

## Pinpoint Developments Limited

# Elgin Lodge

### Inspection report

Elgin Lodge  
Elgin Drive  
Wallasey  
Merseyside  
CH45 7PP  
Tel: 0151 638 4869

Date of inspection visit: 15 July 2015  
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#### 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

The inspection took place on 15 July 2015 and was unannounced. Elgin Lodge is registered to provide accommodation for persons who require nursing or personal care for eight people. There are six bedrooms and one bedroom is shared by two people. All have private washing facilities and some have their own en-suite facilities.

The manager 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 and associated Regulations about how the service is run.

We last inspected the care home on 29 November 2013. At that inspection we found the service was meeting all the essential standards that we inspected.

All of the people had lived at Elgin lodge for a considerable time and considered it to be their home.

# Summary of findings

There was a team of three staff on duty; two support staff and the manager. The deputy manager was contacted to join the manager for the inspection as this was a request made to support their development in management. All of the staff had completed induction training and received regular training by the provider.

The staffing levels were seen to be sufficient in all areas of the home at all times, to support people and meet their needs and everyone we spoke with considered there were enough staff on duty.

The home used safe systems of recruiting new staff. They had an induction programme in place that included training staff to ensure they were competent in the role they were doing at the home.

People were able to see their friends and families when they wanted there were no restrictions. Visitors were seen to be welcomed by all staff throughout the inspection.

The staff we spoke with were able to tell us the action they would take to ensure that people were protected from abuse. All staff had received training about safeguarding. The safeguarding policy and procedure required updating.

Records we looked at showed that the required safety checks for gas, electric and fire safety were carried out.

People we spoke with confirmed that they had choices in all aspects of daily living. Menus were flexible and alternatives were always provided for anyone who didn't want to have the meal on the menu for that day. People we spoke with said they always had plenty to eat.

The two care plans we looked at gave details of people's medical history and medication, and information about the person's life and their preferences. People were all registered with a local GP and records showed that people saw a GP, dentist, optician, and chiropodist as needed.

# 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?

The service was mainly safe.

There were enough staff to support people and keep them safe. All staff had received training about safeguarding to ensure that people were protected from abuse. There had been two incidents that had not been reported to the local authority or CQC by the manager; however an action plan had been implemented.

The home was clean, comfortable and well-maintained and records showed that the required safety checks were carried out.

Medicine management was in accordance with current and relevant professional guidance.

**Requires Improvement**



### Is the service effective?

The service was effective.

All staff had received training and were being provided with an on going training plan. Staff had good support, with supervision and annual appraisals taking place.

Menus were flexible for the people living at the home, they chose the meals. People we spoke with said they enjoyed their meals and had plenty to eat.

People were all registered with a local GP practice. People were supported to access community health services including dentist, chiropodist and optician.

**Good**



### Is the service caring?

The service was caring.

People told us that staff treated them well and we observed warm and caring interactions between staff and the people using the service.

The people who used the service were supported, where necessary, to make choices and decisions about their care and treatment.

We saw that staff respected people's privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private.

**Good**



### Is the service responsive?

The service was responsive.

Care plans were up to date and informative. The information provided sufficient guidance to identify people's support needs.

People told us staff listened to any concerns they raised. There was a system to receive or handle complaints.

**Good**



# Summary of findings

The home worked with professionals from outside the home to make sure they responded appropriately to people's changing needs.

## Is the service well-led?

The service was well-led.

There were systems in place to assess the quality of the service provided at the home.

Staff were supported by the manager.

The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

Good



# 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 checked 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 9 July 2015. The inspection team consisted of an adult social care inspector. Before the inspection we looked at information the Care Quality Commission (CQC) had received since our last visit and information provided by the manager. The local authority informed us that the home was compliant in all aspects of their contract. The local authority had not received any concerns regarding this provider and CQC had not received any complaints or concerns about this service.

We focused on talking with the people who lived in the home, speaking with staff and observing how people were cared for. The afternoon was spent looking care plans and records related to the running of the service.

During our inspection we spoke with three people who lived in the home, one visitor, one support staff, the maintenance person, the deputy manager and the manager. We observed care and support in communal areas, spoke with people in private, looked at the care records for two people and looked at two staff records. We also looked at records that related to how the home was managed.

