

Tamaris Healthcare (England) Limited







Earls Lodge Care Home

Inspection report

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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	

Overall summary

The inspection took place on 14 and 15 April 2015 and was unannounced.

There were several breaches of the legal requirements that we checked at the last inspection in September 2014 and we had issued a notice of proposal to cancel nursing at the home.

Earls Lodge Care Home is registered to provide accommodation and nursing care for up to 60 people. There were 31 people living at Earls Lodge Care Home at the time of our inspection, some of whom were living with dementia.

Accommodation at the home is provided over two floors, which can be accessed using a passenger lift. People who require nursing care live on the first floor.

At the time of our inspection there was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

Summary of findings

The home had significantly improved since our previous visit. We saw evidence of people's good relationships with staff who understood their individual needs. Activities for people were more meaningful and people were purposefully engaged.

People's dignity and rights were promoted and they were treated respectfully. Staff empowered people to maintain their independence, be involved in their own care and contribute to the running of the home.

Staff had sufficient opportunities to update their skills and professional development.

Staff had an understanding of the impact of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Strong teamwork with a more stable staff team enabled staff to work together to support people's needs. Handover information had improved between shift changes which provided clear information to ensure people's care needs were more effectively communicated.

Care records had been improved to ensure more detailed and accurate information for staff to be able to support people's needs safely.

People were given good explanation about their medications and staff took time to make sure people were supported during medication rounds. We were concerned to note the medication trolley on the nursing unit had a broken lock which had potential to compromise people's safety. However, the registered manager promptly attended to this and arranged a replacement trolley the same day.

People and their relatives gave positive feedback about the service and how it had improved over recent months. People and relatives said they felt included and involved in how the home was run.

Systems to monitor and review the quality of the provision were more securely in place. The registered manager had more consistent support from the organisation, which enabled the driving of improvement.

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 safe.

Staffing levels were sufficient to offer support for people's emotional as well as their physical needs.

There was a more consistent staff team which meant staff had a better understanding of people's individual needs to be able to manage their care safely.

Staff were confident in their knowledge of how to ensure people were safeguarded against possible abuse.

Good



Is the service effective?

The service was effective.

People were given choices in the way they lived their lives and their consent was sought in line with legislation and guidance. Staff had a sound understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS). The registered manager was working closely with the local authority to process DoLS applications for people in the home.

Staff had regular access to relevant training to enhance their role. Staff had regular supervision meetings to support them in caring for people's needs.

Good



Is the service caring?

The service was caring.

Staff promoted positive caring relationships with people and they were kind, patient and respectful in their approach.

Staff took time to listen actively to people and value their point of view. Staff had an increased awareness of people's individual social histories and this enabled them to engage with people in a meaningful way.

Good



Is the service responsive?

The service was responsive.

People's individual preferences were considered in the provision of their care.

Improvements to people's individual care records meant information was more clearly documented for staff to provide personalised care.

People and their relatives had improved access to information about how to raise concerns and give feedback about the service.

Good



Is the service well-led?

The service was well led.

Improved systems were in place within the organisation to regularly monitor and review the quality of the service.

Good



Summary of findings

The registered manager was supported by managers within the wider organisation, was visible in the service and knew the needs of the people in the home.

There was an improvement in staff morale and staff reported a more cohesive way of working within teams to help drive improvement.

Earls Lodge Care Home

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 took place on 14 and 15 April 2015 and was unannounced.

There were two adult social care inspectors. Prior to our inspection we reviewed information from notifications

before the inspection. We had not sent the provider a 'Provider Information Return' (PIR) form prior to the inspection. This form enables the provider to submit in advance information about their service to inform the inspection.

We spoke with the local authority commissioners and safeguarding teams before the inspection. We spoke with 11 people who used the service and three relatives during our visit. We spoke with the registered manager, the regional manager, a quality manager and four staff. We observed how people were cared for, inspected the premises and reviewed care records for five people. We also reviewed documentation to show how the service was run.

Is the service safe?

Our findings

People told us they felt safe at Earls Lodge. One person said: “They check at night that I am alright” and another said: “I feel better for knowing I’m safe here”. People’s relatives we spoke with said they felt their family members were safely cared for. One relative said: “Nobody can just wander in” and another said: “If they lived in their own home I’d be always worried about safety”.

