Egerton Lodge Limited

Egerton Lodge Residential Home

Inspection report

Egerton Lodge
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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

We carried out an unannounced inspection of the service on 18 April 2016.

Egerton Lodge is registered to provide care for up to 46 older people. At the time of our inspection 43 people were using the service. There are 43 bedrooms all with an ensuite facility. Accommodation is on three floors, all of which are accessible by stairs and a lift. There are three communal lounges and a dining room, a garden and courtyard. The home is situated in Melton Mowbray next to a park and very close to many amenities.

At our last inspection on 10 February 2014 we asked the provider to take action to improve of how medicines were ordered and stored; and to improve care plans so that they contained more detail about how people should be supported with their needs. At this inspection we found that these actions were completed.
The service has 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 2008 and associated Regulations about how the service is run.

There were procedures to protect people from abuse. Staff understood their responsibilities to identify and report any sign of concerns using the provider's safeguarding procedures. The registered manager acted immediately to remind staff of their responsibilities after they learnt a care worker had not reported a concern until a few weeks after an incident involving a person using the service. People were protected from avoidable harm through risk assessments. These included information for staff about how to support people safely and without undue restrictions.

Staffing deployment was based on needs of people using the service. If people's needs increased, additional staff were deployed. The number of people using the service had reduced but the registered manager had maintained the same staffing levels. The provider's recruitment procedures ensured as far as possible that only people suited to work at Egerton Lodge were employed.

The provider's arrangements for the storage of medicines were safe. Only staff who successfully completed training in management of medicines supported people with their medicines.

People using the service were supported by staff with the right skills and knowledge. Staff were supported through effective training and supervision. Staff understood and practised their responsibilities under the Mental Capacity Act 2005. They sought people's consent before they provided care and support. No person had restrictions on their liberty unless it had been authorised under the Deprivation of Liberty Safeguards.

People were supported with their nutritional needs. They had a choice of nutritious food and were protected from the risks of malnutrition and dehydration. People were supported to access health services when they

needed. The service arranged for health professionals to visit the service to attend to people's health needs.

Staff developed caring relationships with people using the service. They were able to do this because they understood people's needs and their life stories. Staff were attentive to people's needs and supported them to be comfortable.

People using the service and their relatives had opportunities to be involved in decisions about their care and support. They had access to information about the service and their individual care plans. People had `mini care plans' in their rooms which they could refer to.

Staff treated people with dignity and respect. People were able to spend their time the way they wanted and their choices were respected. People were able to spend private time alone or with relatives in their rooms. The service was awarded a `gold award for dignity in care' by the local authority in September 2015.

People using the service and their relatives had access to a complaints procedure and other means of providing feedback about the service.
The registered manager understood their responsibilities under the Care Quality Commission's registration requirements.

The provider's quality assurance procedures assessed and monitored the quality of care people received and were used to drive improvement at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff understood and practiced their responsibilities to protect people from abuse and avoidable harm without restricting people's freedom, though there had been an occasion when a care worker had not reported a concern.

The provider's recruitment procedures were robust and staff were suitably deployed.

Arrangements for the management of medicines were safe.

Is the service effective?

Good

The service was effective.

People were supported by staff with the relevant knowledge and skills.

Staff were supported through effective training and supervision.

People were supported with their nutritional and health needs.

Is the service caring?

Good

The service was caring.

Staff developed caring relationships with the people they supported.

People using the service or their relatives were involved in decisions about their care and support.

People's privacy and dignity were respected.

Is the service responsive?

Good

The service was responsive.

People received care and support that was centred on their needs.

People were supported to participate in meaningful activities.

People's feedback, including complaints, concerns and suggestions, were acted upon.

Is the service well-led?

Good

The service was well led.

The provider promoted an open culture where people, relatives and staff were encouraged to raise concerns and make suggestions.

Management and staff shared the provider's aims and objectives.

The service operated effective procedures for monitoring and assessing the quality of the service.

