

Pinpoint Developments Limited

Elgin Lodge

Inspection report

Elgin Drive
Wallasey
Merseyside
CH45 7PP

Tel: 01516384869

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27 January 2020

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Ratings

Overall rating for this service	Good ●
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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

About the service

Elgin Lodge is a detached two storey property The home is registered to accommodate eight people and there were eight people living at the home at the time of our inspection.

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

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People felt safe using the service and were protected from abuse and the risk of abuse. Procedures were in place for the safe management of medicines and people received them on time. Safe recruitment practices were followed. Infection control practices were followed to minimise the risk of the spread of infection and regular safety checks were carried out on the environment and equipment.

Systems were in place to monitor the quality of the service that people received. People's needs and choices were assessed prior to moving into the service. People received care and support from experienced staff who received training which supported their role. People were supported to have a nutritious and balanced diet and their healthcare needs were met.

People and their family members felt the service met their needs and positive relationships had been formed with the staff delivering care and support.

People and their family members had access to information about how to make a complaint about the service.

Systems were in place to monitor the quality of the service that people received. The registered manager sought information and guidance from other agencies to continually develop the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (report published 28 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Elgin Lodge

Detailed findings

Background to this inspection

Background

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Elgin Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Notice of inspection

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

This inspection was unannounced.

Inspection activity started on 29 January 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used all of this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us 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.

During the inspection

We spoke with seven people and received a full tour of the home. We spoke with two members of staff including the registered manager and a care and support worker.

We reviewed a range of records. This included two people's care records and all eight peoples medication records. We looked at staff files in relation to recruitment and staff supervision and all training records. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We liaised with two relatives who sent details of the care and support provided to their relatives.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse. Safeguarding procedures were in place. Staff had completed safeguarding awareness training. Staff had access to information on how to protect people from the risk of harm.
- Staff knew how to refer any concerns they had about people's safety.
- People told us they felt safe using the service.

Assessing risk, safety monitoring and management

- Risks to people were assessed and known to staff and plans were in place to minimise those risks.
- Staff had access to policies and procedures in relation to health and safety and staff had received training in this area.
- Regular safety checks were carried out on the environment and equipment in use.

Staffing and recruitment

- Sufficient numbers of suitably trained and experienced staff were deployed to safely meet people's needs.
- The recruitment of staff was safe. Appropriate checks were carried out on applicant's suitability for the role before they were offered employment.
- People told us that staff were always available to meet their needs. Comments included "Staff always support me when I need them to they are brilliant" and "The staff are always here to help and support me".

Using medicines safely

- The service managed medication procedures and regular reviews of medicines records took place.
- The staff provided safe administration of people's medicines.
- Staff responsible for managing people's medicines had completed training in this area.

Preventing and controlling infection

- Staff had completed infection control training and followed good practice to minimise the risk of the spread of infection.
- Regular checks were carried out on the cleanliness of Elgin Lodge.
- Equipment was available to prevent the spread of infection.

Learning lessons when things go wrong

- Lessons were learnt, and improvements made following accidents and incidents.

- Accident and incidents were recorded and reviewed to look for ways of minimising further occurrences. One family member told us "They ring me all the time to let me know".

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's individual needs and choices were assessed prior to using the service.
- People had been living at the home for a long time.
- People told us staff supported them and that they received the care and support they needed.

Staff support: induction, training, skills and experience

- Staff had the right knowledge, skills and experience to meet people's needs effectively.
- Staff training records showed that staff were up to date with training and attended updated training when required.
- People spoke positively about the staff team. Comments included "Staff are brilliant" and, "Staff know what they're doing".
- Staff received regular support and guidance from their manager.

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a healthy balance diet.
- People had a choice of what meals they wanted.
- People told us that with the support of staff, they planned their meals and two people went shopping for food with staff.
- Advice from healthcare professionals in relation to eating, drinks and specific health conditions were planned for and recorded in people's care plans.

Adapting service, design, decoration to meet people's needs

- The service had been adapted to ensure that people had freedom of movement and was accessible to all.
- People had access to equipment to assist them in maintaining their independence.

Supporting people to live healthier lives, access healthcare services and support

- The service managed supporting people well to attend their appointments.
- People had registered with health and other services and understood the importance of their well-being.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. At the time of this inspection none of the people had a DoLS in place.

- The service had the DoLS procedure in place staff understood when and why it was to be initiated for a person.
- Staff had received training in this area and understood the procedure for the best interest of the person.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us that they were happy living at Elgin Lodge. Their comments included, "Very well supported by all staff", "All the staff are excellent", "I am always treated with respect" and, "I love living here all staff are so kind".
- Staff knew people well and it was evident from their interactions with people that positive relationships had been formed. Comments from people included "I love to sing and the staff sing along with me" and, "It's a great place to live and the staff make it great".
- Family members spoke positively about the service their family member received. One family member told us that staff go above and beyond to support their relative.

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

- People and their family members were encouraged to share their views about the care provided.
- Family members confirmed they had been involved in supporting their relatives to make decisions about their care and support and wellbeing.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. People's comments included, "Staff are always respectful, they know my ways of doing things", "Staff always ask if I want their support and if so how I want it. Very respectful".
- People told us they were given choice and control over their day to day lives. People's comments included "Staff always respect our choices it's our home and it's a good home to live in", and, "I choose what I want to do, discuss it with staff and let them know I am back if I go out".

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's identified needs had been planned for and were recorded in their care plans. People who used the service and staff had access to this information.

- Records were maintained of the care and support offered and delivered to people.

Family members told us that they were updated about their relative's care and support where appropriate, were involved in care plan reviews.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's specific communication needs were recorded in their care plans.

- Information was provided in different formats where this was needed to support people's understanding.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had access to activities within the service and the local community to offer stimulation to prevent social isolation.

- People attended local day services and events within the local area.

- People were supported to pursue their hobbies and interests. Peoples comments included "I have my weekly plans and I go over them with staff", and, "I come and go to activities outside the house, I like keeping active".

Improving care quality in response to complaints or concerns

- People and their family members knew who to speak to if they were unhappy about the service they received. Their comments included "I would talk to any of the staff if something was bothering me", "I would talk to [manager] if I wasn't happy but I am" and, "I don't have any complaints it's a great place and I always talk to staff".

- A system was in place to record and monitor any complaints received about the service.

End of life care and support

- The service had a policy for end of life care.

- The manager told us that the service would be supported by health professionals.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Person-centred care was delivered and tailored around people's needs, wishes, choices and preferences.
- Staff were committed to enhancing the experiences of people living at Elgin Lodge, people were empowered and supported to remain as independent as possible.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager was aware of their legal responsibilities, the importance of investigating incidents/events that occurred and being open and transparent with their findings.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager and staff were clear about their responsibilities and worked together in providing a good level of care and support.
- Systems and processes for audits, quality assurance and improving practice were in place.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Arrangements were in place to engage and involve people using the service, family members and staff.
- Peoples equality and diversity support needs were assessed and determined from the start of living at Elgin Lodge.
- Staff followed advice and worked in partnership with others such as health care professionals to ensure the best possible outcomes for people.

Continuous learning and improving care

- Quality assurance processes were in place, assessing and identifying areas of improvement required.
- Staff received regular support and training for their role to ensure their practice was up to date and safe.
- The provider sought information and guidance from good practice guidelines to continue to develop the service.

Working in partnership with others

- Staff worked closely with other healthcare and social care professionals, so people received care that was tailored around their support and healthcare needs.