

Egerton Lodge Limited

# Egerton Lodge Residential Home

## Inspection report

Egerton Lodge  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

What life is like for people using this service:

People felt safe at the home. They said the quality of the care, the presence of staff, and the environment made them feel safe. The home was well-staffed and the staff responded quickly if people used their call bells. People said they had their medicines safely and at the right time. All areas of the home were clean and fresh.

People were assessed before they came to the home to ensure staff could meet their needs. The staff were skilled and experienced. We saw staff assist people in communal areas and this was always done gently and efficiently. At lunch time people were seen to enjoy their meals at their own pace. Staff assisted people who needed support to eat. People told us they had good access to healthcare services. A visiting healthcare professional said people's healthcare needs were met at the home. The premises were well-maintained and suitable for their purpose. People chose the décor for their own bedrooms which were personalised to suit their individual tastes.

People told us the staff were 'marvellous', 'very caring' and 'approachable and professional'. We saw many examples of staff interacting with people in a friendly manner. People told us that if they were ever worried or upset staff comforted them. The routine in the home was relaxed and flexible to meet people's needs. People said staff consulted them about getting up and going to bed times and when they wanted their meals. People were encouraged to remain independent. Visitors were made welcome at the home at any time.

Staff knew people well and were knowledgeable about their needs. Care plans included clear instructions to staff on how to support people in the way they wanted. People had access to a wide range of one-to-one and group activities. We saw people taking part in a game of seated bowls and an armchair exercise class. People said they also enjoyed the home's visiting entertainers, coach trips, and the religious services held at the home.

People told us the home provided high-quality care and said they would recommend it to others. The home had an open and friendly culture and people said the registered manager and deputy were helpful and accessible. People shared their experiences of the home at residents' meetings and their suggestions were acted on. For example, tea urns and a bird table were purchased at their request. The home had links with organisations in the community to support staff in meeting people's care and social needs including dementia services, a nursery school, and local churches.

More Information is in the detailed findings below.

Rating at last inspection: Good (report published on 26 May 2016)

About the service: Egerton Lodge is a care home that provides accommodation for up to 46 older people

with dementia, mental health, physical disability and old age. The home is not registered to provide nursing care. At the time of our inspection there were 43 people using the service.

Why we inspected: This was a planned inspection based on the rating at the last inspection.

Follow up: We will continue to monitor the service through information we receive until we return to visit as per our re-inspection programme. If any concerning information is received 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?

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.

# Egerton Lodge Residential Home

## **Detailed findings**

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience's area of expertise was the care of older people.

This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team also included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

#### Service and service type:

Egerton Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this 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.

#### Notice of inspection:

The inspection was unannounced.

What we did:

We reviewed the information we held about the service. This included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used information the provider sent us in the Provider Information Return. 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.

During the inspection visit we spoke with seven people using the service and one relative. We also spoke with the registered manager, deputy manager, a visiting healthcare professional, two care workers, the activities co-ordinator, the cook, the maintenance person, and a visiting hairdresser.

We looked at two people's care records. We also looked at other records relating to the management of the service including staffing, quality assurance, and accidents/incidents.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm.

Good: People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- People felt safe at the home. One person said, "There's always someone coming to my room to check. The doors are secure. I have a pressure mat in case I fall. There's no bad behaviour by staff."
- The provider had systems and processes in place to ensure people were safe.
- All staff, including ancillary staff, were trained in safeguarding (protecting people who use care services from abuse) and knew what to do if they were concerned about the welfare of any of the people using the service.
- Records showed that staff followed the provider's safeguarding procedure when there was a safeguarding issue by making a referral to the local authority and notifying CQC.

### Assessing risk, safety monitoring and management

- People had risk assessments so staff knew how to keep them safe. For example, one person needed staff assistance when they walked and this was made clear in their risk assessment.
- If people needed specialised equipment to reduce risk. this was provided. For example, after one person fell staff put a pressure mat by their bed so staff could go to their assistance if they got up in the night.
- The premises were safe for people. For example, radiators were covered and water temperatures kept below 43 degrees to reduce the risk of scalding.
- The home's maintenance person carried out regular safety checks on the environment and on the equipment used, and records showed they took prompt actions if improvements were needed.
- Plans were in place to ensure people were supported to evacuate the home in the event of a fire or other emergency.
- During our inspection visit we saw that wheelchairs were stored in a corridor next to one of the lounges. This could be hazardous if the wheelchairs were not parked carefully. The registered manager was aware of this issue and said she was in discussion with staff and the provider to see if a better storage area could be found.