Egerton Lodge Residential Home

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 18 April 2016 and was unannounced.

The inspection team consisted of an inspector and a specialist advisor who was a specialist health visitor for elderly people.

Before our inspection we reviewed information we had about the service. This included notifications we had received from the provider about notifiable incidents that had taken place at Egerton Lodge. We also reviewed information we had received from the local authority that paid for the care of some of the people using the service. Shortly before our inspection a care worker contacted us about the service. We used all of this information to help plan our inspection.

We spoke with seven people who used the service on the day of our inspection and a relative of one of those people. We looked at five people's care plans and associated records. We observed how staff interacted with and supported people using the service. We spoke with the registered manager, deputy manager, an activities coordinator and three care workers. We also spoke with a health professional who was visiting the service.

We looked at records about the training and support staff received; and looked at three staff recruitment files to see how the provider recruited people to work at Egerton Lodge. We looked at staff training records, two newsletters that included evidence of activities. We looked at a summary of the most recent satisfaction survey carried out by the provider. We also looked at records associated with the provider's procedures for

monitoring and assessing the quality of the service.

Good

Is the service safe?

Our findings

At our inspection on 10 February 2014 we found that the provider did not have consistently safe arrangements for the management of medicines. Stocks of medicines were not always maintained which resulted in a person not having their medicines for four consecutive days. We also had concerns about the temperatures at which some medicines were stored. This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 (2) (f) (g) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that the provider had taken the necessary actions to meet the requirements of the regulation.

People who used the service told us they felt safe. One person replied when we asked if they felt safe, "Safe? Very much so". Other people told us they felt safe because their bedrooms were comfortable. People told us they felt safe because of the quality of the staff. One person told us, "The staff are very good to me" and another said "The carers are lovely." A person told us that people who used the service got on well with each other and that contributed to people feeling safe. A relative told us Egerton Lodge was "very safe".

The provider had policies and procedures for protecting people from abuse. All staff, including staff who were not care workers, for example the cook, kitchen assistants and housekeeping staff were trained about safeguarding procedures. Staff we spoke with were familiar with those procedures and knew how to identify and report any signs that a person was either at risk or had experienced abuse. They described how they looked for changes in people's mood, how the reacted to other people and their appearance as possible indicators of abuse. They knew how to report abuse through the provider's reporting procedures. They also told us they were confident that any safeguarding concerns they raised would be taken seriously. However, we found that one care worker had not followed the procedures to report a concern until several weeks after an incident. The provider had taken action in relation to that failure.

People's care plans included assessments of risks associated with their care routines. These risk assessments included information about how to support people safely to minimise the risk of harm or injury. A relative told us, "The staff use equipment safely". A few days after our site visit, the registered manager notified the Care Quality Commission of an unusual accident that occurred whilst a person was being transferred by hoist. They immediately reviewed the person's risk assessment and the risk assessments of other people who relied on a hoist for transfers. They also consulted a supplier of equipment and ordered new equipment which would minimise the risk of a similar accident happening again.

People told us a reason they felt safe was that their rooms and communal areas were clean. A person told us, "My room is kept clean". Another person told us, "I like my room. It's always clean" and a relative told us "It's [Egerton Lodge] is very clean. My mother's bedroom is as clean as a whistle".

Another factor contributing to people's safety was that the premises were well maintained. They were protected from risks of harm from accidents because the provider had effective maintenance procedures. The home had annual checks to ensure it was free from legionella in the water supply. The home was tidy and equipment such as wheelchairs and walking frames were stored safely in a wide corridor when not in

use. A maintenance person was on duty most days to attend to any repairs or maintenance matters that had been drawn to their attention by staff. A member of the public contacted us a short time before our inspection and expressed concerns about the fire safety of the premises. We raised these with the local fire and rescue service who told us they had no concerns. The provider showed us recent fire safety inspection reports which made a few minor recommendations that had been acted upon.

