

Cumbria County Council

Eskdale House

Inspection report

Swan Street
Longtown
Carlisle
Cumbria
CA6 5UZ

Tel: 01228791366

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This unannounced inspection took place on 7 January 2016. We last inspected Eskdale House in October 2013. At that inspection we found the service was meeting all the regulations that we assessed.

Eskdale House is situated in a residential area of Longtown and is near to all the amenities of this small border town. The home is operated by Cumbria County Council and provides accommodation and personal care for up to 26 older people.

All the bedrooms are for single occupancy apart from one that could be used for two people if they wish to share.

Lounge and dining areas are on the ground floor with some bedrooms. The remaining bedrooms are situated on the first floor and are accessed by a passenger lift.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 and associated Regulations about how the service is run.

People living in Eskdale House told us they "felt safe and happy". Relatives said they were pleased with the support and caring attitude of all the staff.

People were protected by staff who knew how to keep them safe and managed individual risks well. Staffing levels were appropriate during the day and the manager brought in extra night staff when necessary to meet the needs of those using the service and to promote their independence. Staff were aware of their responsibilities in relation to the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

We spent time with people in all areas of the home. We saw that the staff offered people assistance and took the time to speak to people and take up the opportunities they had to interact with them and offer reassurance if needed. People living there told us that care staff were mindful their privacy and treated them with respect. We saw that the staff approached people in a friendly and respectful way and people we spoke to who lived there told us that it was a "homely" and "comfortable" place to live.

The registered manager provided details of the staff training that evidenced staff training was up to date. Staff confirmed they received training appropriate to their roles within the staff team.

People had access to external health care services which ensured their health care needs were met. Staff had completed training in safe handling of medicines and the medicines administration records were up to date. People were provided with sufficient food and drink in order to maintain good levels of nutrition and hydration. People told us "We have a choice of meals and if there is anything we don't like we can choose something else" and "The food is excellent and all home cooked".

Medicines were being safely, administered and stored and we saw that accurate records were being kept of medicines received and disposed of so all of them could be accounted for.

We saw evidence that staff recruitment and selection was robust and guaranteed only suitable people were employed to care for and support people using this service.

There was an appropriate internal quality audit system in place to monitor the quality of the service provided.

People knew how they could complain about the service they received and information about this was displayed in the home. People we spoke to were confident that action would be taken in response to any concerns they raised. People told us they felt comfortable giving their views about the service and what they wanted in their home.

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.

We found that medicines were handled safely and people received their medicines as prescribed. Medicines were stored safely and records were kept of medicines received and disposed of so all could be accounted for.

People told us they felt safe living in Eskdale House. Staff had completed training in safeguarding vulnerable adults and were aware of their responsibility to keep people safe.

Staff had been recruited safely with appropriate pre-employment safety checks.

Is the service effective?

Good ●

The service was effective.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

People's rights were protected because the requirements of the Mental Capacity Act 2005 Code of practice and Deprivation of Liberty Safeguards were followed when decisions were made about the support provided to people who were not able to make important decisions themselves.

Staff training appropriate to people's roles and responsibilities was in place.

Is the service caring?

Good ●

The service was caring.

The people we spoke to said they felt well supported and cared for. We saw meaningful interactions between people and the staff and noted that people's privacy and dignity was respected.

We saw staff treated people with empathy and asked people how they wanted their care to be provided.

Information was available on how to access advocacy services for people who needed someone to speak up on their behalf.

Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed prior to moving in to Eskdale House. People's needs were reviewed regularly and any changes were responded to quickly.

The management and staff at the home worked well with other agencies and services to make sure people received care in a consistent way.

There was a system in place to receive and handle complaints or concerns raised

Is the service well-led?

Good ●

The service was well led.

The registered manager communicated a clear vision and purpose about the development of the service. Management systems were used to monitor and assess the service's performance and to drive a culture of continual improvement through due diligence.

Staff told us they felt supported, valued and listened to by the registered manager.

People living in Eskdale House and their relatives were able to give their views and take part in meetings and discussions about the service.

Eskdale House

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection 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 was took place on the 7 January 2016 and was carried out by one lead adult social care inspector.

A provider Information form (PIR) was sent to the provider and this was completed and returned within the set timescale. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The registered manager had received an acknowledgement of the PIR but our records do not show the document on file. The registered manager gave us a copy for reference and our records. This action provided us with the key information about the service and its plans for the future.

Before our inspection we reviewed the information we held about the service. We also sought the views of the commissioners of services and health and social care professionals who came into contact with the service. We looked at the information we held about notifications sent to us about any accidents or incidents affecting the service and people living there. We looked at the information we held on safeguarding referrals, concerns raised with us and applications the manager had made under deprivation of liberty safeguards.