### Staffing levels

- People said staff usually came quickly if they used their call bells. One person said, "Not usually long. About 10 minutes." Another person said, "They do come quickly."
- Most people thought the home was well-staffed. A relative said there was, "Absolutely enough staff."
- Staffing levels were determined by the registered manager in consultation with her staff and the provider. Decisions were based on the needs of people using the service. If people's levels of dependency increased, extra staff were brought in.
- Staff were safely recruited in line with the provider's policy and pre-employment checks carried out to ensure staff were suitable to work in a care home.

### Using medicines safely

- People told us they had their medicines safely and at the right time. One person said, "I only take my medicine when the staff give it to me." Another person told us, "The staff bring me my medicines and I take them. The doctor has checked my medicines are okay for me recently."
- A relative told us, "I have no concerns about medications. We had a review with the dementia outreach team and the doctor on [family member's] medication and care needs."
- The home's arrangements for the management of people's medicines were safe. Only staff trained in medicines management and assessed as competent gave out medicines.
- The registered manager or her deputy carried out weekly medicines audits and acted, where necessary, to ensure the medicines people needed were in stock.
- Medicines were stored safely and securely. Since our last inspection air vents had been fitted in the medicines room to ensure medicines were stored at the correct temperatures.
- Staff recorded temperatures in medicines storage areas and completed charts. The charts in use did not include information on what the correct temperatures for medicines should be. The registered manager said she would add this information so staff would know when to report too high or too low temperature.

### Preventing and controlling infection

- All areas of the home were clean and fresh. One person told us, "The home is cleaned every day. It's hoovered and my bath and toilet cleaned. The bed linen is changed weekly or when I want. I get my laundry done and everything comes back."
- Staff were trained in infection control. On the advice of the health authority the provider had purchased a new type of disposable glove that was more puncture resistant and less likely to cause allergic reactions.
- The registered manager was in the process of updating and improving the home's infection control policy. She carried out regular audits to ensure the home was clean and safe.

### Learning lessons when things go wrong

- Following the 2018 national norovirus outbreak the provider and registered manager looked at ways of improving infection control at the home.
- After attending a care conference and looking at options, they purchased a portable sanitising machine. Staff used this to clean surfaces and the air in bedrooms and other areas. This helped to ensure the home remained infection-free.



# Is the service effective?

## Our findings

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

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 needs were assessed before they came to the home. Staff used the provider's needs assessment documentation to do this.
- Assessments covered people's health, social care and cultural needs. People and their relatives, where appropriate, were involved in the assessment process.
- Protected characteristics under the Equality Act 2010 were considered during the assessment process in line with the provider's Equality Diversity and Human Rights policy.

Staff skills, knowledge and experience

- People told us the staff were skilled and experienced. One person said, "I'm sure they do [know their job]. I've no sores. I need help to wash, dress and get to bed. They do that well for me."
- A visitor said their family member had a medical device and only trained staff were authorised to care for it. The visitor told us, "The staff have regular training. [Family member] always looks nice, clean and her hair is done. The staff give people pride in themselves."
- We saw two staff assisting a person to move. They were gentle, took their time, and explained and gained the person's agreement whilst doing so. They also encouraged the person and praised them for their effort.
- Staff told us the quality and quantity of the training was good. One staff member said, "I did an induction which included moving and handling, safeguarding, and communication skills. I have also done training on dementia and NVQ (National Vocational Qualification) level 3 in care."
- The deputy manager was responsible for staff training at the home. Records showed staff completed a wide range of courses including the Care Certificate and NVQs.
- Specialist training was provided so staff could meet people's individual needs. For example, NHS nurses ran courses on stoma care and the local authority trained staff in falls awareness.
- Some training courses let staff experience what it might be like to live with a disability. For example, staff were blindfolded, went in the hoists, and tried different textures of food. This helped them to gain insight into the lives of some of the people they were supporting.

Supporting people to eat and drink enough with choice in a balanced diet

- People told us they enjoyed the food served. One person said, "I get plenty here, it's warm, we get a choice and the staff bring a menu in."
- A relative said, "The food here is very good. We come and have Sunday lunch with [family member]. The staff set up a separate table for the family."
- Staff catered for people's special dietary requirements. One person said, "The food is brilliant." They told us they had a soft diet due to swallowing difficulties and the kitchen staff made sure their meals were of the right consistency.