We looked at how the provider operated their recruitment procedures. People applying to work at Egerton Lodge had to provide evidence of their suitability in their application forms and also provide relevant documents if they were selected for interview. Successful applicants did not start working with people using the service until all the required pre-employment checks were carried out. These included Disclosure and Barring Service (DBS) checks. These checks help to keep those people who are known to pose a risk to people using CQC registered services out of the workforce. The provider required potential recruits to provide two suitable references. Staff were required to make annual declarations about whether they committed or been charged with any offences.

The registered manager decided staffing levels. They based their decisions on the needs of people using the service. If people's level of dependency increased, extra staff were deployed. The registered manager told us that the service was staffed as if it was operating at full capacity (46 people). We noticed that when people used call alarms staff responded quickly, usually in under a minute. Staff we spoke with told us they felt there were enough staff deployed to meet people's needs, though they felt that they were continually busy and sometimes took their planned breaks a little later than scheduled. A relative told us, "The ratio of staff to residents is very good".

The service's arrangements for the management of people's medicines were safe. Only staff trained in medicines management supported people with their medicines. We observed a `medications round'. We saw that the medications administrator checked they were giving people the right medicines. They explained to people what their medicines were for and they sought assurance from people that they had swallowed their medicines.

Medicines administration records (MARS) were used to record whether people had taken their medicines. If a person refused to take their medicines a record of refusal was made and the reasons for circumstances for refusal were recorded. This meant that staff supporting people with their medicines and the registered manager could identify risks associated with people not taking their medicines and seek advice from a pharmacist or the prescribing doctor.

Arrangements for the storage of medicines were safe. This included storing medicines securely and at the right temperature. Arrangements for disposal of medicines that were no longer required were effective. An annual audit of medicines management at Egerton Lodge was carried out by the pharmacist who supplied medicines. The audits identified no concerns and recommendations that were made, for example checking medicines refrigerator temperature twice daily, were acted upon.

Good

Is the service effective?

Our findings

People we spoke with told us they thought staff had the right skills and knowledge to meet their needs. A person told us, "The carers are very good". A relative told us, "The staff are very well trained."

Care workers we spoke with told us that their training had prepared them to understand their role and the needs of the people they supported. One care worker told us, "It left me absolutely prepared. It was very thorough. Everything was covered and we understood it because it was taken down to a basic level". Another told us, "The training helped me understand what it felt like to have restricted mobility and sensory impairment".

The provider had a `training mission statement' displayed in the staff training room. It said, `Our aim is to meet the needs of the whole person, physically, psychologically, socially and spiritually by promoting independence of our residents whilst maintaining a safe environment for all'. Staff had training to support them to meet those aims, beginning with induction training. For staff recruited after April 2015 induction was based on the Care Certificate which is a national benchmark for staff induction that covers 15 standards of care. Fifteen staff had completed the Care Certificate.

Post-induction training included training about conditions that people who used the service lived with, for example various forms of dementia, sensory impairment and diabetes. Training covered practical skills like moving and handling, communications, practicing dignity in care, report writing and record keeping and procedures for reporting safeguarding concerns, incidents and accidents. Some training was delivered by the registered manager and deputy manager and some by arrangement with a local college.

A deputy manager evaluated the training staff had received. The deputy manager also oversaw and monitored the provider's training plan. They supported staff to put their training into practice and periodically observed staff to monitor that they applied their skills and knowledge consistently.

Staff were supported through regular, usually monthly, supervision meetings with their line-manager. For care workers that would be a senior care worker, for senior care workers it would be the deputy manager. Care workers told us they had monthly supervision meetings and an annual appraisal. They told us they found those helpful and supportive.

People's care plans included information about their communication needs and styles. We saw and heard care workers and other staff communicate with people in ways that reflected what we saw in people's care plans. Staff spoke with people at eye level and used signs and gestures if they needed to. We saw several instances of staff engaging in conversation with people and people responding with laughter and appreciation. This showed that staff put the training they had about communicating with people into practice to positive effect.

People using the service could be confident that they were supported by staff with the necessary skills and knowledge.

