Cumbria County Council

Eskdale House

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

This was an unannounced inspection that took place on 7 March 2018.

Eskdale House is situated in the centre of Longtown and is near to all the amenities of this small town. It is operated by Cumbria County Council who run similar services across Cumbria.

Eskdale House 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 home accommodates 26 people in one purpose built building. The home has three separate units, each of which have separate adapted facilities but at the time of our visit only two units were routinely used as there were only 19 people in residence.

The home had a suitably qualified and experienced 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 2008 and associated Regulations about how the service is run.

The staff team understood how to protect vulnerable adults from harm and abuse. Staff had received suitable training and could talk to us about how they would identify any issues and how they would report them appropriately. Risk assessments and risk management plans supported people well. Good arrangements were in place to ensure that new members of staff had been suitably vetted and that they were the right kind of people to work with vulnerable adults. Any accidents or incidents had been reported to the Care Quality Commission and suitable action taken to lessen the risk of further issues.

The registered manager and her senior team kept staffing rosters under review as people's dependency changed. We judged that there were suitable staffing levels in place by day. We asked the provider to ensure that the staffing levels at night reflected numbers and needs.

Staff were suitably inducted, trained and developed to give the best support possible. We met experienced and confident team members who understood people's needs.

Medicines were appropriately managed in the service with people having reviews of their medicines on a regular basis. People in the home saw their GP and health specialists whenever necessary. The team made sure that strong medicines and any sedation were kept under review with the local GPs.

We saw that good assessment of need was in place and that the staff team analysed the outcomes of care for effectiveness.

People were very happy with the food provided and we saw well prepared meals that staff supported and encouraged people to eat.

Eskdale House is a purpose built home that was refurbished over twenty years ago and has been updated by the provider since then. The house was warm, clean and comfortable on the day we visited. Suitable equipment was in place to help people with things like mobility.

The staff team were aware of their responsibilities under the Mental Capacity Act 2005. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People who lived in the home told us that the staff were extremely caring. We observed kind, patient and suitable care being provided. Staff knew people and their families very well. They made sure that confidentiality, privacy and dignity were maintained. People were encouraged to be as independent as possible. Staff were trained in end of life care and we saw evidence to show that this kind of care had been done to good effect for many years.

Risk assessments and care plans provided detailed and relevant guidance for staff in the home. People in the service were aware of their care plans and were able to influence the content. The management team had ensured the plans reflected the person centred care that was being delivered.

Staff could access specialists if people needed communication tools. No one in the service had complex sensory impairment needs when we visited.

We learned that the home had regular entertainers, activities and parties. Staff took people out locally and encouraged people to follow their own interests and hobbies. Staff in this home were active in raising money for these activities and for adding homely touches to the environment. Local people supported the home in this.

We noted that this home had good links to the community and had a locally based culture. The registered manager ensured that staff understood the vision and values of the County Council. Staff were able to discuss good practice, issues around equality and diversity and people's rights.

The service had a comprehensive quality monitoring system in place and people were asked their views in a number of different ways. Quality assurance was used to support future planning.

Complaints and concerns were suitably investigated and dealt with.

Good records management was in place in the service.

Further information is in the detailed findings below.

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 remains good.	**Good**
Is the service effective? The service remains good.	**Good**
Is the service caring? The service remains good.	**Good**
Is the service responsive? The service remains good.	**Good**
Is the service well-led? The service remains good.	**Good**

Eskdale House

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 7 March 2018 and was unannounced. The inspection was conducted by an adult social care inspector and by 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 care service. The team were experienced in the care of older adults and people living with dementia.

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We also reviewed the information we held about the service, such as notifications we had received from the registered provider. A notification is information about important events which the service is required to send us by law. We also spoke with social workers, health care practitioners and commissioners of care during our regular meetings with them. We planned the inspection using this information.

We met all of the nineteen people in the home and spoke in some depth with eleven of them. The expert by experience shared a meal with people in the home and the team spent time in shared areas simply observing the life of the home.

We also met two family members and briefly saw a group of friends visiting one person in the home. We read nine care plans and looked at daily notes related to these care plans. We also looked at records of medicines when we checked on the medicines in the home. We saw risk assessments, risk management plans and moving and handling plans and charts that helped staff record care delivery.

We looked at four support staff files which included recruitment, induction, training and development

records. We checked on the details of the supervision and appraisal notes on these files. We looked at the development file for the registered manager and one of the supervisors. We looked at records related to matters of competence and of a disciplinary nature.

We met the operations manager, the registered manager, two supervisors, an administrative assistant, the cook, a domestic and five support workers. We talked with them in small groups or individually.