- We observed lunch being served. People were seen to enjoy their meals at their own pace. Staff assisted people who needed support to eat.
- Staff asked people if they had enjoyed their meal. The registered manager came in to support her staff and socialise with people.
- People's nutritional needs were assessed and where necessary they were referred to dieticians and/or the SALT (speech and language therapy) team via their GPs.

Staff providing consistent, effective, timely care

- People told us they had good access to healthcare services. One person said, "If anything is wrong they call the doctor for you. I got chesty and he [the GP] gave me tablets to clear it. I'm waiting now to get a new hearing aid. I'm also getting new glasses and I'm going to get my pacemaker checked."
- A relative told us, "If required, the doctor will come to make a visit. The staff arrange everything. [Family member] sees the chiropodist, hairdresser, and optician. The dementia service visits [family member]."
- A visiting healthcare professional said people's healthcare needs were met at the home. They told us, "It's very organised here with good communication and efficient, caring staff. The staff share good practice with other health and social care professionals and attend monthly care home managers meetings at the GP surgery."
- People's healthcare needs were assessed and met. Records showed they had regular appointments with healthcare professionals including GPs, district nurses, dentists, dieticians, opticians, chiropodists and physiotherapists.

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

- Adaptations and improvements had been made to the premises to meet people's needs.
- People chose the décor for their own bedrooms which were personalised to suit their individual tastes.
- People had memory boxes outside their rooms to help them identify their own space. Bathroom and toilets signage was pictorial to make identification easier.
- We discussed making further improvements to the home to make it more dementia friendly. The registered manager said she would review the premises and see if further changes would be beneficial.

# Is the service caring?

## Our findings

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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People told us the staff were kind and caring. One person said, "The staff are marvellous. All of them. I love them all. They are very caring." A relative told us, "Staff here are very approachable, friendly, professional and caring."
- A visiting healthcare professional told us, "The residents are well-looked after here and happy."
- On the day of our visit, it was one person's birthday and staff were making an occasion out of this, offering sherry to all the people at the home.
- We saw many examples of staff interacting with people in a friendly manner. For example, staff complimented one person on their clothing which made the person happy.
- People told us that if they were ever worried or upset staff comforted them. We saw staff sitting with a person living with dementia and holding their hand to calm them when they became distressed.

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

- The routine in the home was relaxed and flexible to meet people's needs. For example, although breakfast began at 7.30am, at 10.45am there were still two late risers in the dining room enjoying a leisurely breakfast of buttered toast, grapes and bananas.
- People had access to their care plans. One person said, "I have my care needs recorded daily in my room. They know what to do. If a different carer comes, then they check in the records what I need. My needs have changed over time and sometimes old papers get taken out and new one's are put in."
- A relative told us, "Yes there is a care plan. It's in a drawer if we want to see it anytime. It's reviewed regularly with us and our [family member]."
- People said staff consulted them about getting up and going to bed times and when they wanted their meals. One person said, "I like to go to bed at 8.00pm and they will wake me when I want. I choose to stay in my room and go out if there is anything I find interesting. I don't have to join in if I don't want."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect. One person said, "Staff always knock on my door. Always. When I get changed they close the curtains."
- People were encouraged to remain independent. One person said staff supported them with some areas of their care and supported them to be independent in others. They told us, "I do need help with personal care but I can feed myself. I still like to dust my own room. I can walk with my walker and I go out in my wheelchair."
- Visitors were welcome at the home at any time. A relative told us, "My family and I come very regularly when we want. The home always makes us welcome and updates us about [family member]."

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs.  
People's needs were met through good organisation and delivery.

### Personalised care

- Staff knew people well and were knowledgeable about their needs. One person told us, "I have explained to them [staff] what I need so they know what I would benefit from and are helpful."
- One person said they had their hair, fingernails and toenails regularly cut at the home and they liked this.
- Care plans included clear instructions to staff on how to support people in the way they wanted. They also set out people's likes, dislikes, hobbies and interests so staff could get to know people well and have conversations with them.
- People had access to a wide range of one-to-one and group activities. We saw people enjoying a game of seated bowls and an armchair exercise class.
- The activities co-ordinator produced a quarterly illustrated newsletter so people could see what entertainments and activities were coming up. The home had its own choir, the 'Egertones'.
- People told us they enjoyed the activities provided. They mentioned visiting entertainers, coach trips, and religious services. A relative said, "[Family member] always gets involved in things. Crosswords, singing, bowls and the choir. There's no obligation to join in but she enjoys the company."
- A hairdresser came to the home twice a week. She told us, "I like making the residents look better because that makes them feel better."
- The registered manager understood her responsibilities in line with the Accessible Information Standard and ensured information was provided to people in a way they found accessible. For example, the home used large print to make documents more accessible and key workers assisted people to read and understand these.

