with restricted mobility could utilise the outdoor space safely.

We saw the premises were well maintained and the home was clean and well-furnished so people who used the service could live in a comfortable environment.

We were provided with certificates for the servicing and maintenance of equipment and appliances within the home. These were seen to be valid and up to date ensuring people living, working and visiting the home were safe.

# Are services caring?

## Our findings

When speaking to the manager and staff it was evident they had a good understanding of the people they were caring for. One visitor spoken with told us, “They [the staff] have got to know my relative and although they struggle with some words they [the staff] know what they want”.

We heard staff speaking to people in a respectful, kind and caring manner. People were called by their preferred name which was detailed on the care plan. We saw staff responded quickly to people’s requests for example drinks and snacks and assistance with going to the bathroom. We heard staff asking people about their preferences of what they wanted to drink and offering a choice of snack rather than just giving them out.

We observed staff treated people with dignity and respect when supporting them with care and when entering their bedrooms. We saw staff knocking on doors and waiting for a response before entering. We observed and heard a friendly rapport between people who use the service and

staff. We heard staff explaining to people what they were doing and why they were doing it and if it was alright to do so before carrying out any intervention so people were not taken by surprise.

We spoke with one of the district nurses who was visiting some people at the home. They told us they had no concerns about the care their patients received nor had they seen anything that gave them cause for concern. We were told staff were always available to assist them when needed and the staff were responsive to any advice given relating to people’s care.

People we spoke with told us, “They [the staff] look after us very well, I am happy here”. Another said, “I have no complaints, if I had I would tell the carers”.

Suitable arrangements were in place to support people to hospital appointments. Staff would escort them if family members were not able to attend so people would not have to go alone. Information would then be shared with relevant people to ensure consistency in their care, for example any change in medication or treatment.

# Are services responsive to people's needs?

(for example, to feedback?)

## Our findings

People were provided with information prior to moving in to the home. One person told us they had heard about Ecclesholme and it was close to the family home so they could easily get to visit. We were told they had been able to come and look around the home and ask any questions before making any decisions.

A thorough assessment of people's needs was carried out prior to moving in to the home to ensure their individual care could be met. We saw people's dietary needs, mobility and any equipment required had been identified in the care plans.

A number of people living at the home had limited communication depending of their level of dementia. Therefore they were not able to tell us what they thought about the care and support they received. We observed staff were sensitive to their needs and offered support and encouragement. We observed people's body language and facial expressions were relaxed when staff approached them. We heard staff explaining what they were going to do and why before carrying out any tasks.

For others communication was not an issue and they told us they were able to make decisions about rising and retiring, select their choice of clothes, choice of meals and how they wished to spend their day. We saw evidence people's preference were recorded in the care plans we looked at. Input from relatives was sought to ensure individual preferences were met.

We saw there was a good ratio of male and female staff and mature and younger staff made up the team. This gave

people who used the service the choice of a male or female carer. Documentation in the care records indicated people's choices and preferences were respected. We observed people were comfortable with the staff and they interacted well together.

We saw people who used the service were offered a wide range of social activities. People had the choice of participating or not. We saw some people preferred to watch what was going on. Activities included chair exercises, quizzes, reminiscence sessions, music sessions, arts and crafts of which we saw displayed around the home, computer games, film shows and indoor curling. Trips out to local venues were also arranged.

We spoke with the manager about how complaints or concerns would be addressed. The home had a complaints procedure accessible for all people to read. We saw evidence that a complaint had been dealt with appropriately within a given timescale. One person we spoke with told us, "If I had any concerns or complaints I would tell the staff or the manager. If you don't tell them they won't know". The manager had an 'open door' policy so people who used the service, relatives and staff could approach her at any time. We also saw a number of compliments from relatives thanking the manager and staff for the care their relatives received.

We were shown the results of the latest satisfaction questionnaire from 2013. People's responses were positive with 100% saying people were treated with dignity and respect and 100% for staff assistance being readily available.

# Are services well-led?

## Our findings

The service had a manager who was registered with the Care Quality Commission. The manager was supported by the company's management team and senior care staff within the home. We were told staff turnover was low; therefore people were supported by people they knew and could trust.

The manager told us she spends as much time as possible on the floor so people living at the home and relatives so they could speak to her at any time. From our discussions with the manager it was evident she knew all the people living at the home and how their care needs were to be supported and met. People who used the service, the staff and visitors were complimentary about the management of the home and felt confident that any concerns or issues would be dealt with swiftly and effectively.

We were told by the manager staffing levels were regularly reviewed and extra staff were brought on duty if required.

We noted the paper care records were securely stored when not in use ensuring confidentiality was maintained and laptops were closed down.

As part of our inspection we spoke with the Salford Safeguarding Review and Extra Housing Care team to seek their views about the service. No issues of concerns were raised by the team. We also spoke with the visiting district nurse who was happy with the care people received.

Satisfaction surveys were sent out to people who used the service and their families. Responses were positive with 100 % of people saying staff treated people with dignity and respect, 100 % said staff assisted promptly when required.

We saw systems were in place to monitor and review the quality of the service. Audits were completed by the manager and by the company's Quality Assurance Compliance Manager. These included, care plans, medication, falls, mattress checks, safeguarding and pressure care.

Accidents or incidents had been recorded and reported to the CQC as required by current legislation.

We saw evidence of team and resident/relative meetings were people were given the opportunity to discuss any issues regarding the service and any areas where improvements could made.

We saw staff received regular supervision meetings and annual appraisals with senior staff. These meeting provided staff with the opportunity to discuss any concerns or issues they may have and any further training or development they wished to undertake.