

Mrs Carol Mason

# Ebor Lodge

## Inspection report

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Hull  
HU5 3HS

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Date of inspection visit:  
11 October 2018

Date of publication:  
13 December 2018

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 11 October 2018 and was unannounced.

Ebor Lodge 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.

Ebor Lodge is located in the west of Hull. The home has three floors which are accessed via stairs. Additionally, there is a stair lift to reach the first floor. There are two communal lounge areas and a dining room, two bathrooms and a kitchen. Some bedrooms are shared and others are for single occupancy.

The home is registered to provide care and accommodation for up to 13 people who have mental health needs. At the time of our inspection, there were 12 people using the service.

The service was managed by the provider, 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 was no requirement for this service to have a registered manager as part of their registration.

At the last inspection on 22 August 2017, we asked the provider to take action to make improvements to their governance systems, staff recruitment and ensure staff received annual appraisals. We asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective and well-led to at least good.

During this inspection, we found the provider had made improvements to staff recruitment and staff had now received an annual appraisal. They were now compliant in these areas.

We found the provider had made some improvements to their governance systems. However, there continued to be concerns in this area. The provider had implemented some systems to assess the quality and safety of the service in order to drive improvement, although they had failed to implement systems in other areas including care records, medicines and staff recruitment, support and training. This had led to some shortfalls not being identified and addressed and therefore any opportunity for improvement had been lost. Furthermore, record keeping for staff recruitment and support was disorganised and there continued to be some gaps in these.

We found a new area of concern because there was a risk some people were receiving care they had not consented to. The provider had failed to consider when applications for Deprivation of Liberty Safeguards (DoLS) were required. Through discussions with them it was identified there may be three people living at the service who could have potentially been deprived of their liberty. Following the inspection, the provider confirmed they had made the relevant applications.

Staff had awareness of the Mental Capacity Act 2005 (MCA). They could tell us how they would follow the principles of the MCA when making decisions for people in their best interest, but this was not always documented in people's care records. Furthermore, people's consent to their care records had not been reviewed.

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 had not always supported this practice due to the above shortfalls.

This is the second consecutive time the service has been rated requires improvement.

You can see what action we told the provider to take regarding the above areas at the end of the full version of the report.

Staff protected people from avoidable harm, were knowledgeable about safeguarding and able to raise concerns.

Staff were equipped with the necessary skills to provide effective support. They supported people to manage their medicines safely, as well as supporting them to meet their nutritional needs and healthcare needs. Staff knew people well and how best to communicate with them.

There was a homely and relaxed atmosphere within the service. Staff were friendly and respected people's privacy and promoted their independence.

Staff knew people well and were knowledgeable about their needs, which meant support was provided in a person-centred way. People had care plans in place which reflected their needs.

There was a complaints procedure in place, although none had been received. People told us they would know how to raise one if required. People and staff told us the provider was approachable and staff felt supported.

## 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.

People were supported with their medicines safely.

Steps were taken to mitigate risks and protect people from abuse and avoidable harm.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider had failed to consider when applications for Deprivation of Liberty Safeguards (DoLS) were required. They had not reviewed people's consent to their care records. Despite this, staff had good awareness of the Mental Capacity Act (MCA) and could tell us how they followed this.

Staff were equipped with the skills and knowledge to provide effective care and were supported in their role.

Staff supported people to maintain a healthy diet and access healthcare appropriately.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and friendly and interacted positively with people. There was a relaxed and homely atmosphere within the service.

People were treated with dignity and respect. Confidentiality was maintained and people's independence was promoted.

### Is the service responsive?

Good ●

The service was responsive.

Staff were knowledgeable about people's individual needs and were responsive in meeting their needs in a person-centred way.

People had care plans in place which reflected their needs.

A complaints policy was in place and people told us they knew how to make a complaint if required.

### **Is the service well-led?**

The service was not always well-led.

The provider failed to establish and operate effective systems to assess, monitor and improve the quality and safety of the service in some areas.