As part of the inspection we looked at records relating to the use of medicines and assessed medicine management, storage, administration and disposal. We looked at a total of six care plans.

During our inspection we spoke to five people who lived in Eskdale House and one relative who was visiting the home during our visit. We spoke to two members of the care staff team two supervisors and the cook. We spent time with the registered manager and toured the building looking at the environmental standard of the home.

We observed the interactions between the care staff and the people they supported in all parts of the building. We looked at care plans and records held containing details of the systems used to monitor the provision of care and operation of the service.

Is the service safe?

Our findings

The people we spoke to during the inspection visit were all very quick to tell us they felt safe living in Eskdale House. Comments included, "Safe, of course I feel safe. Why wouldn't I. The girls are always round and about for a chat" and "I feel safer here than I did when I lived by myself because I need a little help now".

We found that the staffing levels during the day were sufficient although the registered manager had completed the necessary documentation in October of last year for an increase in staff hours to cover both day and night duties. She had repeated this request in December but had up to the time of our visit not received a reply. At the time of our inspection there were two staff on duty during the night although the manager did recently increase this to three for a period when one of the people needed extra care because of an increase in their dependence. A member of staff told us "If we do need any additional staff at night we always get them".

We looked at how the provider calculated how many staff were required to support people at Eskdale House. We could find no evidence that staffing levels had been set based on people's needs. They were in fact based on historical figures, for example we were told the service had always had two staff working at night. The provider was aware that the needs of the elderly population were changing with more people being supported for longer within their own home. This meant that people who used the service were likely to have an increased amount of needs requiring an increased amount of support. The provider had made no provision for this.

We asked people if they thought there was sufficient staff to care for them and keep them safe. One person said, "Oh yes there is always enough and look now we are having our nails done and the girls are making us a cup of tea".

The provider had procedures in place to make sure only suitable people were employed to work in their services and provide a safe environment. There was a low turnover of staff in Eskdale House but we were able to check the personnel file of the latest member of staff to be appointed. We saw that all the checks and information required by law had been obtained before they had been offered employment in the home.

The registered provider had systems in place to make sure people living there were protected from the risk of abuse and avoidable harm. Staff told us they had received training in safeguarding adults and training records confirmed this. The staff we spoke to were able to discuss the various signs to look for that would indicate people were afraid or unhappy. When asked if they would report anything they saw that gave them concern one member of staff said, "I most certainly would. In fact I did once and the manager dealt with the situation right away".

We looked at the records for the receipt, administration, storage and disposal of medicines and found everything to be in order. We observed medicines being administered and saw this was done in a caring manner. Staff gave people time to take their medicines in a relaxed way explaining why it was important.

We saw that regular audits or checks were completed on the medicines administration records (MAR) and these were signed in red by the supervisor concerned. Checks were completed daily to ensure the records were completed correctly to ensure all the tablets and liquids held matched the records. There were clear protocols for giving 'as required' medicines in place and variable doses for medicines were clearly recorded on the medicines administration record (MAR). This helped to make sure that people received the medicines they needed appropriately for example, one person needed their medication first thing in the morning and so the night staff were responsible for doing this. All staff who were responsible for the administration of medicines had received training at level two through a local college.

During this inspection we took time to look at the environmental standards were in the building. Some areas were in need of decoration and the registered manager confirmed the decorators were 'moving in' the following Monday morning and she had her list ready for them. She had purchased new bedding and curtains that would be used as soon as the decorating was finished.

The home was very clean with no unpleasant odours. This was despite there being vacant hours for domestic hours. These hours were also contained in the earlier requests for staff. We saw there was a plentiful supply of gloves and aprons available for staff when they delivered care and tabards available for staff to use when they served meals.

Is the service effective?

Our findings

People we spoke to made many positive comments about the support they received from the staff in the home. One person told us, "Staff ask me regularly how I am" and another said, "They (the staff) know all my likes and dislikes." People felt well supported and said, "These girls know me very well I have lived in and around Longtown all my life and I know the staff well". Staff told us, "We all know the people we care for very well and their families too. It is a community home and everyone knows Eskdale House".

We spoke to the care staff and the supervisors about the training programme and they all confirmed that registered manager was 'very hot' on training. Staff had completed training in safeguarding, The Mental Capacity Act (MCA), moving and handling, infection control and dementia awareness.

We saw that there was regular involvement with the Care Home Education and Support Service [CHESS] in Cumbria. This involved the CHESS team working with care home staff and backing up learning with practical support. Staff told us they found this training useful in supporting people with more complex needs.

We saw, in one personnel file, details of the induction programme which had been overseen by the registered manager. She told us, "I always organise the induction of new staff so I can make sure they know what I expect of them when they come to work here".

