

Mr & Mrs S Gill

# Eastwood Lodge

## Inspection report

49 Eastwood Road  
Goodmayes  
Essex.  
IG3 8UT  
Tel:

Date of inspection visit: 23 and 24 March 2015  
Date of publication: 02/06/2015

### Ratings

#### Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

### Overall summary

This unannounced inspection took place over two days on 23 and 24 March 2015.

Eastwood Lodge is a 19 bed care home providing accommodation and care for older people, including people living with dementia. The service is accessible throughout for people with mobility difficulties. 17 people were using the service when we visited.

The service had a registered manager. 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 and associated Regulations about how the service is run. The registered manager was also the registered provider of the service.

During this inspection, we found that the arrangements for managing medicines were satisfactory. However we have made a recommendation to improve this and to ensure that staff have information to enable them to make decisions about when to give certain medicines.

# Summary of findings

At most times staffing levels were sufficient to safely and effectively meet people's needs. However, we have made a recommendation that staffing levels at weekends be reviewed to ensure that people's needs are safely and effectively met at all times.

People used a service that was clean and suitable for their needs.

Staff received the training and support needed to provide a safe service that met people's needs.

Staff supported people to make choices about their care and systems were in place to ensure that their human rights were protected and that they were not unlawfully deprived of their liberty.

There were systems in place to monitor the quality of service provided. This supported people to receive a service that was effective and responsive to their needs.

We saw that staff supported people patiently and with care and encouraged them to do things for themselves. Staff knew people's likes, dislikes and needs. They provided care in a respectful way.

People and their relatives told us that Eastwood Lodge was a safe place to be. One relative said, "Everything is fine. [My relative] is very safe there."

People were happy with the meals that they received. We saw that people's nutritional needs were met. If there were concerns about their eating, drinking or weight, this was discussed with the GP. Any support and advice from healthcare professionals was followed by staff in order to maintain people's well-being.

People were happy to talk to the manager and to raise any concerns they had. They told us that the management team were "good."

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

Not all aspects of the service provided were safe. There were not clear guidelines for administering all of people's medicines.

There were times at weekends when staffing levels were not sufficient to safely meet people's needs.

Standards of cleanliness and hygiene were satisfactory.

Systems were in place to keep people as safe as possible in the event of an emergency arising.

Systems were in place to ensure that equipment was safe to use and fit for purpose.

**Requires Improvement**



### Is the service effective?

The service was effective. The staff team received the training they needed to ensure that they supported people safely and competently.

Systems were in place to ensure that people's human rights were protected and that they were not unlawfully deprived of their liberty.

People told us that they were happy with the food and drink provided. They were supported by staff to eat and drink sufficient amounts to meet their needs.

People's healthcare needs were identified and monitored. Action was taken to ensure that they received the healthcare that they needed to enable them to remain as well as possible.

**Good**



### Is the service caring?

The service was caring. We saw that staff supported people in a kind and gentle manner and responded to them in a friendly way.

People received care and support from staff who knew about their needs, likes and preferences.

Staff provided caring support to people at the end of their life.

**Good**



### Is the service responsive?

The service was responsive. People were encouraged to take part in activities and visiting entertainment was arranged.

Systems were in place to ensure that the staff team were aware of people's current needs and how to meet these.

The service was responsive to people's healthcare needs. People told us that staff responded quickly if they called for assistance.

**Good**



# Summary of findings

## Is the service well-led?

The service was well-led. People were happy with the way Eastwood Lodge was managed and with the quality of service.

The management team monitored the quality of the care provided to ensure that people received a safe and effective service.

People, relatives and staff said the registered manager was approachable and available to speak with if they had any concerns.

Good



# Eastwood 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 inspection took place on 23 and 24 March 2015 and was unannounced on 23 March 2015.

The inspection team consisted of a lead 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 service.

Before our inspection, we reviewed the information we held about the service. We contacted the commissioners of the service to obtain their views about the care provided.

During our inspection we spent time observing care and support provided to people in the communal areas of the service. We spoke with five people who used the service, seven staff, four relatives and two healthcare professional. We looked at four people's care records and other records relating to the management of the home. This included three sets of recruitment records, duty rosters, accident and incidents, complaints, health and safety, maintenance, quality monitoring and medicines records.