The Mental Capacity Act (MCA) 2005 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 who lack mental capacity can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application 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.

The registered manager and deputy manager understood their responsibilities under the MCA. They followed the DoLS procedures when necessary. Staff we spoke demonstrated awareness of the MCA. They understood they could provide a person with care and support only if the person gave consent and that they had to provide people with information that helped them make informed choices. Importantly, they understood that people had to be presumed to have mental capacity unless there was evidence to the contrary. They knew which people using the service where under a DoLS authorisation and why.

The registered manager had made several applications for DoLS authorisations to the local authority. Some were still outstanding after several months. After we discussed this with the registered manager they told us they would revise their system for following up applications with the local authority.

We found that the service was acting in accordance with the requirements of the MCA.

People using the service spoke in complimentary terms about the meals they had at Egerton Lodge. Comments included, "The food is excellent" and "The food is marvellous". A relative told us, "The food is excellent. People have a good choice of meals and I've seen staff offer people choices of meal in ways they can understand". We saw some people choose meals from a menu on a board and others chose meals after staff explained to people what they could choose from. Some people were shown plated meals so they could choose and vegetable were shown separately. Staff did not presume what meal people wanted. Some people were unable to make a choice and their meal was based on the information in their care plans about what food and meals they liked. People who decided they did not want either of the main meals were able to ask for an alternative. Some people asked for sandwiches and fresh fruit which were served. People had a choice of desert. We heard a person say, "[The chef] makes lovely cakes".

Staff made the meal time experience as enjoyable as they could for people. Tables were set with tablecloths and napkins. Grace was said before people started their meals because that was what people wanted. Staff supported people who need assistance with eating and they engaged in conversation with people during their meal. The chef went to each table to ask if people enjoyed their meal and every person who responded said they did. People who chose to have their meal in one of the lounges or in their bed room received the same level of attention and support.

People were provided with drinks of their choice throughout the day. People with special dietary requirements had their needs met. Their food and fluid intake was monitored and if necessary, for example if they experienced unplanned weight loss the person's GP was informed or a referral was made to a dietician. People who needed to had food served in soft or pureed form and those who required fortified drinks had them.

Although we did not see it on the day of our inspection, a relative told us that people's family were allowed to join in their meals.

The service was awarded a 5 star rating after food hygiene inspection by the local authority in October 2015.

Care workers we spoke with told us how they monitored people's health. Apart from keeping records of people's food and fluid intake and weighing people, they told us how they looked out for changes in people's health. They looked, for example, for changes in people's demeanour, mood, behaviour and pallor and reported changes to the registered manager or deputy manager. People were supported to access to health services such as dentists, dieticians, opticians, chiropodists and physiotherapists. We saw information in people's care plans that people were supported to access specialist health services and that staff acted on information from those services to support people with their health needs. People using the service were registered with a local medical centre. A health professional who was visiting the service told us, "The care here is adequate to good. The service is good at following my advice and good at communications".

People could be confident that their nutritional and health needs would be met by staff who understood their needs.

Good

Is the service caring?

Our findings

People we spoke with told us they felt staff were caring. A person told us, "Everyone here is so kind. The staff make a point of having a chat with me". Another person told us, I'm very happy here. The staff are so nice. It's like a nice hotel". A relative of another person said something similar when they told us, "It's like a high quality hotel for long term residents". A health professional told us, "The staff are friendly. I've always seen them be kind to clients".

We talked to staff about what they did to make people who used the service feel they mattered to them. They told they knew what people liked from the information they read in people's care plans and from what they were taught about people during training. They used that information to talk to people about their past. Most of the people living at Egerton Lodge were local to Melton Mowbray and knew about the history and traditions of the area. They had been involved in naming the different lounges and rooms in the home that reflected those traditions. People told us how much they liked their rooms and how comfortable they were. The service allowed people to have furniture from their homes in their rooms as way of helping people feel that they and their comfort mattered to the service.