We saw rosters, records relating to maintenance and to health and safety. We looked at money managed on behalf of people in the home. We checked on food and fire safety records and we looked at some of the registered provider's policies and procedures. We saw records related to quality monitoring.

We walked around all areas of the home and checked on infection control measures, health and safety, catering and housekeeping arrangements.

We received information related to staffing issues and quality audits after the inspection.

Good

Is the service safe?

Our findings

People told us they felt safe and well cared for at Eskdale House. One person said, "There seems to be plenty of staff and they come if you call even at night. I do feel safe, I was falling at home but not here". Another person said, "There are plenty of girls about, I feel quite safe here, there are enough at night". A visiting relative said, "We are sure [our relative] is safe in here and we are in every day. We always see plenty of staff about".

A staff member told us, "We have been short of staff but it is getting better now" and another support worker told us, "Staffing is much better now, we had a rocky patch but we have some really nice girls now, really good carers".

Staff were suitably trained in understanding harm and abuse. Safeguarding matters were discussed in supervision and in team meetings. We had evidence to show that the management team would make safeguarding referrals, if necessary. Good arrangements were in place so that staff could 'blow the whistle' if they had any concerns.

Staff were trained in understanding human rights and matters of equality and diversity. Staff could also talk about the balance between individual rights and the duty of care. We spoke with very experienced supervisors who were able to discuss these theoretical approaches to the delivery of care.

We walked around the building and found it safe and secure. Good infection control measures were in place. We saw records related to the premises and to the equipment in the home. We also looked at equipment and saw it in use. The environment was as safe as possible. The service had a good contingency plan in place for any potential emergency. A recent snow fall with problems related to access for staff and visitors had been dealt with appropriately. One staff member told us, "I volunteered as I could walk here and didn't want the home to be understaffed".

Accidents and incidents were suitably managed with senior officers of the County Council taking the lead if the issues were of a serious nature. The service had reported these to the Care Quality Commission and understood that they had, in the past, over reported some minor issues. We noted that this had improved somewhat.

We looked at rosters for the previous four weeks and we saw that there were good levels of care staff on duty by day. Rosters showed good levels of housekeeping and catering staff. We judged that this was suitable for the delivery of care tasks by day. At night there were either two or three support workers on duty. We looked at dependency levels and spoke to staff who told us that night shifts were, "Really quiet at the minute because we are down on numbers. The people who need a lot of support are all on the ground floor so its fine with two". The registered manager and the operations manager said that they were keeping this under close review and would increase staffing when occupancy rates increased.

We looked at recent recruitments and spoke to a member of staff who confirmed that background checks

were made prior to them having any contact with vulnerable people. We looked at personnel records and these were in order.

The registered provider had suitable disciplinary procedures in place and the registered manager had received training in managing disciplinary and competence issues with staff. Any issues around matters of conduct were dealt with appropriately under Cumbria County Council guidelines. We saw evidence of these matters being dealt with appropriately.

We checked on medicines managed on behalf of people in the home. These were kept securely with good recording in place. Staff ensured that they kept medicines under review and we saw reviews of medicines were in place. Suitable monitoring of administration was in place with staff training and competence checks being undertaken. We saw people being given their medicines at a time and pace suited to their needs.

Staff had suitable training in infection control and access to protective clothing and equipment. We walked around all areas of the home and found it to be clean and hygienic. There had been no outbreaks of infectious illness reported.

We had a number of conversations with staff at all levels who could talk about how they analysed the delivery of care or the systems used in the home. We saw that the team reviewed their approach and had a 'lessons learned' approach to the work. We had evidence to show that the registered provider had responded to staff comments and had changed some elements of the management arrangements in the home.

Good

Is the service effective?

Our findings

People in the home told the team that they were happy with the staff and that they, "Know their jobs...yes they are trained I think". People spoke at some length about the food provided. One person said, "You get three choices at mealtimes and drinks, you couldn't ask for better".

Staff told us, "People have their breakfasts just whenever they get up, they can have drinks whenever they want...Some people graze all day to get them to eat enough, we prompt but people eat in their own time".

People liked the environment. One person said, "This lounge is nice and so is the garden. I have a nice bedroom but I only sleep there. The staff make everywhere nice".

We looked at a range of assessments for people on admission and as part of the on-going care delivery. We saw that the team looked at all aspects of a person's needs and preferences, without discriminating against them. Staff took advice from health and social care professionals and paid attention to any relevant legislation. Assistive technology could be accessed to allow staff to monitor people, whilst protecting their privacy.

We observed staff asking people and giving them options about their lives. We saw that, where appropriate, people were asked for both formal and informal consent. When people lacked capacity to make major decisions the team had consulted in 'best interest' reviews with social workers and, where appropriate, family members.