We requested information from the provider about staff training and their qualifications to be sent to us. This was sent soon after the inspection.

# Is the service safe?

## Our findings

We asked people living at the home if they felt safe and they replied, “Yes very safe” and “The staff make sure we are all safe”. We asked a relative we spent time talking with if they thought the home was safe, they said it was.

Records showed that all staff had received training about safeguarding vulnerable people from abuse and this was refreshed annually. The home had safeguarding and whistleblowing policies and procedures and staff knew how to contact social services with any concerns. A member of staff said, “I would report without hesitation”.

Records showed that the registered manager had initiated an action plan in respects to two medication errors; she had not however referred to the local authority or the CQC as in line with the safeguarding procedure. We saw that the action plan had been dealt with appropriately, a risk assessment had been completed and there was a daily record in place that staff had completed. We discussed this with the manager who agreed it should have been done, but it had been an oversight which would not happen again.

The four staff we spent time talking with were all aware of the whistleblowing policy and procedure and told us they were aware of how to report any concerns. All of the staff told us they thought they provided good care to the people living at the home and would report any bad practice or mistreatment.

We spoke with the manager about how risks to people’s safety and well-being were managed. They were able to tell us how they put plans in place when a risk was identified. We saw that risk assessments relating to mobility, falls, nutrition, and other issues relevant to the individual, were in the two people’s care plans we looked at and they were reviewed monthly. Accident and incident policies and procedures were in place.

We spent time in all areas of the premises and could see that Elgin Lodge was well maintained and comfortable for the people living there. Health and safety had been checked through various risk assessments and audits. The manager was responsible for checking the environment. We saw records of audits that had taken place daily, weekly and monthly. Contracts were in place for the maintenance and servicing of gas and electrical installations and fire

equipment. We found that the home was clean and provided a safe environment for people to live in. We saw records to show that regular health and safety checks were carried out and that regular servicing and checks were also carried out on equipment. The environmental health check in September 2014 had awarded a five star rating. A fire risk assessment was in place and had been reviewed and updated in August 2014.

We asked three people if there were enough staff to support them and they all said, “Yes”. One person said, “Fantastic staff, they are here if I need them”. The registered manager told us that staff numbers were flexible and additional members of staff could be deployed if anyone required extra support with their care. We looked at the staff rotas for June 2015 and July 2015 and saw that the staff ratios were sufficient to meet people’s needs.

The registered manager was aware of the checks that should be carried out when new staff were recruited. We looked at two staff recruitment files including one latest staff file which we saw had the correct evidence that staff employed were suitable to work with vulnerable people. Qualifications, references and appropriate checks such as Disclosure and Barring Scheme (DBS) records had been checked. The provider had a disciplinary procedure and other policies relating to staff employment.

We spent time with the manager who was responsible for medication at the home. We saw that medicines were stored safely in the staff office in a medication cabinet that was locked at all times. Records were kept of medicines received and disposed of. We looked at the Medication Administration Records (MAR) for all eight people. The MAR charts were correctly filled in, accurate and all had been signed and dated with the time of administration.

The records we looked at indicated that people always received their medicines as prescribed by their doctor. We saw no missed signatures. Some people had items prescribed to be given ‘as required (PRN)’. This was written on the reverse of the medication administration record sheets that showed what had been given and the reason for the PRN medication.

The cleanliness and hygiene in the premises were good; all of the areas were seen to be clean on the day of the inspection.

# Is the service effective?

## Our findings

We asked three people about the skills of the staff and if they were competent in their roles. Comments received included, “Staff are brilliant”, and “Great, they are really good at their jobs”. A relative said, “The staff here know how to look after my son and have the skills to look after him properly, when I leave I can relax because I know he’s well looked after here”.

We looked at the staff training matrix for all staff. Staff were up to date in training for providing care and support for people living at Elgin Lodge. We looked at the training materials and information and saw that training was provided in-house by the provider and externally. We were sent the training matrix that showed that training was provided throughout the year on a rolling basis so that all staff were able to attend. Training for staff included health and safety, fire safety, personal care and person centred care, Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS), food hygiene and infection control. Specialist training was also being planned to provide end of life care.