The provider was approachable and involved in the running of the service. People and staff told us they were supportive and able to assist with any problems.

**Requires Improvement** 

# Ebor Lodge

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11 October 2018 and was unannounced. This comprehensive inspection was carried out by two inspectors.

Before the inspection we looked at information the provider sent us in the Provider Information Return (PIR). 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 looked at the notifications received from the service and reviewed all the intelligence CQC held, to help inform us about the level of risk for this service. Notifications are information about incidents that affect the health, safety and welfare of people who lived at the home. We also contacted the local authority safeguarding, commissioning teams and Healthwatch to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

We looked at four people's care records and five Medication Administration Records (MARs). We also looked at a selection of documentation in relation to the management and running of the service. This included stakeholder surveys, quality assurance audits, complaints, recruitment information for four members of staff, staff training records and policies and procedures.

We spoke with four people who used the service and one relative. We spoke with three members of care staff and the provider.

# Is the service safe?

## Our findings

At our last inspection in August 2017, the provider was in breach of Regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not operated effective recruitment procedures. Therefore, they could not assure themselves of the suitability and good character of staff. During this inspection, we found improvements had been made in this area and this regulation was now being met. Although the provider had not recruited any new staff since the last inspection, they had carried out Disclosure and Barring Service (DBS) check on existing staff. A DBS check allows employers to make safer recruitment decisions and prevent unsuitable people from working with vulnerable people.

People told us they felt safe. Staff could protect people from the risk of abuse. They had received safeguarding training and were aware of different types of abuse. Staff worked in partnership with other health and social care professionals to protect people and ensure they received appropriate support.

There were sufficient numbers of staff available to meet people's needs. During the inspection, we saw there were enough staff around to support people.

Risks to people's health, safety and welfare were reduced where possible. People's care records contained up to date risk assessments appropriate to their individual needs, which guided staff on how to support them safely. For example, risk assessments had been completed and reviewed in areas such as moving and handling.

Accidents and incidents were monitored effectively to prevent these reoccurring where possible. The provider had an overview of these so patterns and trends could be identified. One theme was identified regarding a risk to a particular person; staff had awareness of this and how to respond accordingly, to reduce this potential risk. This was reflected within the persons care plan and risk assessment.

Medicines were managed, stored and administered safely. Staff recorded when they administered medication on a medication administration record (MAR). We found medicines had been recorded correctly. Staff supported people with their medicines in a personalised way. For example, we saw some people preferred to come to the office to access their medicines and other people preferred staff to bring them their medicines. Staff supported people to ensure their medicines were reviewed by appropriate healthcare professionals.

We saw the service carried out safety checks of the environment. There was also a maintenance plan and cleaning schedule in place to ensure the environment was well maintained, clean and safe. Risks assessments were in place for risks in the environment, including a fire risk assessment. Personalised risk assessments had been carried out for the risk of fire in people's bedrooms, although Personal Emergency Evacuation Plans (PEEPs) had not been implemented. We highlighted this to the provider who immediately ensured these were in place where needed.

Staff followed infection prevention and control procedures to ensure people were protected from the risk of infections spreading. We found soap, paper towels and hand washing signs in place at sinks and staff had access to gloves and aprons.



# Is the service effective?

## Our findings

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 are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that the provider had not considered when DoLS application were required. Through discussions with them, we became aware of three people who may have been deprived of their liberty. This meant people may have been deprived of their liberty unlawfully, as they were unable to consent to living in the care home and the care and support they received. Following the inspection, the provider confirmed they had made the relevant applications.

Records for people's consent had not been reviewed therefore, some people who may have signed consent may no longer have had the capacity to agree to their care plan. Documentation to show how the principles of the MCA had been applied, including best interest decisions had not been recorded.