# Is the service safe?

## Our findings

Not all aspects of the care provided were safe. Although people felt that there were sufficient staff on duty to meet their needs, we found that this was not always the case. One person told us, “If I need help at night I use my buzzer and they do come quite quickly.” A relative said, “There are enough staff. If someone shouts to go to the toilet they respond.” The service is registered for 19 people and at the time of the inspection 17 people were using the service. From Monday to Friday in addition to care staff, the manager and two deputy managers were on duty. However, at weekends there were only care staff on duty. We found that each day between midday and 5pm there were only two care staff on duty to support people, some of whom needed staff help to eat. In addition staff prepared the teatime meal. At weekends between midday and 5pm the two staff on duty provided any care needed, supported people with eating, administered medicines, answered the telephone and the door and dealt with any issues that arose. Staff told us that the manager lived nearby and that, “She will come if needed.” However due to people’s needs and the duties that staff were required to carry out **we recommend that the provider reassesses staffing levels and action any required changes to ensure that people receive consistent and safe support at all times.**

People told us that they felt safe living at Eastwood Lodge. One person said that they felt very safe and could lock the door if they wanted to. Relatives also felt that people were safe. One relative said, “Everything is fine. [My relative] is very safe there.”

At this inspection we looked at medicines records, storage, administration and monitoring. Medicines were administered by staff who had received medicines training. This training was a distance learning package and in addition the pharmacist also visited to provide training. The manager and deputy determined when staff were competent to administer medicines. They did this by observation but had recently developed a competency assessment tool which they told us would be used in the future. Therefore adequate systems were in place to ensure that staff had the necessary competency and skills to safely administer medicines.

Medicines were securely and safely stored in a medicine trolley which was kept locked and attached to the wall to ensure it could not be moved or opened by unauthorised persons. Only senior staff had access to the medicine trolley.

For other medicines we saw that the medicines administration records (MAR) included the name of the person receiving the medicine, the type of medicine and dosage, as well as the date and time of administration and the signature of the staff who administered it. We saw that the MAR had been appropriately completed and were up to date. This meant that there was an accurate record of the medication that people had received.

People received most of their prescribed medicines safely. However we found that there was no guidance for staff about the administration of medicines which were prescribed on an ‘as required’ basis. There was no information about the circumstances under which these should be administered or the gap required between doses. There was no information to enable staff to make decisions as to when to give these medicines to ensure people received these when they needed them and in way which was safe.

**We recommend that the provider reviews the administration and recording of ‘as required’ medicines in line with current guidance and take action to update their practice accordingly.**

Staff were aware of the safeguarding policies and procedure in order to protect people from abuse. They were aware of different types of abuse. They knew what to do if they suspected or saw any signs of abuse or neglect. Staff told us that they had received safeguarding vulnerable adults training and they were confident that the manager would deal with any concerns they raised. One member of staff told us, “I would definitely raise issues and they (management) would take it seriously. They take everything seriously.” A healthcare practitioner told us that they had, “No cause for concern” about the way people were treated and cared for. They added that there were not any issues with regard to injuries that should be preventable such as skin tears and pressure area sores.

The provider had appropriate systems in place in the event of an emergency. Staff had received emergency training and were aware of the evacuation process and the procedure to follow in an emergency. There was an

## Is the service safe?

emergency planning folder containing information and guidance that would be needed in the event of an emergency. The provider had an arrangement in place by which people could be taken to another nearby service if the need arose. Systems were in place to keep people as safe as possible in the event of an emergency arising.

Records showed that equipment was serviced and checked in line with the manufacturer's guidance to ensure that it was safe to use. Gas, electric and water services were also maintained and checked to ensure that they were functioning appropriately and were safe to use. The records also confirmed that weekly checks were carried out on fire alarms and call points. Systems were in place to ensure that equipment was safe to use and fit for purpose. Although baths, showers and sinks were fitted with regulator valves to prevent water from these being too hot there was not a system in place to check that these

remained within a safe range. This therefore increased the risk of people being scalded. **We recommend that the provider reviews the monitoring of hot water temperatures and takes action to further lessen the risk of scalding.**

The provider's recruitment process ensured that staff were suitable to work with vulnerable adults. This included prospective staff completing an application form and attending an interview. We looked at three staff files and found that the necessary checks had been carried out before staff began to work with people. This included proof of identity, two references and evidence of checks to find out if the person had any criminal convictions or were on any list that barred them from working with vulnerable adults. When appropriate there was confirmation that the person was legally entitled to work in the United Kingdom.

# Is the service effective?

## Our findings

The service provided was effective.

People responded positively about the home and the care provided. One person told us, “The carers are all known to [my relative] and are very effective in looking after them very well.”

Records showed that staff had received a range of training including dementia, safeguarding vulnerable adults, moving and handling, fire safety, medicines and health and safety. They told us that they received the training they needed to support people who used the service. One member of staff said, “There is lots of training.” Another confirmed that when needed training was updated each year. Most of the staff team had either already obtained or were working towards a qualification in health and social care. People were supported by staff who received appropriate training to enable them to provide an effective service that met their needs.