Staff were confident about the signs of possible abuse and they described the process they would follow to ensure people were protected from harm. Where a person’s behaviour might challenge the service or other people, staff knew how to respond in order for all people to feel safe using the service. Staff said they felt confident to challenge poor practice if they saw this and they knew the whistleblowing procedure to follow to ensure people were safeguarded.

People’s individual risk assessments were up to date within their personal care files. People we spoke with told us staff gave good support for them to be as independent as possible. We saw staff assisted people at their individual pace and patiently enabled people to do things for themselves, such as move between rooms.

We saw staff involved people in discussions about their personal safety in relation to their care and the environment. Staff asked people whether they needed support, such as when trying to sit down or stand up from their chair and they gave gentle prompts to assist their safety.

The registered manager told us how improvements had been made to secure consistent and stable staff in the home, particularly within the nursing unit. Recruitment was taking place for qualified nurses but the registered manager said this was almost complete and the staffing levels had stabilised in the nursing unit. We looked at four staff files and saw recruitment and vetting procedures had been appropriately followed. We spoke with a newly appointed nurse who told us they had been inducted thoroughly into their role and they were clear about their responsibilities.

We saw staffing levels were appropriate to provide care and support for people. We saw staff spent time engaging in meaningful conversation with people as well as helping them manage their physical care needs. Staff

communicated with one another to meet people’s needs and they kept colleagues informed about what they were doing. People told us they thought there were enough staff and said staff were attentive if they needed help and support. We saw people did not have to wait if they needed staff attention and staff made prompt responses when people rang their call bells. Relatives we spoke with told us there were ‘plenty of staff’ whenever they came to visit. One relative said: “There’s always someone about, they’re not short.”

Staff we spoke with told us staffing had improved and there were now consistent staff working in the home. This meant people’s care needs were better met through consistency of staff caring for them. Staff reported improvements in team work as a result of having regular staff on duty and we saw evidence of much stronger teamwork throughout the home.

We saw accidents and incidents were appropriately recorded and information was maintained electronically and reviewed regularly.

People received their medicines when they needed them and we heard staff check with people whether they needed any pain relief. We saw people were appropriately supported to take their medicines and staff patiently enabled people to take their medication at their own pace. Staff spoke with people to help them understand what their medication was for. We were concerned to note the medication trolley on the nursing unit had a broken lock which had potential to compromise people’s safety. However, the registered manager promptly attended to this and arranged a replacement trolley the same day.

We found there was appropriate recording of medication; each person had an identification sheet with their photograph, date of birth and room number and there were clear instructions about how each person preferred to take their medicines. For PRN (as required) medication, there was an information sheet detailing the medication, dose, strength and what the medication was prescribed for. Reasons for administration were detailed along with the signs each person might exhibit to indicate they needed their medicines.

Where people had been prescribed creams these had the opening and expiry dates clearly recorded. We checked a sample of medication stock balances and found these were correct and in keeping with the records.

Is the service safe?

We spoke with the nurse in charge of the nursing unit and they told us there were regular checks of medications and stock balances and the system for ordering medications was efficiently managed so people did not run out of what they needed.

We noticed the environment was well maintained and there had been improvements to the décor and availability of communal rooms. Some people told us they liked the fish tank in one of the lounges and we saw other people examined the musical instruments on the walls in the corridor area. A large mural of Scarborough beach at one end of a corridor inspired some conversation between two people and they reminisced about having been there

before. We saw a small café area had been created for people to use and staff said this was also a quiet area where people could take their visitors or make a drink independently.

We saw cleaning staff carried out their duties throughout the inspection and as a result the home was maintained clean and odour-free. We noticed in two people's bedrooms there was a strong odour of urine. However, this had already been identified by the regional manager and discussed with the registered manager for appropriate action to be taken. Staff were seen to pay close attention to hand washing hygiene throughout our visit.

Is the service effective?

Our findings

People told us they thought staff knew how to do their jobs. One person said: "It's not an easy job I don't think but they are good at what they do."

Staff said they felt supported to undertake their work. We found there was an improvement in staff's understanding of their roles and responsibilities since the previous inspection and there was evidence of greater shared responsibilities for people's care.