This was a breach of Regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Despite this, staff were aware of the mental capacity act (MCA) and told us how they would consult other people and consider the least restrictive options when making decisions in people's best interest. People told us staff sought their consent and staff were aware of the importance of this. One member of staff said, "We can't assume people agree, we always ask for people's consent. I give people choices and explain the pros and cons if they need that help."

During the last inspection, the provider was in breach of Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff received an annual appraisal. Therefore, they could not assure themselves of the competency of staff. During this inspection, we found improvements had been made in this area and this regulation was now being met.

Staff told us they felt supported in their role. The provider and senior member of staff were heavily involved in the running of the service and as a result we saw staff worked well as a team. Staff now received an annual appraisal and regular supervision. However, we found one member of staff had one missing supervision record. Although there was a missing record, staff had regular informal support from the provider. We have commented on this in the well-led section.

Staff had the skills and abilities to communicate effectively. Peoples communication needs were reflected in their care plans and staff we spoke with were aware of how to communicate best with people, dependent on their needs and preferences.

Staff had completed a range of training to equip them with the skills and abilities to carry out their roles effectively.

People were supported to maintain their healthcare needs. Staff assisted people to access appropriate care when necessary, which included contacting relevant healthcare professionals and supporting people to attend appointments. Staff knew people well and could tell us how they would recognise a deterioration in their health.

People's dietary needs were met and a nutritious diet was provided. Staff provided peoples meals and supported them with eating if this was needed. We saw a weekly menu was displayed in the dining room and people told us there was always a choice available.

## Is the service caring?

### Our findings

People were supported by kind and caring staff in a relaxed and homely environment. One person told us, "I'm happy here. Staff care about me and talk to me."

There was a homely atmosphere within the service. People were comfortable in their surroundings and looked relaxed. One person told us, "It's like a big happy family." A member of staff said, "It's a home from home. All the staff respect that this is peoples home." There was a positive culture and good morale amongst staff, which impacted positively on the people living at the service.

People were supported by a small and consistent staff team, which provided continuity to people. A member of staff told us, "The people that live here have friendships with one another." This meant staff and residents got to know each other well. A relative said, "Staff are approachable. They have all worked here a long time and know people here and their needs really well."

Staff knew peoples likes, dislikes, preferences, preferred routines and interests. This enabled them to have meaningful conversations and provide care in a person-centred way. They promoted people's choices and valued their individuality and what was important to them.

Staff were compassionate and cared about people. One member of staff said, "One person doesn't have any family who can visit them so I bring my daughter in to visit them, so they can feel special."

Staff respected people's privacy and maintained their dignity. Staff could tell us ways they would do this, whether it was respecting someone's personal space or when supporting them with personal care. We saw they knocked and waited for permission before entering people's bedrooms. People confirmed they did this normally.

Staff valued the importance of maintaining people's independence and promoted this where possible. Some people independently accessed the community and enjoyed doing different things. Staff respected people following their own routines and lifestyle choices and encouraged people to live their lives as they wished. One person told us, "I'm happy with everything. I go out on my own. I have no problems."

Staff were aware of equality and diversity and respected people's individual needs and circumstances. For example, staff facilitated one person to follow an interest with minimal support. We could see staff respected their interests which enabled them to pursue their hobby and routine.

Staff were aware of the importance of maintaining confidentiality. We saw records were stored in a locked office so only relevant people had access to these.

## Is the service responsive?

### Our findings

Staff were knowledgeable about people's individual needs and were responsive in meeting their needs in a person-centred way. Staff had regard for what was important to people and had awareness of their preferences and preferred routines. People and staff were able to recognise any changes in people's presentations that may be of concern and respond accordingly due to familiarity.

People's care plans contained personalised information about their abilities, health needs, likes and dislikes. Information was relevant and accessible for staff, which enabled them to access current information about people's needs and the support they required. People's care plans were reviewed on a regular basis and people told us they could see their care plan if they wished and were consulted about the information contained within it.

People were supported to access the community and engage in social and leisure activities if they wanted to. Other people independently accessed the community and preferred to follow their own interests and routines.