All the care plans we looked at contained a nutritional assessment and we saw that a regular check was being kept on people's weight for any changes. Where the care staff had concerns about a person's nutrition their records showed they had involved appropriate professionals to help make sure people received the correct type of diet. The supervisor told us they had requested advice from the speech and language therapist which resulted in the person concerned having a raised table making it easier for them to sit in a more upright position to enjoy their meals.

We observed what was happening during meal times in the main dining room and how people were supported as they had their lunch. We saw that lunch was a relaxed occasion and staff spoke with and encouraged people as they served or helped them with their meals. We saw that care staff assisted people in an unhurried way and also prompted and encouraged people, where appropriate, with their meals. The lunch time meal was a choice of soup and sandwiches or a hot snack. The main meal was served later in the day. People told us, "We always have a choice and if we want something else we only have to ask". We saw there was a choice of hot and cold drinks available throughout the day.

CQC is required by law to monitor the operation of the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act 2005 (MCA). 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. 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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

Two of the members of staff on duty had completed the appropriate training and one told us, "We always assume people have capacity but may need help with making big decisions". The registered manager had made applications for DoLS orders for those people who required these and was in the process of completing another. The registered manager explained that there were only a few people who lived in Eskdale House for which this was necessary.

We saw in care records that people who had capacity to make decisions about their care and treatment had been supported to do so. Some people were not able to make important decisions about their care or lives due to living with dementia. We looked at care plans to see how decisions had been made around their treatment choices and 'do not attempt cardio pulmonary resuscitation' (DNACPR). The records in place showed that the principles of the Mental Capacity Act 2005 Code of Practice were being used when assessing a person's ability to make a particular decision. Records were kept of multi-disciplinary discussions with people and families around care decisions. All the decisions had been made with peoples' GPs following meetings with the people concerned or their families if this was appropriate. The manager was aware where family members had Lasting Power of Attorney (LPA) in place so that they had the authority to make decisions about their relative's personal care and finances. A copy of the document was kept on peoples' personal files.

Health care needs were met by visiting GPs and the district nursing team. People with mental health needs were supported by mental health professionals. Optical, dental and chiropody services were available for people when required. The Optician was in the home testing the eyes of a number of people during our inspection visit.

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Is the service caring?

Our findings

People told us they were very happy living in Eskdale House and that the staff were very caring and kind. We spent time in the communal areas of the home and what we saw evidenced that the care staff knew the people they supported well and treated them with the utmost respect but at the same time put people at their ease with warm and caring attitude. There was an understanding from the care staff of people's individual needs and the way in which people were able to communicate. We saw that staff gave people time to express themselves in their own way.

The staff we spoke to were respectful of people's needs and showed a sympathetic approach to their caring and supportive role. We asked one member of staff about how they supported people with more complex needs such as those who lived with dementia. They said, "I don't treat people any differently whatever their needs. Just because a person lives with dementia they are still able to express their needs although maybe in a different way. There are many ways of communicating with people other than through conversation".

People told us their privacy and dignity was respected at all times. One person said, "These girls treat me as though I am one of their own. Mind this home is like that, everyone looks out for each other. Everyone knocks at my door and wait for me to answer before coming in. I like that". We saw that staff maintained people's personal dignity when assisting them with mobility and in using the mobility equipment they needed to promote their independence.

Prior to our inspection we spoke to a member of the district nursing team that visited Eskdale House on a regular basis. We asked for her opinion of the care provided by the staff at the home. She said, "We visit the home daily to administer insulin as well as for other reasons. There is a warm and homely atmosphere throughout and we see the staff caring in a most appropriate manner. The care staff are receptive to any suggestions we make".

The registered manager and staff had very definite ideas about the holistic approach to care in particular when people were nearing the end of their life. When we spoke to one member of staff she said, "You never get used to it but our training helped us to make sure people were comfortable and relaxed and were given the best possible care and support when the time came".

Spiritual needs were met through visits from the local clergy who conducted services in the home. Some people were able to attend their local church if they wished.

We found that a range of information was available for people in the home to inform and support their choices. This included information about the providers, the services offered, about support agencies that could offer information and support and advocacy services that people could use. During a recent meeting for people who lived in their home the registered manager discussed the advocacy service called 'Best Life' and provided leaflets about the organisation to those who may need the service. This information was reported in the minutes of the meeting. An advocate is a person who is independent of the home and who can come into the home to support a person to share their views and wishes.

Is the service responsive?

Our findings

Prior to their admission to Eskdale House people's health and social care needs were comprehensively assessed. These assessments were completed by the registered manager or one of the supervisors. Always present at the assessment meeting was the member of staff who was to be the key worker for the person who wanted to move into the home. A key worker is a member of the care staff team who had responsibilities for a small group of people using the service. One person told us that on the morning of our inspection visit her key worker had assisted her to have a bath which she had greatly enjoyed.

