

# Northamptonshire County Council

## Eleanor Lodge

### Inspection report

Camborne Close  
Northampton  
NN4 8PH

Tel: 01604366881

Date of inspection visit:  
12 March 2020  
16 March 2020

Date of publication:  
17 April 2020

### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

Eleanor Lodge is registered as a domiciliary care agency. Following the inspection, the provider told us they were considering adding supported living as their service type. The service would need to consider and review the changes that would be required to meet the principles of Registering the Right Support.

At the time of inspection, the service was supporting 12 people with their personal care needs. People were living in a building that had been separated into five different flats and was connected to the main office. Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

### People's experience of using this service and what we found

Improvements were required to the overall direction and oversight of the service. The service was registered as a domiciliary care agency. However, there was confusion for the registered manager, staff, relatives and people who used the service about the type of service that was being provided. We consistently received feedback that the service was a supported living service, this was not the vision from the provider.

Improvements were required to ensure people had risk assessments in place with sufficient guidance for staff. A review was required of the processes regarding people's mental capacity assessments to ensure they were being applied for correctly. People's healthcare needs were well met, However, improvements were required to ensure there was cohesive and co-ordinated care from healthcare agencies.

Care plans were not always reviewed and updated at regular intervals and people's end of life wishes were not always recorded. Improvements were required to ensure robust and regular auditing of the service was maintained.

People received safe care and support from staff that were thoughtful and kind. The staffing team knew people well and worked effectively as a team. Staff understood safeguarding procedures and how to keep people safe from harm. People were supported to take their medicines as independently as possible, and encouraged and empowered people to make their own choices.

Staff were respectful and treated people well. They received supervision and guidance on a regular basis and had training which matched the needs of the people they supported. People enjoyed using the service and the support they received.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection:

This was the first comprehensive inspection for this service.

Why we inspected

This was a planned inspection based on the date we registered the service and the information we held about the service.

Enforcement

We have identified a breach in relation to the oversight and governance of the service.

Please see the action we have told the provider to take at the end of this report.

What happens next?

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Eleanor Lodge

## Detailed findings

### Background to this inspection

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is registered as a domiciliary care agency. It provides personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. Registered managers and providers have legal responsibilities for how they run the service and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service short notice of the inspection. This was because the Coronavirus had just begun to develop in the UK, and we needed to be sure people and staff were not displaying symptoms of the virus or self-isolating for their own protection.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and one person's relative. We also spoke with four members of staff and the registered manager.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Assessing and managing risks

- Improvements were required to ensure people had sufficient risk assessments in place. For example, two people's care plans identified they were at risk when in the community but provided no guidance for staff about if or how they could help to reduce those risks.
- People and their relatives were reassured about how staff supported them with their risks but the guidance for staff required improving.
- Staff had some knowledge about how to reduce the risks for people, however, without adequate guidance there was a risk of inconsistent practice between different members of staff.

### Safeguarding people from the risk from abuse

- People felt safe with staff and understood they were there to help keep them safe. One person said, "Staff help, they're there to keep me safe. They're good at calming things down."
- Staff had training about how to recognise signs of abuse, and how to keep people safe. Staff understood how to report any concerns.
- Improvements were required to ensure safeguarding incidents were reported in a timely way. We found one incident that required notification to the appropriate authorities had not been completed in a timely way.

### Learning lessons when things go wrong

- There were systems in place to identify when things went wrong. For example, trips and falls were recorded and effective action was taken to remedy these incidents.
- Improvements were required to ensure timely action was taken when things went wrong. We found that medication had been missed for three consecutive days and this had not been identified.
- Staff had handovers which helped to share good practice and identified improvements.

### Staffing; Recruitment

- People told us staff were able to support them when they needed support. Staffing teams were allocated to support groups of people within their homes as some people required minimal support such as prompting.
- One person said, "They're [the staff] there when I need them." One member of staff told us, "There's enough staff, we do have to use agency sometimes but they're recruiting at the moment."
- Staff were appropriately recruited. Staff files contained all the necessary pre-employment checks which

showed only fit and proper applicants were offered roles.

