

## Elstow Lodge Residential Home

# Elstow Lodge

### Inspection report

Wilstead Road  
Elstow Lodge  
Bedford  
Bedfordshire  
MK42 9YD  
Tel: 01234 405021

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#### 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?

Good



Is the service well-led?

Requires improvement



#### Overall summary

Elstow Lodge is a care home for up to 12 people with a learning disability. There were nine people living in the home on the day of the inspection.

This inspection took place on 10 September 2015 and was unannounced.

The home has a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 2008 and associated Regulations about how the service is run.

Processes were in place to manage identifiable risks; however, they were not followed consistently. This posed a potential risk of harm to people who used the service and staff. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

We found notifications in relation to accidents and incidents and concerning information were not always submitted to the Care Quality Commission (CQC). You can see what action we told the provider to take at the back of the full version of the report.

Improvements were needed to ensure staff received updated training in learning disability and autistic spectrum awareness to meet the needs of the people they were caring for.

The service had a quality assurance system in place. Improvements were needed to ensure audits undertaken were analysed.

Staff had been trained to recognise signs of potential abuse and keep people safe. People felt safe living at the service.

The provider carried out recruitment checks on new staff to make sure they were suitable to work at the service.

There were systems in place to ensure people were supported to take their medicines safely and at the appropriate times.

The service worked to the Mental Capacity Act 2005 key principles, which state that a person's capacity should always be assumed. Where people lacked capacity to make some decisions, mental capacity assessments had been carried out.

If required, people were provided with assistance to eat and drink. They were registered with a GP and supported by staff to access healthcare facilities.

Positive and caring relationships had been developed between people and staff.

People received care in a dignified and respectful manner to promote their privacy and dignity. Where possible people were encouraged to maintain their independence.

People's care plans were regularly reviewed to ensure their care needs were still current.

A complaints procedure had been developed to let people know how to raise concerns about the service if they needed.

# Summary of findings

## 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

People's risk management plans were not consistently followed to promote their safety.

There were arrangements in place to keep people safe from avoidable harm and abuse.

People were looked after by staff who were recruited appropriately.

There were sufficient numbers of staff employed to meet people's needs safely.

People received their medicines safely and at the appropriate times.

Requires improvement



### Is the service effective?

The service was not always effective

Staff had not received updated training in learning disability and autistic spectrum awareness.

Restrictions on people's liberty had been approved by the statutory body.

Staff supported people to eat and drink and to maintain a balanced diet.

If required people were supported with healthcare facilities.

Requires improvement



### Is the service caring?

The service was caring

Staff developed positive and caring relationships with people.

People looked at ease in the company of staff.

Staff ensured people's privacy and dignity were promoted.

Good



### Is the service responsive?

People were supported to take part in activities of their choice.

Staff respected people's routines.

Information on how to raise a concern or complaint was available to people and their relatives.

Good



### Is the service well-led?

The service was not always well-led

Notifiable incidents were not always reported.

Improvement was needed in the quality assurance systems at the service.

Requires improvement



# Summary of findings

There was an open and inclusive culture at the service.	
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# Elstow Lodge

## Detailed findings

### Background to this inspection

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

The inspection was unannounced and was carried out on 10 September 2015 by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who use this type of care service.

We checked the information we held about the service and the provider such as, notifications. A notification is

information about important events which the provider is required to send us by law. In addition, we asked for feedback from the local authority who has a quality monitoring and commissioning role with the service.

During the inspection we used different methods to help us understand the experiences of people using the service. This was because some people had complex needs and were not able to talk to us about their experiences. We spoke to five people who used the service and observed the care and support being provided to them. We also spoke with the registered manager, three care staff and the administrator.

We looked at three people's care records to see if they were up to date. We also looked at records relating to the management of the service. These included quality records, staff rotas, and recruitment and training records.

# Is the service safe?

## Our findings

The registered manager told us that people had individual risk assessments and management plans in place. This was to enable staff to support people to move in and out of the service safely. We found in some areas of the service adaptations in relation to the environment had been put in place and they were supported by risk assessments to promote people's safety. We observed a person's risk management plan was not followed. The risk management plan for this person who was a wheelchair user stated that for them to access and exit the service safely the use of the portable ramp was required. We observed the portable ramp had not been used when staff assisted the person to enter the premises. The person had been manually lifted in the wheelchair to access the premises which placed the person at risk of injury as well as staff who were lifting them.