Some people who lived in Eskdale House had previously stayed in the home for a period of respite care. They told us this had enabled them to settle down much more quickly when they moved in on a permanent basis.

Following the assessment, individual care plans were developed in order to give as much information as possible so staff could provide an appropriate level of care. Eskdale House used Cumbria County Council's corporate format for the care plans. However we found that the information contained in these care plans was centred on the needs of the individual and in language that was easily understood. We read one care plan belonging to a person living with dementia. It set out clearly the physical, emotional and mental health needs of the person and what was expected of the staff in order to meet those needs. For example the care plan recorded that the person could easily become distressed and upset as their family lived away. The instructions to the staff said they were to approach the person in a calm, quiet and unhurried manner and give reassurance in order to calm the situation. The staff told us this always worked.

The care plans contained as much personal history as people wanted to give and the people we spoke to, most of who had been farmers during all of their working life told us how hard, but very good, their lives had been. In all the care plans we looked at we saw there were risk assessments in place that identified actual and potential risks and had the control measures to help minimise them. People's care plans included risk assessments for skin and pressure care, falls, moving and handling, mobility and nutrition. Care plans were reviewed monthly or more often if required. Care staff told us they reported any changes to people's needs to the supervisor immediately these were noted and we saw, on the care plans we looked at, the handwritten notes attributed to the changes and what staff had to do. These notes were then typed up following the monthly review and update.

Most of the people who lived in Eskdale House spent their days in the communal areas and many of the activities were held in either of the two large lounges. Social activities included hand pampering days (on the day of our visit), visiting musicians, bingo, other games and coffee afternoons, the last one just prior to Christmas having raised over £400 for the residents fund. One person was in the process of doing a large and complicated jigsaw that they were enjoying very much although they told us, "There is too much red in this picture".

Since the last inspection the registered manager had purchased a new summer house and barbeque that had proved popular in the summer months. The next project, which was well under way, was the

transforming of the smallest lounge into a 'fifties style' café. People who lived in the home were looking forward to entertaining their families and friend to tea and cakes. The registered manager told us staff and families were always on the lookout for suitable items of furniture, ornaments and china to give the café authenticity. Eskdale House is very much part of the local community and the manager told us of the kindness and involvement of people from the wider community.

People told us they knew what to do if they were unhappy or needed to raise a concern. None of the people we spoke to had any complaints and one person said, "If anyone complains about this home they don't know what they are talking about that's what I say. The staff are always asking us how we are and if there is anything we want". Details of the complaints procedure were available for people to read. There had been no complaints received by The Care Quality Commission.

Is the service well-led?

Our findings

The home had a registered manager in place as required by their registration with the Care Quality Commission (CQC). We asked the staff if they were well supported by the registered manager. They told us they felt very well supported. They said, "The manager is very good indeed and very vocal about getting things right for the people we support. She is approachable and expects everyone to do their best for the people who live here. Just like she does".

We found the culture in the home was open and transparent. The registered manager was open in expressing her views about the service provided to the people who used this service and the staff were left in no doubt that only the best was good enough. She was very much 'hands on' and had a high profile in the home. She had an open door policy for staff, people who lived in Eskdale House and their relatives and friends.

Meetings were held for people who lived in Eskdale House and we were able to see the minutes of the last meeting and the variety of subjects that were discussed. These included menus, entertainments, complaints and any improvements people would like to see.

Staff meetings were held regularly and meeting minutes are made available for people who were unable to attend to read. Copies of the minutes were made available for us to read.

We saw the results of the latest satisfaction survey conducted for staff and people who lived in the home and their relatives. The results showed that people were very happy working and living in Eskdale house. Comments from staff included, "Lovely environment to work in", "Lovely to know I am helping people to manage everyday skills" and "Good staff and team work".

Comments from people and families included, "I wouldn't change a thing", "No suggestion I could make would make it any better than it is" and "I am very happy with everything and the way things are". We saw a copy of a 'Have your Say' comment form received by Carlisle Adult Social Care that read, "The staff at Eskdale House are extremely proactive and dedicated. It is by far the best residential care home I have ever come across. It has a real warmth and community feel and the staff delivered an outstanding level of care to our relative. It really is a happy home*".

We saw copies of the monthly audits the registered manager was responsible for. These included health and safety, infection control, people's personal finances, the environment, care plans, staffing requirements, staff supervisions and medicines. Supervisors also completed a weekly stock check of medicines and a daily check of the medicines administration records at the end of each shift. This helped to make sure people received the right treatment and support and that any errors or omissions were noticed and dealt with.

There were systems in place for reporting incidents and accidents in the home that affected the people living there. We saw that these were being followed and if required CQC had been notified of any incidents and accidents and when safeguarding referrals had been made to the local authority.

There were also regular visits from the operations manager from Cumbria County Council who was responsible for the operation of the service to do their own checks and monitor the standards in the home.