The registered manager was aware of her duty of care under the Mental Capacity Act 2005. 'Best interest' reviews had been held and the team had considered that some people living with dementia had been deprived of their liberty to ensure they were kept safe. 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. We found that the authorisations were in place, where necessary, and that staff supported those people in the least restrictive way possible to comply with the authorisations.

We looked at the needs of people and we looked at the training the provider deemed to be mandatory. We noted that this met people's basic needs but that staff also had specialist training to support people with, for example, complex moving and handling needs or specific needs at the end of life. Supervisors and the registered manager were moving and handling co-ordinators, people had received end of life training and training on understanding dementia. Supervisors were going to attend training on how to support people

who may display behaviours that challenge. Staff had effective induction, supervision, appraisal and training. We had evidence of this in records and in discussions with staff.

We looked at menus and care plans about eating and drinking. We also went into the kitchen and spoke with a knowledgeable and experienced cook. We saw that the food was well prepared and presented. People ate well and told us they enjoyed the food. Special diets were catered for and advice of dieticians and other professionals would be followed. Catering staff were undertaking training on nutrition and plans were underway to develop nutritional planning further.

The people in the home looked well and well cared for. They told us, and we saw in files, that the staff helped people to good health. The local surgery team visited regularly. On the day of the inspection people received foot care from a visiting podiatrist.

Eskdale House was a purpose built home that had been open for a number of years. It had been adapted to a group living model more than twenty years ago. This meant people lived in groups where they had access to small kitchens and we saw that staff had worked hard to make these shared areas comfortable and homely. They had also raised money to create a patio that was popular in good weather. Some areas of the home needed a little attention but the registered manager told us that she was aware and would be bidding for improvement money. This would address issues with décor and to upgrades of bathrooms and toilets. She had already been successful in this and the home had new unit kitchens, new floor coverings and bedrooms and other areas had been redecorated. There was Wi-Fi available in lounge areas and staff supported people to make the most of this access for social media, films and other leisure pursuits.

Good

Is the service caring?

Our findings

We measured this outcome by observation of the care delivery and the approach of staff, we read notes written by staff and we spoke with people who were in receipt of care. We judged that this was a caring home, with kind and considerate staff who displayed an empathy and real affection for people in the home.

These are some of the things people told us. One person said, "It is more like family than a home, the girls are lovely". Another person said, "You couldn't ask for better, I am very comfortable". Other people said, "I am very happy here", "The girls are great, I like it", "It is very good here, it is lovely, the girls are very nice. I can't fault it"

A visiting relative told us, "We can visit any time within reason. It is nice here...very good staff. They are all very kind and caring".

Staff asked people about shopping and some of the men were asked about going out to the barbers. Staff said they did this "Because they like the chat in the shop... all the local news and they meet other men".

We observed lots of small kindnesses during the inspection. Staff supported people to make the most of themselves. Staff told us they thought that this was important. One staff member said, "We help people to dress well. Ladies have their jewellery on, their hair done and make-up if they want it. We make sure that the gentlemen are shaved and hair trimmed". We saw that staff asked people if they were warm enough, had enough to eat or drink and were satisfied. We saw a lot of psychological support and what the expert by experience judged to be appropriate displays of affection.

People were treated with kindness and politeness. Humour and affection were used appropriately and people responded warmly. We spoke with staff who could discuss people they cared for in a compassionate way. Respect was evident in the way staff spoke and wrote about people. Staff understood matters of equality and diversity. Staff knocked on doors and gave people space in their own rooms. We noted that care was delivered discreetly and allowed people to retain their dignity.

Staff paid due attention to matters of confidentiality and did not discuss people's needs with other residents. Care notes were kept locked away and one staff member reminded the inspector to, "Lock the cabinet please as these are really confidential and we keep them safe".

Staff knew each person's background and in turn people asked staff about their families and their time at home. Several people said the home was very like a family. The atmosphere was warm and relaxed. Staff spent time with a new person helping them to settle and to understand their new environment.

The registered manager told us that the service had access to independent advocacy services and that relatives, where appropriate, also acted as advocates.

Staff spoke to us about the steps they took to encourage independence. We saw people being encouraged

to do things for themselves where possible. Staff encouraged people to do little household tasks. Where people were frailer the staff still encouraged people to do as much as possible.

Good

Is the service responsive?

Our findings

We spoke with people who told us they received the care and support they needed and wanted. One person told us, "The girls write it all down. [The supervisors] ask me what I need and they check with me that I am getting the help I need".

People told us about the activities on offer. One person said, "I do colouring and quizzes and I play Bingo, I am very happy with that". Another person, seated by the window overlooking the street said "I just watch the telly and I like to watch the world go by".