We spoke to the registered manager who also observed this practice and they confirmed that staff hadn't followed the management plan designed to keep people safe.

This was a breach of Regulation 12 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

People told us they felt safe living at the service. The registered manager said, "All staff have been trained to recognise signs of potential abuse and how to keep people safe." We found there were procedures in place to ensure that concerns about people's safety were reported to the safeguarding team and other agencies. For example, we observed there was information displayed on a notice board in the service on how to raise a safeguarding concern. It included contact numbers for the local safeguarding team and the Care Quality Commission (CQC). This ensured people who used the service, relatives and staff would be aware of who to contact in the event of suspected abuse. The training records seen confirmed staff had been provided with safeguarding training.

The service had plans in place for responding to emergencies or untoward events. For example, there was an emergency plan with guidance for staff to follow in the event of a fire, flooding and electrical failure or poor weather conditions. We saw evidence that regular fire drills were carried out with staff and where possible people who used the service were included in the drills. The registered manager told us in case there was an emergency she was

contactable throughout the day and night. She also told us that in the event of the premises having to be evacuated, people would be initially transferred to the local village hall until alternative arrangements were made.

The registered manager described the arrangements in place for making sure the premises and the equipment used in the service were appropriately maintained to promote people's safety. She said, "The service has a close down policy." Night staff ensured that all electrical equipment including radios and televisions in people's bedrooms and the lounges were unplugged from the electrical socket every night. We saw evidence that the fire panel, extinguishers, emergency lighting, electrical and gas equipment, wheelchairs and hoists were service on a regular basis.

The registered manager told us there were sufficient numbers of suitable staff to keep people safe. We found the staffing numbers consisted of three staff throughout the day. The number was reduced to two staff at night. The rotas we checked for the past two weeks and current week reflected this. The registered manager also told us that the service had a working time directive policy in place. In the staff files we examined we found evidence that staff had signed to opt out of the policy. The rota for a particular staff member identified that they were working more than twelve hours in one shift, which was excessive; and did not promote their well-being and the safety for people who used the service. We discussed this with the registered manager who said that they would review the rota. We were told there was always a senior member of staff on duty who knew people well, to provide advice if needed.

There were safe recruitment practices followed at the service. The registered manager told us that new staff did not take up employment until the appropriate checks such as, proof of identity, references and a satisfactory Disclosure and Barring Service (DBS) certificate had been obtained. She also told us that staff were recruited from recommendations made by other staff members. We looked at a sample of staff records and found that the appropriate documents were in place.

There were systems in place to ensure that people's medicines were managed safely. The registered manager told us that staff had been trained in the safe handling, recording and administration of medicines; and their knowledge and skills were regularly updated. Training records seen confirmed this.

## Is the service safe?

We checked the Medication Administration Record (MAR) sheets and found they had been fully completed. Some people had been prescribed medicines such as sedatives on an 'as required' basis. We saw there were protocols in place for the use of these medicines. This was to ensure that people were not over sedated. We also saw there was a list with all the staff's names who administered medicines along with their signatures. This ensured if there was a medicine anomaly it would be addressed with the appropriate staff member without delay.

We saw medicines were stored in a locked trolley. Those that required refrigerating had been stored in the refrigerator and daily temperatures of the refrigerator were recorded. The registered manager told us that the supplying pharmacist had recently undertaken a medication audit and no areas had been identified as requiring attention. We saw evidence to confirm this.

# Is the service effective?

## Our findings

Staff told us they had received training to carry out their roles and responsibilities. One staff member said, “We all have a diploma in Health and Social Care at level 2 and have received mandatory training, which was provided by an external training provider”. The registered manager confirmed that new staff were provided with induction training. She also said they were expected to work alongside an experienced staff member until their practice had been assessed as competent. We saw evidence in the training record we examined that staff had been provided with essential training such as, health and safety, moving and handling, food hygiene, fire safety, and safeguarding. Some staff had been provided with additional training such as the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

We found that updated training for staff specifically to meet the needs of the people who used the service such as, caring for people with a learning disability and autistic spectrum disorders had not been updated for some time. Records seen, showed that training in these areas had not been updated since 2008. This was discussed with the registered manager, who said that she would source an external provider to facilitate this training.