Staff developed caring relationships with people using the service. For new staff this began during their induction training when they were introduced to people they would be supporting. New staff `shadowed' experienced staff over three shifts before they supported a person, and during those three shifts they developed a knowledge of a person's interest, likes and dislikes and how they wanted to be supported. Staff told us that they spoke with people about their past and their families. People using the service told us that they staff took time to have conversations with them that they enjoyed. Relatives told us that too. One relative told us, "The staff are friendly. They always stop and have a chat even if it is after their shift and they are leaving for home". We saw that to be the case when a member of staff who had finished their shift stopped to have a conversation with three people, all of whom clearly enjoyed the experience.

People had opportunities to be involved in decisions about their care and support. People using the service had a `mini care plan' in their rooms which contained information in an easy to read format about how their care and support was provided. They were supported to understand their care plan by a `key worker' who had responsibility for ensuring that people received care and support in line with their care plan. People who wanted to were involved in reviews though most people left that to their relatives. A relative told us, "I've been involved. I was very keen to be involved and the staff have always kept me informed of things I need to know. The family feel like we work together with the staff".

Staff working at Egerton Lodge had received training about caring for people with dignity and respect. The deputy manager monitored how they put their training into practice. They did this through observations and working alongside staff. Dignity in care was promoted through policies and procedures and at staff meetings. Staff we spoke with told us that when they supported a person with personal care they drew the curtains in the person's room and ensured they were not disturbed. One told us they always tried to provide "friendly and happy care with a smile" and we saw from our observations that staff were friendly with people using the service. We saw staff treating people with dignity and respect. For example, when a person asked a

member of staff to adjust the cushions and pillows in the armchair they did so with care and ensured the person was comfortable. The person responded by taking the member of staff by the hand and thanking them. We heard staff refer to people by their preferred names. We also saw staff support a person who showed signs of anxiety. They did so patiently and in a reassuring manner that resulted in the person becoming relaxed and calm. A local authority that paid for the care of some of the people using the service awarded a `gold award for dignity in care' in September 2015 which showed that the service had earned recognition for this aspect of care.

People were able to have private time to themselves either in `quiet' areas at Egerton Lodge or in their rooms. A person told us, "If I want to sit quietly somewhere I can do". Relatives were able to visit without undue restrictions. A relative told us they could visit when they wanted. They said, "I can visit at any time which is great – sometimes at 8.30pm. It is never a problem". We saw relatives visiting throughout the day of our inspection. Entries in the visitor's book showed that relatives visited from early morning to late evening.

People using the service and their relatives could be confident that they supported by staff who understood how to treat people with kindness, dignity and respect.

Good

Is the service responsive?

Our findings

People received care and support that was focused on their personal needs. A person using the service told us, "I enjoy every day here". Care plans we looked at were personalised and included information about what was important to people, things they liked or were interested in and how they wanted to be supported with personal care. Care plans included assessments of people's needs and dependencies across a wide spectrum of their care, for example how they wanted and needed to be supported with personal care needs, their mobility and what they liked and disliked. Care plans were reviewed monthly and people had opportunities to be involved in those reviews.

We saw that care workers put their knowledge of people's care requirements and preferences into practice when they supported people. We saw staff support people in line with the information in people's care plans. Care worker's daily records provided assurance that people received the support they needed. A relative told us that the care and support their parent received had made a positive improvement to the person's life. The relative told us, "The staff have helped [person] recover their mobility and general health". They added that staff had helped the person to rebuild their confidence and this was evident because the person mixed with other people using the service.

People were supported to be independent. A person told us, "I get up when I want to. I spend my time the way I like to. I get about and I'm able to go into the different lounges". We saw people going into different rooms throughout the time of our inspection. Care workers knew which games people liked to play or which newspaper or magazines they liked to read and they joined in those activities with people. We saw an activity where a group of people completed a crossword an activities coordinator had reproduced onto a large display. A person told us, "I like crosswords. They keep my brain going". We saw 15 people being supported to enjoy a `cinema' activity where they had chosen a film they wanted to see in a room with a large screen. We saw smaller groups of people playing dominoes.