The registered manager said staff had regular supervision and we saw evidence of supervision meetings recorded. Staff told us they attended staff meetings and they described improved teamwork throughout the home. Staff we spoke with told us they had many opportunities to undertake training and development and keep up to date with new information. We saw records of staff training and the registered manager told us this was a regular topic for discussion.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. The Deprivation of Liberty Safeguards (DoLS) are part of the Mental Capacity Act 2005. They aim to make sure that people in care homes, hospitals and supported living are looked after in a way that does not inappropriately restrict their freedom. Staff had completed some training in the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and they were aware of how this impacted upon their work. The registered manager was aware of their responsibilities in ensuring the rights of people were protected and was working closely with the local authority to ensure appropriate safeguards were in place.

Staff demonstrated a good understanding of the need to gain people's consent for care and support and this was evident throughout the inspection. For example, staff asked people before assisting them with any aspect of their care and people's privacy and dignity was maintained well. Staff we spoke with told us where people could not communicate verbally they used non-verbal cues to establish consent. For example, staff said they used gestures and observed facial expressions to help understand and interpret people's choices.

People we spoke with told us staff always gave them choices and asked their consent for aspects of their care and support they needed help with.

We observed meal times in the home and spent time observing how the dining experience was managed for people. We saw one person was actively involved in setting the table and they indicated to us they enjoyed this task. Staff told us how they had encouraged this in order to enable the person to feel purposefully engaged. Tables were suitably set with crockery, cutlery, tablecloths, placemats and condiments. Where people chose to eat their meals in their rooms, staff facilitated this and supported those who needed help.

We saw menus were displayed in written form and in photographic form to facilitate people's choice. We noted however that although people were offered a choice of meal, this was served in portions determined by staff with no discussion with people about their preferred component parts of the meal.

Staff were observant of people who had little appetite and encouraged them to eat and drink to support their health. We saw people were offered drinks at regular intervals and staff patiently assisted people who needed extra support.

Many people told us they enjoyed the food. Comments included: "The meals are lovely" and "The food's alright, you can't complain about that". One person told us they did not enjoy the meals. We saw staff promptly noticed when one person did not want their meal and offered several alternatives.

We spoke with the cook, who explained how the menus were varied and nutritionally balanced. The cook told us where people had special dietary requirements there was plenty of choice available. We saw there were no vegetarian alternatives on the menus, but the cook said these could be made available if people needed or asked for them. The cook had a good understanding of people's needs and said there was close communication with care staff about people's individual dietary requirements. For example, where people needed additional calories the cook told us how these were added to the food.

The service worked closely with a range of health professionals. Staff we spoke with told us if they were concerned about a person's health they would report this to their line manager and make sure the person had access

Is the service effective?

to appropriate medical advice and support, such as their GP. We saw evidence of this during our inspection, where staff alerted the GP for two people who were feeling particularly unwell.

Is the service caring?

Our findings

People told us they were happy and well cared for. One person said: “I’m really happy here you know”. Another person said: “It’s all good, I can’t fault anything and I couldn’t be better if I was at home”. Another person said: “I always feel there’s someone there, I’m never lonely.”

We found the home was very welcoming with a relaxed and friendly atmosphere. Staff demonstrated a kind and caring approach with all of the people. We saw staff actively listened to what people had to say and took time to help people feel valued and important. Staff used friendly facial expressions, calm tones of voice and positive body language when communicating with people. There was appropriate use of banter and we heard people laughing and chatting with staff. We overheard staff spontaneously singing to one person in their room, which the person then joined in with.

Staff we spoke with were knowledgeable about people’s individual needs and their social histories. Staff spoke with people about the things that were important, such as their grandchildren and who might be coming to visit. Staff were aware when one person was not feeling well and asked them what might help them feel better, such as a bath or a drink. We saw staff frequently checked if people were feeling comfortable or if they wanted help to change position.

We saw people were much more affirmed and acknowledged than at our last inspection. Staff addressed people by name and offered a friendly smile or appropriate touch if they walked past them.

We saw in the care records we looked at that some information was recorded in relation to people’s end of life, but mainly in relation to practicalities, rather than their individual personal wishes for care.

Is the service responsive?

Our findings

People we spoke with said the care provided was responsive to their individual needs. People said they could choose when to get up and when to go to bed, or when to have a bath or shower. One person told us: "I don't like to go in the lounge with the others, I prefer my own room".

This person said they sometimes felt lonely as they did not see many people, but said they could have visitors whenever they liked. Another person told us: "It's up to me, I let them [the staff] know and that's that".

The registered manager told us they carried out their own checks to make sure people's care was personalised. We saw staff were much more focused on meeting people's individual needs. We saw people had access to their call bells in their rooms and where they were unable to operate these, this was clearly stated in their care records. People were able to reach drinks within their rooms and we saw staff were attentive to those people who were in bed.