#### Using medicines safely

- People were supported to have their medicines as they wished. People's medicines were kept securely stored, and people were encouraged to be as independent as possible with their medicines.
- One person said, "The staff help to remind me when I need to take my pill – I can't remember." Staff felt confident about supporting people with their medicines and received training to do so.
- Medication Administration Records (MAR) were completed to record when staff had supported people with their medicines.

#### Preventing and controlling infection

- People were supported to maintain clean and hygienic practices within their home with staff support.
- One person said, "The staff are helping us clean a bit more at the moment with everything going on – the handles, surfaces, toilet."
- Staff received training in infection control practices and food hygiene and were knowledgeable about how to support people in these areas.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes, was inconsistent or was insufficiently actioned.

### Consent to care and treatment

- The service was not consistently meeting the requirements of the Mental Capacity Act 2005 (MCA). The MCA is a law designed to protect people who are unable to make decisions about their own care and support.
- The service was providing care that could deprive people of their liberty. They had not followed the correct processes to ensure people were only deprived of their liberty when this was in their best interests and authorised by the Court of Protection. The Court of Protection can make decisions about the health and welfare of people who lack mental capacity to make decisions for themselves. However, assessments had been made and people were supported to be as independent as possible.
- Staff were supporting people in line with their best interests and were following the principles of the MCA however the registered manager had not promptly reviewed or applied to the Court of Protection to support the care people received.

Working together and with other organisations to provide effective and coordinated care; Supporting people to live healthier lives and access healthcare services and support

- Improvements were needed to ensure people received the support they needed from other organisations and agencies.
- One person's care plan identified they required additional support from community learning disability services, however, no action was recorded. The registered manager was unaware if there had been an outcome to this request despite several months having passed.
- People were supported with their day to day healthcare needs but improvements were needed to ensure people were adequately supported with regular/annual check-ups for podiatry care, dental care and medication reviews.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care and support needs were assessed before they were able to begin using the service. This was to make sure their needs could be met effectively, and staff had a prior understanding of people's needs and preferences before they began to support people with their care.
- Assessments and the care plans developed from them considered all aspects of a person's needs including protected characteristics such as lifestyle choices, cultural needs and religious preferences.



Meeting people's needs and preferences in relation to eating and drinking

- People were supported to be as independent as possible to meet their nutritional needs. Staff supported people to understand balanced meals and healthy eating.
- One person said, "I like to cook my own homemade meals. The staff just help me get things out the oven."

Staff support, training, skills and experience

- New staff received an induction into care which helped to prepare them for their role.
- Staff received training in a variety of care areas, this was focussed on people's care needs. For example, supporting people with dementia, autism and epilepsy. Staff were also supported to complete the Care Certificate.
- Staff received regular and helpful supervisions which gave feedback about their performance. Staff felt supported and told us they always felt they could ask for additional support. One member of staff said, "I do feel supported here, it's a really good team and we help each other."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection of this newly registered service. We have rated this key question good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Treating people with kindness, respect and compassion

- People were treated well and enjoyed the relationships they had with staff. One person said, "The staff here are really friendly and kind. They're helpful and they're just always there for you." One person's relative said, "They're so considerate. One of the carers was making [name] a packed lunch and made sure the banana they picked for [name] wouldn't get ruined – it's just little things like that that perhaps others wouldn't even think about."
- Staff enjoyed their jobs and this shone through as they talked respectfully and warmly about the people they supported. One member of staff said, "I'm really happy. It's better now, we get to see the same people, so we get to know them."
- People's equality needs were considered during the assessment stage, and these were respected as people continued to use the service. Staff were matched with people to try and accommodate their preferences and needs.