We found that the service had policies and procedures in place in relation to the requirements of the Mental Capacity Act 2005. The registered manager said, “All our staff have had training in the Mental Capacity (MCA) Act 2005 and the Deprivation of Liberty Safeguards (DoLS).” We found where people lacked capacity to make some decisions, mental capacity assessments had been carried out. There were DoLS in place for people whose liberty was being restricted. For example, some people had to be strapped in when using a wheelchair; and needed to have the use of bed rails when lying in bed or had to be accompanied by staff when leaving the service to promote their safety. Records seen confirmed that applications had been submitted to the statutory body and they had been authorised.

We observed that staff ensured people’s consent was sought before providing them with care and support. We saw where possible people were encouraged to make decisions and staff respected their wishes. Staff gained people’s permission before assisting them with care and

support. We saw evidence that one person was due to have an operation. They had been visited by a healthcare professional who explained the procedure and provided them with reassurance.

The registered manager told us that staff were provided with regular support, supervision and yearly appraisals. This enabled them to carry out their roles and responsibilities and to discuss practice issues. We saw evidence in the staff files we examined that they had been provided with regular supervision. Minutes seen confirmed that staff meetings were held on a bi-monthly basis.

We observed people were supported to eat and drink and to maintain a balanced diet. We found the evening meal to be an unrushed and relaxed activity. There were two staff present in the dining room to assist people with their meal. The third staff member served the meal from a hatch in the dining room. Where possible staff encouraged people to maintain their independence and if they were able to supported them to get their meal from the hatch area. Two people required assistance with their meal and staff provided this in a discreet manner. Staff ensured that people’s special dietary and cultural needs were met. For example, one person did not eat a special type of meat and staff provided them with an alternative; another person was experiencing difficulty with swallowing and was provided with a liquidised diet. We saw evidence that staff were able to access the service of a specialist if they had any concerns about people’s dietary needs.

People were supported to maintain good health and to access healthcare services if required. One staff member told us that the team obtained support and advice from a specialist medical centre in the area in relation to people’s medical condition when required. The registered manager said if required, people were given information about their health care needs in a pictorial format to help them to understand about their care and treatment. We saw evidence in the care plans we examined that people were registered with a GP who they visited if they had a problem. The GP also reviewed their medical needs on a regular basis. People also had access to the chiropodist, dentist and optician on a regular basis. If required nursing staff visited the service to promote people’s health and well-being. We found that people received support from a consultant psychologist and the intensive support team. If required staff supported people to attend hospital appointments



# Is the service caring?

## Our findings

People had developed positive and caring relationships with staff who cared for them. People described staff as 'kind and nice.' One person said, "I like living here. It's my home." We observed a staff member blowing drying a person's hair. Their interaction was appropriate and very warm. We also observed another staff member massaging a person's hand when they became anxious. The contact appeared to make the person feel at ease.

The registered manager told us that people's diverse needs in terms of their age, disability, gender identity religion or belief was understood and respected by the staff team. For example, some people enjoyed going to church and staff supported them to promote their religious beliefs. Staff also supported people to promote their sexuality and to attend clubs of their choice.

We observed people looked at ease in the company of staff and they were spoken to in an appropriate manner. The registered manager told us that where possible information from family members about people's preferences and personal histories would be obtained. This enabled staff to support those people who were non-verbal in a meaningful way and to make them feel that they mattered. She commented further and said that staff knew people well and showed concern for their health and well-being. An example given was staff were able to detect that a person who used the service was showing signs of being unwell and they responded to their needs quickly by requesting the GP to visit them.

The registered manager told us that regular meetings were held with people to enable them to express their views and to be involved in making decisions about their care and support. We found that meetings were held on a bi-monthly basis on a Saturday. This was when all the people who lived at the service were at home. Minutes from meetings seen demonstrated that a staff member was

responsible for arranging activities and people had been consulted about activities they wished to participate in. Some people had expressed a wish to visit the pub, baking cakes and to attend a local club to socialise.

The registered manager told us that if required people would be supported to access the services of an advocate to speak on their behalf. (The role of an advocate is to speak on behalf of people living in the community with their permission.) There was one person using the services of an advocate on the day of the inspection. The registered manager confirmed that the support provided by the advocate had been found to be helpful.

Staff and the registered manager were able to tell us how they ensured people's privacy and dignity were promoted. They told us people were addressed by their preferred name. We observed when people were assisted with personal care this was carried out in the privacy of their bedrooms or bathrooms with curtains and doors closed to promote their dignity. People were encouraged to maintain their independence and were given choices. For example, the registered manager and staff told us that people were enabled to choose what clothes they wished to wear and supported to manage their own personal care where possible.