Staff were clear that people had the right to and should make their own choices and understood that people’s ability to make choices could vary from day to day. Some staff had received Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) training in 2013. The MCA is legislation to protect people who are unable to make decisions for themselves and DoLS is where a person can be legally deprived of their liberty where it is deemed to be in their best interests or for their own safety. The manager was aware of how to obtain a best interests decision or when to make a referral to the supervisory body to obtain a DoLS. At the time of the visit, some people had DoLS in place and relevant applications had been made to supervisory bodies for others. The manager was waiting for their responses. Systems were in place to ensure that people’s human rights were protected and that they were not unlawfully deprived of their liberty.

Staff received supervision (one-to-one meetings with their line manager to discuss work practice and any issues affecting people who used the service). One member of staff told us, “I have meetings with the deputy manager. They ask for feedback, give feedback and say what improvements are needed.” Staff told us that the manager was approachable and gave them the support that they needed. They told us that they could call her for advice. Systems were in place to share information with staff

including handovers between shifts and a communication book. Therefore people were cared for by staff who received support and guidance to enable them to meet their assessed needs.

People were provided with a choice of suitable nutritious food and drink. They told us they were happy with the quality of food and the choices available. One person said, “Food is always good and [my relative] can always have a sandwich if they prefer.” Details of people’s dietary needs were recorded in their file. For example, in one person’s file it noted that they liked finger food and needed encouragement to eat. During the morning the chef asked each person what they would like for lunch. They used pictures to help people make a choice. At the time of the inspection one person had a specific dietary requirement due to their culture and religion and required a vegetarian diet. In addition, some of the staff cooked Asian food for the person. The chef told us that the service was able to cater for a variety of dietary needs. At the time of the visit this included diabetic, vegetarian, soft and pureed diet. We found that the chef was aware of people’s dietary needs and told us that for some people additional nutritional intake was needed and then full fat milk and cream were used in their meals and deserts. The chef also made separate deserts suitable for people with diabetes. Therefore people were supported to have meals that met their needs and preferences.

People were supported to eat and drink sufficient amounts to meet their needs. People said they got enough to eat and drink. Most people ate independently and a few needed assistance from staff. We observed that staff appropriately supported and encouraged people to eat and that they were not hurried. When there were concerns about a person’s weight or dietary intake we saw that advice was sought from the relevant healthcare professionals.

People were supported to access healthcare services. We saw that appropriate requests were made for input from specialists such as a speech and language therapist, dietitian and palliative care practitioners. People’s healthcare needs were monitored and addressed to ensure that they remained as healthy as possible. The GP visited for a weekly ‘surgery’ and told us that the staff followed any



## Is the service effective?

instructions they gave. They also said that staff knew people well and knew why they were seeing the doctor. A relative told us, “The access to the doctor is immediate and they have had regular appointments.”

People’s healthcare needs were effectively met. We saw that at a review meeting a relative had commented, “Since moving in [our relative] is physically better and well.” Another told us, “The staff are really on the ball. [Our relative] was very anxious when they first moved in but staff have really helped them settle. We have no worries at all

The service was provided in a large house in a residential area. There was a lift and also ramped access to the

building making it accessible for people with mobility problems or who used wheelchairs. We saw that Eastwood Lodge was clean and adequately maintained. In addition to individual bedrooms there was a choice of communal areas. There was an adapted bath and a walk in shower. People did not require the use of a hoist but other moving and handling aids were available and used when needed. There were pictures on the doors of the toilets, shower room and some bedrooms. This was to help people, particularly those living with dementia, to identify these areas. Therefore the environment met the needs of people who used the service.

# Is the service caring?

## Our findings

The service was caring. People were positive about the care and support they received. They told us that staff were kind, caring and respectful. One person told us, “The carers are all very nice here.” A relative said, “It’s a lovely place and we are very happy that [our relative] is there. They are very understanding.”

We observed that staff supported people in a kind and gentle manner and responded to them in a friendly and appropriate way. We also saw staff talking to people and explaining what they were going to do before they helped them. Staff checked with people that they were happy with what they had done. For example, we heard a member of staff asking one person if they were happy with the way their nails had been done or if they wanted them a little shorter. The person replied that they were and added, “You’re lovely to me.”

People’s privacy and dignity was maintained. Staff we spoke with were clear about the importance of respecting people’s privacy and dignity and how to do this. They knew the people they cared for. They told us about people’s personal preferences and interests and how they supported them. One member of staff told us that all ‘residents’ were different and that you needed to get to know them. They also said that it was important to explain things and to reassure people that you had time for them. A

healthcare professional told us that they thought Eastwood Lodge was a nice place and that staff were very caring and helpful. There was a stable, core staff group and this helped to ensure that people were consistently cared for in a way that they preferred and needed.