The staff we spent time talking with were aware of the Mental Capacity Act 2005 (MCA) and had completed training. The manager told us that there were no people living at the home who lacked capacity and if she required information she had an effective and good working relationship with the local authority. The manager was knowledgeable and had implemented a clear concise procedure with records in place to show what actions had been taken in relation to mental health. The two care plans we looked at showed that relevant documentation was in place.

The staff we spoke with had completed the provider’s mandatory training for required areas. Staff told us that they were happy with the training provided. Comments made were, “I am always learning something new, I have done loads of training” and “I attend a lot of upskilled training. The manager is very good at encouraging staff to do training”. There was an induction programme that included shadowing other staff and completing training specific to their roles. Records looked at informed that all staff had completed or were in the process of completing a Health and Social Care qualification.

Staff told us that they had supervision meetings with the manager. There was an annual appraisal procedure that had been implemented for staff. All the staff we spoke with said that they had received an annual appraisal from the manager. They said they were appropriately supported and that there was an open policy at Elgin Lodge where they could talk to the manager about any concerns they had and they always felt listened too.

We observed staff interacting with people throughout the day. Staff were seen to have a good knowledge of each person and how to meet their needs. Staff were very supportive and were heard throughout the inspection confirming comments made by people, supporting them to make decisions and being very patient. The people who lived in the home were constantly encouraged by staff to be independent. People and a relative we spoke with informed us that staff met the individual care needs and preferences at all times.

People were supported to have sufficient food and drink. People had access to food and drink throughout the day and night if they requested it. Breakfast was provided at any time the person chose to have it, one person told us that they like their breakfast provided at 8 am and that staff ensured this was always done. The staff were very keen on promoting healthy eating and we saw that hot, home cooked food was served at lunchtime. We spent time in the kitchen at lunchtime. The staff were seen to ask people what they wanted. Comments from people were that the food was, “Very good”, “Lovely, always tastes good”. One person said, “The staff are brilliant cooks”. We were told that no one living at the home required support to eat from staff.

The provider checked people’s weight regularly and made recommendations about their diet. We noted that one person required a special diet which was provided.

People were supported to attend healthcare appointments in the local community, the manager informed us that most healthcare support was provided in the community. Staff monitored their health and wellbeing. Staff were also competent in noticing changes in people’s behaviour and acting on that change. Records we looked at informed the staff how to ensure that people had the relevant services supporting them. The manager told us that doctors visited the home as and when required.

## Is the service effective?

We saw that people had been enabled to personalise their own rooms. All of the people told us they were happy with

their rooms and if they had an issue with their rooms, they told us they would report it to the manager. We looked at the maintenance records that showed that any repair issues were dealt with promptly.



# Is the service caring?

## Our findings

The three people we spoke with told us that staff treated them very well. Comments included, “Lovely staff”, “Very friendly and caring”. “Nothing to complain about it’s a lovely home I have lived here for many years and I am as happy as I can be”. We observed caring interactions between staff and the people living at the home. We saw that the people who used the service were supported where necessary, to make choices and decisions about their care and treatment. Staff were seen and heard to encourage people asking them what they wanted, not telling them and discussing options.

We spent time talking with a relative who was very positive about the care and support provided. We were told that they visited different times of the day and evening and that staff were always welcoming. They told us, “The staff are excellent, and they are so caring my son has become so confident”.

We saw that staff respected people’s privacy and were aware of issues of confidentiality. People were able to see personal and professional visitors in private either in their own rooms. We observed people being listened to and talked to in a respectful way by the manager and the staff members on duty. People were constantly seen to ask

questions and the staff dealt with immediately. Staff were all seen and heard to support the people, communicating in a calm manner and also reassuring people if they were becoming anxious about anything. It was clear from the content of the conversations that such matters were often discussed and their views were sought and respected. The relationship between the staff members and the managers, with the people at Elgin Lodge was respectful, friendly and courteous.

The manager and staff told us that all of the people could express their wishes and all had family/friends to support them to make decisions about their care. The provider had an effective system in place to request the support of an advocate to represent people’s views and wishes if required. We were told by the manager that no one had recently utilised this service but that they accessed this service on behalf of people if they thought it was required. The information for advocates was displayed on the notice board opposite the front door.