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

- People told us they knew how to complain if they needed to. One person said, "I have no complaints. I'd go to the manager if I was worried about anything. She dropped in to see me this morning."
- A relative told us, "We [the family] have nothing to complain about. No major things spring to mind. They [staff] listen to us."
- The home's complaints procedure was in their statement of purpose and displayed in the home.
- The home had received no formal complaints since 2017. Records showed that when there had been a complaint this was fully documented, the complainant offered a meeting with the registered manager to discuss their concerns, and the resolution shared with them.

### End of life care and support

- People were asked about their wishes and preferences at the end of their lives and this was recorded in their care records.
- Staff worked closely with an end of life specialist nurse to ensure people had everything they needed at the end of their lives.
- Relatives were welcome to spend as much time as they wanted with their family members and stay at the

home if they wished.

# Is the service well-led?

## Our findings

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People said the home provided high-quality care and said they would recommend it to others. One person said, "I think it's very good here. I feel safe. I'm very fortunate." Another person told us, "People are loving it here."
- The home had an open and friendly culture. A relative said, "It is managed well. We can discuss any problems. The managers are very approachable and available."
- The registered manager and deputy took an active role in the day to day running of the home, talking with people, and supporting staff. People considered them approachable and friendly.
- Staff said the managers were quick to act if anything needed improving or addressing, for example staffing levels. One staff member said, "It's managed really well because the management respond positively to everyone."
- Information on safeguarding, complaints, residents' meetings, and advocacy were displayed on noticeboards so people knew what to do if they wanted to raise any issues or concerns.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The provider and registered manager had quality assurance systems in place to monitor the quality of the service and make improvements where necessary. The quality assurance systems were used to identify what the service did well and what could be improved.
- Staff understood their roles and responsibilities and knew who they could contact out of hours if they needed management support. Staff understood how to whistle blow and felt confident to do this if needed.
- The provider and registered manager met their legal requirements and notified us about events that they were required to by law, including the submission of statutory notifications. Statutory notifications are the forms that providers are legally obliged to send to us, to notify the CQC of certain incidents, events and changes that affect a service or the people using it.
- Duty of Candour is a requirement of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 that requires registered persons to act in an open and transparent way with people in relation to the care and treatment they receive. The provider and registered manager were working in accordance with this regulation.

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

- People shared their experiences of the home at residents' meetings. One person said, "You can say what you want at residents' meetings."

- A relative told us, "[Family member] has strong views and the staff respect her. There are residents' meetings once a month and [family member] goes and says what she thinks."
- People's feedback was acted upon. For example, people said their tea was sometimes cold so tea urns were purchased for the tea trolley to keep the tea hot. People also asked for a bird table and this was purchased for them.
- Residents' meetings minutes showed the staff who attended but not the people or relatives. We discussed this with the registered manager who said she would put people's and relatives' initials on the minutes so it was clear who was there.
- People, relatives and staff were asked for their views via annual questionnaires. These showed positive results. For example, in the 2018 residents' questionnaire, people said the premises, food and activities were good and the staff kind and respectful of their views, their privacy and their dignity.
- Staff were supported at the home through regular supervision meetings, appraisals, and meetings. A staff member told us, "We get wonderful support. I get supervised. We have a team meeting once a month. It's recorded and feedback is given."

#### Continuous learning and improving care

- The provider and registered manager were committed to making improvements to the home.
- Since we last inspected they had introduced new policies and procedures, improved infection control systems, and authorised the redecoration of parts of the premises,
- They had also improved medicines safety by having staff wear 'do not disturb' tabards when administering medicines. They had also provided more end of life training, and purchased memory boxes for people to make it easier for them to locate their rooms.

#### Working in partnership with others

- The home had links with organisations in the community to support them in meeting people's needs.
- These including health and social care professionals, for example a specialist team who advise on meeting the needs of people living with dementia.
- The home had links with local churches and a nursery school. On Remembrance Day poppies were dropped from a bedroom window at the home to mark the occasion.