Supporting people to express their views and be involved in making decisions about their care

- People were encouraged to make decisions about their care. One person said, "I do what I need to do. They don't stop me doing anything." Relatives also told us they felt involved and informed with what was happening with their loved one. One relative said, "I feel involved, and they [the staff] would ring me if anything happens, I'm confident of that."
- People and their relatives were involved in writing their care plan and deciding the care they required support with. People felt they could ask for changes to their care and this would be respected.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible. Staff were encouraging, empowering and respectful of people's differing abilities to complete tasks for themselves.
- Staff respected people's rights and maintained people's privacy and dignity. One member of staff said, "I always make sure the curtains and doors are shut if I am supporting people with their personal care. I always try to maintain their dignity whenever I can."
- One person also commented, "They [the staff] never just walk in, they always knock and ask if they can come in."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant people's needs were not always met.

### Planning personalised care

- People's care plans were not regularly updated or reviewed. Staff had a good understanding of people's needs and did not need to rely on people's care plans. However, this meant there was a risk that staff did not provide consistent care.
- People did not always have comprehensive care plans in place to provide guidance on all aspects of their care. For example, regarding their health conditions, or behaviour that may harm themselves or others.
- People's care plans contained information about people's background and history, people that were important and personal interests. This helped staff have meaningful conversations with people.

### End of life care and support

- Improvements were needed for the arrangements for people's end of life care.
- End of life care and support templates were in place however people had not been asked for their thoughts about their end of life care and their preferences were not recorded.
- The provider had good links with other agencies involved in providing end of life care.

### Meeting people's communication needs

- The service was meeting the requirements of the Accessible Information Standard (AIS). The AIS tells organisations what they have to do to help ensure people with a disability or sensory loss get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
- During the assessment process people's communication needs were assessed and a care plan was completed which supported people's requirements.
- Staff supported people to have access to information in a way they could understand.

People were supported to access information in a format they could understand.

### Improving the quality of care in response to complaints or concerns

- People understood they could report concerns or make a complaint if they wished. One person said, "If I wasn't happy about it [the care or the staff] I can tell someone, and they will sort it out." Another person's relative said, "I've never needed to complain, if something isn't right you only have to mention it and it doesn't happen again."
- The provider had a complaints procedure in place however at the time of inspection, no complaints had been received.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection of this newly registered service. We have rated this key question requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Leadership vision, values and culture

- Improvements were needed to the leadership of the service. The service had been registered as a domiciliary care agency, however the service was operating as a supported living service. The registered manager was unclear about the parameters and limitations of the vision and values set by the provider. In addition, the registered manager was managing another service and told us they found it very difficult to effectively manage both services.
- The ethos within the service was to put people's needs first. Staff were committed to their jobs and giving people the support they required to help them be as independent as possible, and this helped people to flourish.

### Managing the quality of the service, meeting legal requirements and staff and managers being clear about their responsibilities

- Improvements were needed to quality assurance processes. Comprehensive auditing systems had been established but had not always been completed on a regular basis by the registered manager, meaning there was not always sufficient oversight of the service.
- The provider had completed an audit of the service however the actions that had been identified to improve the service had not been implemented in a timely way.

This had not had an impact on the care people received however improvements were necessary to maintain this. The provider failed to ensure that adequate governance systems were in place. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Acting with honesty and transparency if something goes wrong; Continuous learning, innovation and improving the quality of care

- The service was meeting the requirements of the duty of candour. The duty of candour is a legal duty for providers to act openly and honestly, and to provide an apology if something goes wrong.
- There had been no incidents meeting the requirements for the duty of candour, however, the registered manager had a good understanding of the process. Learning was shared amongst the staffing team, for example, following an incident with the intention to improve the quality of care.

Engaging and involving people using the service, the public and staff

- The registered manager was available for people, their relatives and the staff to receive feedback and discuss people's care. People knew who the registered manager was however there were no systems in place to seek feedback.

Working in partnership with others

- The registered manager worked in partnership with local commissioners and community health and social care teams to ensure people were receiving care that met their needs.

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
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  There was insufficient oversight and governance in place. This was a breach of Regulation 17 of the HSCA.