People's own rooms were personalised with their belongings and familiar photographs which created a homely feel. Outside each person's room there was a brief summary of personal information displayed on the wall. The registered manager told us people had the choice of whether to display this but it was a helpful point for conversation and for staff to have greater regard for the person, rather than being focused on care tasks.

We looked at five people's care records and these contained up to date information. Where other professionals had involvement in people's care this was clearly documented. People's individual care plans were in place and we saw staff referred to these and updated them with new information. Care plans and risk assessments were regularly reviewed and information in the records we looked at reflected people's needs appropriately. Information was easier to locate and more clearly documented than on previous inspections.

We saw there were improved handovers between shifts and the handover documentation was much more detailed for staff to be able to provide personalised care and be aware of key information. For example, detail was recorded where people needed particular diets, what level of assistance

people required, what special equipment they needed and whether they could use their call bell independently. Staff we spoke with said they felt more included in handovers and the documentation was now more thorough for them to respond effectively to people's needs. Staff also referred to a communications book for any incidental information prior to starting their shift.

There was a happier atmosphere in the home and people enjoyed more meaningful activities than we had seen at previous inspections. We saw activities staff and care staff involved in group discussions with people about what they would like to do. In one lounge we heard a group of people discussed with staff their ideas for what they might grow in the garden and we saw people were fully involved and included in the discussion. People spoke about growing flowers and fruit and staff suggested having a sunflower growing competition. Some people sat together drawing pictures of flowers and they spoke about having planted some flowers in the garden. We saw in the garden area there was evidence of recent planting activity.

Some people joined in with a bread making activity and this created opportunities for discussion about how people used to bake bread and they chatted about past experiences. Those who did not wish to be involved in making it were included in the tasting of the bread later in the day. We saw whilst people were waiting for the bread making ingredients they spontaneously began to sing and this made a jolly feel to the activity.

People told us they felt their rights were respected. We heard staff asked people if they wished to vote in the forthcoming election. People told us if they wished to complain about anything they would speak with the staff. The people we spoke with said they did not have any cause for complaint but they felt staff would listen and help them with any concerns. Relatives we spoke with said they felt involved in their family members' care and informed about how the home was run. They said should they need to complain they would speak with any member of staff. Relatives told us they were aware there had been concerns about the previous inspections but they felt the registered manager had responded appropriately and kept them informed about improvements through meetings and information displayed.

Is the service well-led?

Our findings

People we spoke with and their relatives all knew who was in charge of the home. They told us, and we saw, the registered manager was involved and visible in the service. We found the registered manager had been supported consistently by the regional manager and the regional manager was present in the home for the inspection. We spoke with a visiting quality manager who supported the home with making improvements. The registered manager told us they had been supported well by senior managers and also by the staff team who had worked very hard to bring about necessary changes to the quality of care for people at Earls Lodge.

There was more direction for staff than at previous inspections and staff told us they felt confident in their roles and responsibilities. Staff understood who was in charge in the absence of the manager. Staff told us they felt happy in their work and were supported well by the registered manager who was approachable. Staff described a sense of pride in the improvements made within the home since the last inspection and they felt this had involved team effort. Staff spoke about the home as one place, rather than two separate units, indicating an improving culture of shared responsibility and cohesive working. One member of staff we spoke with said: "I couldn't ask for a better team to work with". Staff reported an improved morale throughout the home and they were optimistic the changes that had taken place would be sustained.

We saw there were tighter measures in place than at previous inspections for assessing and monitoring the quality of the service provision. For example, senior staff took responsibility for ensuring checks of residents' rooms were completed. The registered manager told us there had been improvements to the carrying out of audits such as health and safety walk rounds and information was gathered electronically. The results of these were then accessible to quality and senior managers and if required an action plan was produced to address any areas.

Maintenance records for the premises and equipment were well organised and available for inspection. Records of regular audits were available for inspection. The registered manager told us more analysis of information now took place to ensure information was meaningful and lessons were learned, such as with accidents and incidents.

Feedback about the standard of care was continuously gathered from people, their relatives, visitors and visiting professionals. An electronic device was available for anyone to enter their comments and these were reviewed and analysed. We saw the results received were positive and were displayed in the entrance area to the home. A board that showed 'you said...we did' illustrated how people's views were taken into consideration and turned into actions to improve the quality of care.