Elgin Lodge would provide end of life care if able, the manager told us that this was a person’s home for the rest of their life when they moved in, if that was their choice. The manager said they would liaise with the relevant professionals to ensure all of the healthcare requirements could be met.

# Is the service responsive?

## Our findings

People we spent time with were happy with the care provided by staff. People told us, “We do lots of activities. Staff are great at organising things to do” and “We go out a lot and do lots of lovely things like eating out, going to the cafes and pubs”. We observed at this inspection that communication was explored with each person to find the most effective way of engaging with them.

The care plans we looked at contained personalised information about the person, such as their background and family history, health, emotional, cultural and spiritual needs. People’s needs had been assessed and care plans developed to inform staff what care to provide. The records informed staff about the person’s emotional wellbeing and what activities they enjoyed. Staff were knowledgeable about all of the eight people living at the home and what they liked to do.

We spent time talking with people about activities and were told by all three people that there was always something taking place. Comments included, “I am asked to do activities here. If I want to, I do” and another comment, “Lots of things going on”. We spent time with the manager discussing activities which included going to the cinema, quizzes, days out, eating out and doing what the people living at the home wanted to do.

People’s needs were formally reviewed monthly or more frequently, if required. There were monthly comments on the care plan records which showed that senior staff had

assessed the person and recorded if there was any changes to the care and support provided. We asked people about their reviews of care and care plans were. They were all fully aware about the care they were receiving and required and had agreed to the plan and review. All relatives spoken with told us that they were involved in the care review process and that the care provided was what was agreed.

People told us staff listened to any concerns they raised. There were no complaints raised at the home in the last twelve months. We were provided with the complaints policy and procedure. People spoken with told us that if they were not happy they would talk to the manager or staff. The complaints procedure was displayed on the notice board by the front door and on the notice board in the lounge/dining room.

The registered manager and people at the home told us that they had a residents meeting every month. The calendar of meetings for the next few months was on the notice board in the lounge/dining room. We looked at the record of meetings which informed how issues raised in discussions were actioned and by whom. The relative that we spent time with told us that staff were good at communicating with them.

The home worked with professionals from outside the home to make sure they responded appropriately to people’s changing needs. We observed conversations taking place and telephone calls being made to professionals requesting they attend to people’s treatments for their health and wellbeing.

# Is the service well-led?

## Our findings

The three people we spoke with and a relative told us that the manager was always available. People's comments included, "The manager is very easy to talk to and you can ask her anything" and "Really great manager". A relative said, "Ecstatic, the best home ever, the manager is great very friendly and provides great care and support".

The leadership was visible and it was obvious that the manager knew the people who lived in the home extremely well. Staff told us that they had a good relationship with the manager who was supportive and listened. We observed staff interactions with the manager which was respectful and light hearted. There was a manager or a senior member of staff always on duty to make sure there were clear lines of accountability and responsibility within the home.

The manager and the staff had a good understanding of the culture and ethos of the home, the key challenges and the achievements, concerns and risks. Comments from staff were, "It's a good place to work, I love working here", and "I think we do provide really good care here, we all work hard". Another comment was "Great place to work, seriously". The provider worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

There were systems in place to assess the quality of the service provided in the home that included, weekly medication audits, staff training audits, health and safety audits, incident and accident audits and falls audits. We looked at the audits for May 2015 to June 2015.

We looked at the ways people were able to express their views about their home and the support they received. One person said, "I am constantly asked if everything is ok and I reply everything really good". We were told that residents meetings were held every month. This was confirmed by the people living at Elgin Lodge. Records and minutes showed that meetings took place and people were asked if they had any issues. We saw that people who lived at the home and relatives and staff were provided with feedback forms in February 2015, we looked at the responses that were all very positive.

Services which provide health and social care to people are required to inform the CQC of important events that happen in the service. The registered manager of the home had informed the CQC of significant events in a timely way other than the two incidences referred to in the safe section of this report. This meant we could check that appropriate action had been taken.

We looked at a selection of records throughout the inspection. All were seen to be up to date and relevant. Monitoring records looked at for the two care records we looked at were thoroughly completed by staff, they had signed and collated the information required to be gathered for the individual's.

Confidentiality was maintained with storing all files in locked filing cabinets in the locked staff office.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.