There were some activities provided within the services for people to take part in if they wished. One person told us, "I enjoy knitting and colouring books and I have just done a cross word. I also take part in the games afternoon." A staff member said, "We have a fun games day once a week. Some people don't want to take part." They also told us, "Some staff even come in on their day off to join in." We saw photos of people taking part in the games day and people told us they enjoyed this. People took part in other activities including film night and bingo. People also enjoyed a 'dog therapy' sessions where a dog visited that people could pet. This promoted people's wellbeing.

People were supported to maintain relationships with family and friends. We saw people had visitors throughout the day and other people went out with their relatives. A member of staff said, "Some people are visited by family and we help other people to keep in touch with their family on the phone."

People were protected from discrimination and their values and beliefs were respected. We saw people's rights and choices were promoted and valued. A member of staff told us, "We always consult people and offer them choices." Another said, "People are treated as individuals. They aren't pressured to do things they don't want to do. People are always given a choice."

A complaints policy was in place, for if complaints were received, although there had not been any since the last inspection. People told us they would be able to speak to staff or the provider if they had any issues or concerns.

# Is the service well-led?

## Our findings

During the last inspection, the provider was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had failed to ensure systems or processes were in place to assess, monitor and improve the quality and safety of the service.

During this inspection, we found some systems were in place in some areas to assess, monitor and improve the quality and safety of the service, however, these were not always effective and were missing altogether in other areas. There was no system to monitor medicines, care records and staff files including staff recruitment, training and support. This led to some shortfalls being missed; they were only identified as a result of our inspection. For example, consent to people's care records had not been reviewed. This meant there was a risk people's consent was not current and valid. The provider had also not checked when the need for an application for a Deprivation of Liberty Safeguard (DoLs) may be required.

The provider did not always ensure there were accurate and complete records for staff and these were disorganised, meaning relevant information could not be obtained easily. We also found one missing record for one staff member's supervision. A lack of systems to monitor these meant this had not been addressed.

Effective systems were in place to monitor the safety and cleanliness of the environment in the kitchen, but there was a lack of these systems to monitor other areas. We found one safety window restrictor which was not ideal. We brought this to the provider's attention who immediately ordered a new one. They showed us a tool they would be implementing to monitor the environment in future. From the shortfalls which they had identified, they had developed a maintenance plan which was being followed to improve the environment. This included completing recent painting of the stairs and landing and a plan was in place to clean the carpets.

The registered provider did not test staff competency in certain areas. For example, medication, which would support them to monitor safety and quality in this area. There was also a risk that if there had been any medication errors there was no system to identify these.

This continued to be a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Feedback was gained from people who used the service, relatives and professionals to drive quality within the service. The results had been collated, to see if there were any areas to respond to. There were no areas that required action and any individual issues were addressed directly with the person.

There was a positive team morale and culture within the service. The provider was accessible and had an open-door policy. People told us and we saw that both people living at the service and staff felt comfortable to approach them with any queries. Staff told us they felt supported by the provider. A member of staff said, "[Provider's name] is a good manager and leader who deals with any issues."

There was open and clear communication within the service. The provider communicated with staff and people living at the service through a variety of means including face to face discussion. There was a daily handover for staff, where any important information about people's care needs or issues were shared and discussed with relevant staff. Some meetings had been held although these were not regular because the service was small and people saw one another frequently and regularly shared information. Staff worked in partnership with other health and social care professionals to ensure people received appropriate care and support.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 11 HSCA RA Regulations 2014 Need for consent  11 (3) If the service user is 16 or over and is unable to give such consent because they lack capacity to do so, the registered person must act in accordance with the 2005 Act.
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  17(2) (a) assess, monitor and improve the quality and safety of the safety of the service provided in the carrying on of the regulated activity. 17 (2) (b) assess, monitor and mitigate risks relating to the health, safety and welfare of service users and others who may be at risk which arise from the carrying on of the regulated activity.