We looked at a range of care plans for people with different needs. We saw that full assessment of needs had been completed for everyone in the home. These covered physical, psychological, emotional and social needs. The care plans were detailed and comprehensive. People told us they had been asked about their needs and their opinions. Staff said they read them on a regular basis but also said, "We do ask people about their care so they have enough choice and can change their minds when they want." We had a discussion with the registered manager, the operations manager and the supervisors who were eager to tell us that care plans were always "A work in progress and we are always trying to improve them". We saw that care plans were reviewed on a regular basis.

The staff team were keen to develop activities for people. They raised money for parties, entertainments and for equipment. The team were planning to create a craft and activities area and their next project was making Easter cards. One or two people were busy with knitting or other handcrafts. Staff were encouraging someone to bake and we heard about parties and entertainers. A member of staff told us, "We do as many activities as they want, but what they really like you to do is sit and talk to them, they want all the gossip. The young staff know how to work the big screen from the laptop and they put on You Tube with all the old songs and films and they love that. We do quizzes and just whatever people want".

Some people in the home had a visual impairment, were living with dementia, had a learning disability or were hard of hearing. We saw that staff managed to communicate with them and to guide and support them. No one in the home used specialist forms of communication like sign language or Makaton. The senior staff said that they could access support or training if they had a person in the home with those kind of needs. Some of the staff were skilled in using new technology and said they would be interested in accessing new forms of support for people with these types of impairment, if necessary.

Consent forms were in place as were Do Not Attempt Cardio Pulmonary Resuscitation forms. Staff ascertained that any legal requirements, like lasting power of attorney, were in place and would act upon them.

The service had a comprehensive complaints and concerns policy and we had evidence to show that the registered manager, the operations manager, the provider's quality teams and the county manager could all be involved in investigations if need be. We saw that some issues raised had brought about positive changes.

Staff were trained in anti-discriminatory practice and we saw that they were aware of the needs of people due to abilities or the ageing process but made no difference to the way they treated people or the choices they offered them. We saw staff working really well to support a person of different physical ability.

Staff spoke very naturally about how they supported people at the end of life. They spoke warmly about people no longer with them and could describe how they had supported them. End of life training had been completed for some staff and the senior staff spoke about a recent death in the home and how they had worked with the GP, the community nurses and the person's family.

Good

Is the service well-led?

Our findings

People told us that they were happy with the way the home was run. One person said of the supervisors, "They are good...they can sort things out". We heard from people that the registered manager was in the home and they felt they could, "Go to her or the staff about anything."

The home had a suitably qualified and experienced registered manager. The registered manager had been in post for some time but had until quite recently job shared the role. The registered provider had trialled this but now felt the role was a full time role solely for one person. When the job sharing partner retired the current registered manager became full time in the role. A staff member told us, "Didn't have anything against either of them but a home needs one manager who can give us the leadership". People told us that the registered manager was in the home daily and would work shifts if necessary. Staff told us they were, "More settled after a lot of changes".

We had evidence to show that the registered provider had analysed and reviewed the governance arrangements and had listened to people's views and those of the staff. They were supporting the registered manager and future planning was in place. The registered manager was committed to stabilising the service and to improving and developing all aspects of the care and service delivery. She had already worked with staff on updating care planning, accessing specialist training and on improving the environment.

Staff and people in the home confirmed that they understood the way the home was managed. People told us how good the supervisors were and felt they were the first port of call. We were impressed with the confidence and competence of the supervisors we met on the day. Staff said they ran the shifts really well and were very supportive and "hands on".

We heard of the registered manager's plans for the home from staff and from the registered manager. These plans had been developed from the analyses of surveys, staff meetings and quality audits. The registered provider had an in-depth quality monitoring system. We saw evidence of internal audits of things like people's money, medicines, care plans and daily notes. We also saw that the organisation used their own auditors external to the home. The quality team completed regular audits of the service and prepared reports and action plans. We saw a copy of the last of these and could verify that action had been taken where necessary. We saw that residents' meetings were well attended and people felt this kept them up to date.

Support staff told us that Eskdale House was, "A part of this community. We have a good reputation and we work hard to keep it. We have lots of support from people in town". We saw evidence of community involvement and support. The home had started a new 'inter-generational' project which had the prospect of involving more people from the community. We saw that there were good links with local health care providers and with social workers in the area.

We saw a range of easily accessible yet secure records. These were in both electronic and paper formats. We judged that good record keeping helped the service to run well. The care records were written in an

objective and non-judgmental way, followed the aims and values of the provider and were non-discriminatory in tone.

The inspection team judged that positive values were present in all areas of the service and that the registered manager led the team in delivering a caring service that valued people. We met open staff who were able to discuss the challenges in the service as well as the opportunities and achievements of the home.