People were supported by staff to make daily decisions about their care as far as possible. We saw that people made choices about what they did and what they ate. A member of staff told us that people had a choice about when they went to bed. They said that people went at different times and that if they did not want to go to bed they stayed in the lounge until they were ready. We saw that at a staff meeting the time that one person went to bed had been discussed to ensure that their choice was respected.

Staff provided caring support to people at the end of their life and to their families. This was in conjunction with the GP, district nurses and the local hospice. Additional equipment, such as pressure relieving mattresses and heel protectors, were used to support people to be comfortable and free from pressure sores. Care plans were updated and the frequency of checks and support increased, again to ensure that people were comfortable and pain free. We saw that people had been asked about their end of life wishes in terms of who should be notified and what funeral arrangements they wanted. People benefitted from the support of a caring staff team.

# Is the service responsive?

## Our findings

The service was responsive.

People's individual records showed that a pre-admission assessment had been carried out before they moved to the service. The assessments indicated the person's overall needs. Each person had a daily care plan and also a night care plan. We saw that the night time plans covered areas such as how many pillows the person wanted, when they liked to be woken and their preference for a bed time drink. The daily care plans covered a wide range of relevant areas and gave a description of people's needs and preferences. Although staff could clearly tell us how they supported people and about people's routines some care plans did not clearly indicate how this should be done. For example, one plan said, "Would like assistance with oral hygiene and cleaning dentures" but there were no details of what assistance was needed. We discussed this with the manager who undertook to review the information available in light of this.

Systems were in place to ensure that the staff team were aware of people's current needs and how to meet these. The manager told us that care plans were reviewed each month and updated as and when necessary and we saw that this was the case. We also saw ongoing assessments of people's needs to establish if these had changed. Changes in people's care needs were communicated to staff during the handover between shifts. There was a day book with notes about what was happening that day and any tasks that needed to be carried out. There was also a handover book that gave staff information about how people were and any issues or concerns about their welfare and needs. We saw that one person's dietary needs had recently changed and the chef had been made aware of this and had made the necessary changes. Therefore the service was responsive to people's changing needs.

People were encouraged to make choices and to have as much control as possible over what they did and how they

were cared for. They told us that they chose where to sit, what to eat, when to get up and what to do. We saw that people were consulted and staff asked their permission before doing things for them. A relative told us that they had regular meetings to "discuss things" and that they were contacted if their relative was unwell or there was a problem. They added that this was a homely service and they had, "Nothing but praise" to say about it. We saw that when able to, people had signed their care plans indicating their involvement with and knowledge of the contents.

Although there was not a structured activity programme there were arrangements to meet people's social and recreational needs. People were offered activities such as armchair exercises, bingo and singing. One person helped with drying the dishes and also folded the laundry. We saw an advert for a forthcoming musical afternoon. Minutes of 'residents' meetings showed that entertainment was discussed with people. Recent social events had included karaoke, birthday parties, a visit from carol singers and a visit from a local brownie group. We noted that a relative had commented during a review meeting that there had been a "fantastic" multicultural day.

We saw that the service's complaints procedure was displayed on a notice board in a communal area. There had not been any recent complaints but we saw a record of complaints and the action taken to address these. People informed us that if they had a complaint they would speak to the manager. One relative told us, "We can talk to the manager and she sorts anything out." Another said, "The manager is very responsive and is always eager to sort anything out." In the minutes of a 'residents' meeting we saw that people had been reminded that they could talk to the manager about anything. Staff also told us they felt able to raise any issues or concerns. One member of staff said, "The manager will always do something about issues or if you raise a concern." People used a service where their concerns or complaints were listened to and addressed.

# Is the service well-led?

## Our findings

The service was well-led. The provider was also the registered manager of the service. People informed us that they were happy with the management of the home and felt comfortable raising any concerns with management as and when they arose. One relative told us, “The manager is really good and the deputy is always coming round to check things are okay.” Staff also told us that the service was well led. One member of staff said, “They [management] are clear about what they expect.”

There were clear management and reporting structures. In addition to the manager there were two deputy managers, each with different areas of responsibility. We found that the management team monitored the quality of the service provided, to ensure that people received the care and support they needed and wanted. With the recent introduction of a second deputy the quality monitoring had increased and was more structured than previously. A

number of new audits and checks had been introduced during the previous two months. This included medicines management, infection control, nutrition, health and safety as well as accidents and incidents. We saw that a system of observation of staff practice had also been introduced. The record of the observations was detailed and a member of staff told us, “They [management] watch you and give you feedback.” People were provided with a service that was monitored by the management team to ensure that it was safe and met their needs.

The provider also sought feedback from people who used the service and their relatives by means of a quality assurance questionnaire. In addition people’s opinions were sought at ‘residents’ meetings. In one set of minutes, we saw that people had been asked about meals and also if the service was warm enough. People used a service which sought and valued their opinions which were listened to and acted on to improve and develop the service.