Staff knew what people's interests were and spoke about those and because Egerton Lodge was very close to local amenities and shops they took people to places they liked and remembered in Melton Mowbray. We saw lots of photographic evidence that people were supported through a range of activities that helped them avoid social isolation. A group of people using the service were supported to form a choir called Egerton Singers. Some people took an active role in maintaining the home's garden.

The service had a programme of activities that included visits by entertainers including church singers, a male voice choir, local school children, ballroom dancers and entertainers. People with religious needs were supported to practise those because the service organised visits from representatives of different faiths and visits to a place of worship. During the summer of 2015 people participated in cheese and wine parties and barbeques and similar events were planned for 2016.
Some activities were focused on the needs of people with dementia. These were researched by the deputy manager. They arranged for people to have dolls and tactile toys to handle which is something recognised through research about dementia to have a positive effect on people living with dementia. There were plans to develop a courtyard to include a sensory area for people to enjoy. People with dementia were supported

with `reminiscence' activities that supported them to recall pleasurable memories through use of photographs and memorabilia. We saw a group of three people enjoy looking at photographs taken when they were younger and it was clear they enjoyed this. A visiting health professional told us, "There are nice activities here, they help people feel better and good about themselves." This showed that activities at Egerton Lodge were a key part of people's care and support.

People knew how they could raise concerns if they had any. A person told us. "I'd have a chat with staff or the manager if I needed too". A relative told us they knew about the provider's complaints procedure. They told us they preferred to talk with the registered manager if they had any concerns or observations to share but emphasised that "I can't think of anything negative about the place".

Good

Is the service well-led?

Our findings

The registered manager told us they were "very passionate about the home". They sought to make Egerton Lodge a comfortable and pleasant home for people and they had succeeded in that aim. A person using the service and a visiting relative told us that Egerton Lodge was like a very comfortable hotel that catered for their needs. People using the service had contributed to that by being involved in naming different rooms at the home. Their rooms were furnished to their taste and they were involved in decisions about the kinds of activities that took place at Egerton Lodge.

People using the service had opportunities to contribute ideas and suggestions at monthly residents meetings. Most suggestions were about activities at the home. We saw from `newsletters' that people's suggestions had been acted upon and that people had opportunities to participate in a wide range of activities of their choice.

Staff had opportunities to be involved in developing the service. Those opportunities formally occurred during one-to-one supervision meetings they had with their line manager and staff meetings. Staff told us they could make suggestions at any time. They told us the registered manager and deputy manager had `an open door' policy which meant they could speak to either at any time. One member of staff told us, "I've been on more than one occasion and something has always been sorted out." Another said, "The managers are very supportive. It really is an open door policy here".

Under the direction of the management team staff provided care that was safe and caring and which promoted people's independence and welfare. Staff were encouraged to raise concerns through the provider's reporting procedures and whistleblowing policy. A care worker told us, "I like the way the home is run". Staff we spoke with were aware of the reporting procedures and used them.

People's views of the service were sought at residents meetings, reviews of their care plans and daily dialogue. People using the service told us that the registered manager often `chatted' with them. People's views were sought from a bi- annual satisfaction survey. The most recent survey was in 2015 the feedback from which was that people were very happy with how they were cared for and supported and nearly all rated the service as excellent.

The registered manager was aware of their responsibilities under CQC registration requirements. The deputy manager was equally aware of the CQC requirements. Both had ensured in the other's absences that notifications of incidents at the service were notified without delay.

The provider's procedures for monitoring and assessing the quality of the service were effective. The procedures assessed compliance with the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The registered manager and deputy manager carried out regular monitoring of the quality of the service. This included observations of a staff care practice, staff supervision, reviews of care plans and care records, audits of medication procedures and investigations of accidents and incidents occurring at Egerton Lodge. The quality assurance procedures were used to identify what the service did well and what could be

improved.