We observed bedrooms were single occupancy and they were personalised to meet people's preferences. People were able to spend time alone in private if they wished.

People's relatives and friends were able to visit without being unnecessarily restricted. The registered manager said, "There are no restrictions on visiting." She told us that people were supported by staff to visit family members if they wished. We found that one person regularly visited their family and kept in contact with them via the telephone. We were also told by the registered manager that some family members kept in touch by writing letters and staff supported people with their letter writing.

# Is the service responsive?

## Our findings

The registered manager told us that people received care that met their assessed needs. She told us before a person was admitted to the service an assessment of their needs was undertaken.

The care plans we looked at provided information on people's assessed needs, including their personal history, aspects of their care needs and information from other health and social care professionals.

The registered manager told us that where possible people were involved in the development of their care plans with support from family members or their social worker. We saw evidence that the care plans were evaluated on a monthly basis. If there was a change to people's identified needs the care plan was amended to reflect the change. There was evidence seen to confirm that yearly reviews of people's care needs took place. This involved the registered manager, family members and the care manager.

We observed when some people finished their evening meal they chose to change into their night wear. This seemed to be part of their routine, as staff did not ask them to do so. We discussed this with a staff member who said, "They are used to it, if we try and change it they get upset." It was evident that people had developed their own routine which staff respected.

People were supported to follow their interests and take part in social activities. The registered manager said, "People are involved with activities of their choice." We found some people attended day centres; and enjoyed shopping trips, beauty sessions, visiting the tea shop in the local village and bowling at the local leisure centre. On the day of the inspection three people had been taken out for lunch by staff. Staff and the registered manager told us this was a regular occurrence. We observed there was a picture frame in the lounge that contained pictures of the various trips that people had participated in as a group.

We looked at the service's complaints record and found that there had not been any recent complaints recorded. The service had a complaints policy which people and their relatives were made aware of. The registered manager told us that any complaints made would be investigated and responded to within the agreed timescale.

We saw that annual satisfaction surveys were sent out to people's relatives to enable them to comment on the quality of the care provided. The registered manager told us that relatives had not identified any areas in the care provided that required improvement.

# Is the service well-led?

## Our findings

The registered manager told us she was aware of her responsibilities to ensure legally notifiable incidents were reported to the Care Quality Commission (CQC) as required. We looked at the accident and incident record and found that one person had self-inflicted an injury to their eye. There was a further entry in relation to unexplained bruising on a person's arm. Although this had been recorded in the accident and incident record and a body map had been completed a notification had not been submitted to the CQC.

The registered manager told us that advice had been sought from the safeguarding team; and she was advised the incident did not meet the safeguarding threshold therefore; a notification had not been submitted. They further stated if there were altercations between people who used the service; in the first instance they would contact the safeguarding team for advice. If the advice provided was that the incident was not a safeguarding matter a notification would not be submitted. This showed that notifiable incidents were not always reported and the registered manager did not always comply with their registration obligations. This was because we were not always notified of incidents or concerns.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

The registered manager told us that the service had quality assurance systems in place. We saw that audits had been completed in areas such as infection control, medication and health and safety. We found that audits undertaken were not analysed to identify any areas that required improvements.

The registered manager was also the provider as the organisation had been registered as a partnership. The registered manager told us that there was a clear leadership structure at the service which staff understood. She also told us that she sometimes provided hands on care and observed staff practice to ensure that people were provided with quality care. Feedback from staff confirmed that the manager had developed good relationships, with people who used the service, relatives and staff.

Staff told us that the registered manager was approachable. One staff member said, "You can go to her with problems and talk." Staff also told us that they received regular supervision and found the sessions useful. There was evidence that yearly appraisals on staff's performance were undertaken. This enabled staff to obtain feedback on how they were performing their roles and to discuss any support that they may require to enable them to carry out their roles. We observed that staff were clear about what was expected of them and worked well together. They also communicated with each other in a respectful manner.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment</p> <p>Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2014</p> <p>People's risk management plans were not being followed consistently. As a result there was a potential risk of harm to people and staff safety. Regulation 12 (2)(a)</p>

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	<p>Regulation 18 CQC (Registration) Regulations 2009 Notification of other incidents</p> <p>The registered manager did not always comply with their CQC registration requirements by ensuring notifiable incidents in relation to people's well-being were reported.</p> <p>Regulation 18 of the Care Quality Commission (Registration) Regulations 2009</p>