# Eagle Care Homes Limited

# Paddock Lodge

## 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? | Requires Improvement |
| Is the service well-led? | Good |

## Overall summary

The inspection took place on 20 February 2015 and was unannounced.

Paddock Lodge is registered to provide accommodation for up to 24 older people who require residential care. There were 18 people living at Paddock Lodge at the time of our inspection.

There is a registered manager, but at the time of our inspection there was a support manager in post providing cover for the 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.

Staff and relatives told us that people who lived at Paddock Lodge were safe. Staff had all received training in how to recognise and report abuse. All had a good understanding of safeguarding and knew what to do should they suspect any form of abuse occurring.

# Summary of findings

The recruitment and selection process was robust. This ensured staff were recruited with the right skills, experience and behaviours to support the people who lived at the home.

One person at the home was subject to the Deprivation of Liberty Safeguards (DoLS). 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. The regional manager had been trained and had a good understanding of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards but not all staff had received training on this.

Mealtimes were a sociable event with a choice of freshly prepared meals. People were asked whether they needed support at mealtimes and were offered this in a discreet and dignified manner.

People who lived at Paddock Lodge, and their relatives told us the staff were kind and caring. One relative told us " I don't think the décor is the newest. It's more about the care and that is really good."

People's needs were assessed, planned and reviewed regularly ensuring that the care provided met individual needs.

We found that although one and a half hours a day were designated for activities, at other times there was a lack of meaningful activities. We have made a recommendation about meaningful activities for people who live in care homes.

We found the support manager and regional manager had undertaken audits and quality checks to identify where improvements needed to be made at Paddock Lodge and had put in actions to make these improvements.

# 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.

Systems were in place for recording and managing risk, safeguarding and accidents and incidents.

Records showed recruitment checks were carried out to ensure suitable staff were recruited to work with people who lived at the home.

**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. The regional manager had a sound understanding of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS).

Staff received a thorough induction, regular supervision, performance appraisal and training which ensured they had the skills and knowledge to meet the needs of the people who lived there.

Mealtimes were a positive experience for people, and people's individual dietary needs and choices were catered for.

**Good**

**Is the service caring?**
The service was caring. We saw positive interactions between staff and people who used the service. It was clear staff knew people well and understood how to support them.

People were supported to be as independent as possible

People's privacy and dignity was respected and staff were observed to speak kindly when undertaking care.

**Good**

**Is the service responsive?**
The service was not always responsive.

There was a lack of meaningful activity throughout the day for the people who lived at Paddock Lodge.

People and their relatives told us they could speak openly with staff and would feel happy raising concerns with all the staff .

We saw that people's needs were assessed, planned and reviewed. However, care plans were difficult to navigate. The registered provider was in the process of changing all care plans to a new easy to navigate and person centred system.

**Requires Improvement**

# Summary of findings

**Is the service well-led?**

Good

The service was well led.

Systems were in place to regularly monitor and review the quality of the service.

There were plans in place to deal with emergencies.

The home sought the views of the people and relatives who used the service.

# Paddock 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 was 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 20 February 2015 and was unannounced.

There were two adult social care inspectors and an expert by experience who had experience of using services for older people. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection we reviewed all the information we held about the service. We had not asked the provider to complete a provider information return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. We contacted the local authority commissioning and safeguarding teams. We also contacted Healthwatch who shared their report from an 'Enter and View' visit they had recently completed. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We spoke with 13 people who used the service and we telephoned three relatives for their views on the home. We also spoke with the manager, the regional manager, and two members of staff which included the team leader and one care assistant.

We used a number of different methods to help us understand the experiences of people who lived in the home. We used the Short Observational Framework for Inspection (SOFI) to observe care and support in the communal lounge and also the lunch time meal experience. SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We looked at four people's care plans and reviewed the provider's records about the service.

Good

# Is the service safe?

## Our findings

We asked three relatives of people who lived there whether they felt there were enough staff to provide a safe service. One relative told us "There is always staff around. It's because it's so small. There is always someone there to talk with if I need to discuss anything". Another relative told us "During the day there is enough staff when I visit. I couldn't say at night as I'm not there". However another relative told us they did not think the staff had enough time to sit with people.

The regional manager told us staffing levels were discussed weekly between the manager and regional manager . The number of staff deployed was dependent on the needs of the people who were living there at that time. This could vary week by week as they also provided short term respite care. At the time of our inspection, one person who lived at the home required two carers to assist and no one required 1:1 care. One member of staff told us they did not think there were enough staff when the home was full. We discussed this with the regional manager who told us that they had observed practice and done a time and motion study which concluded that the staffing was appropriate to the number and needs of the people who used the service. We observed there was an appropriate level of staffing during our inspection to meet the needs of the people who lived at Paddock Lodge.

The regional manager told us that they did not use agency staff as they preferred staff with knowledge of the service and of the people who lived at Paddock Lodge, but they used bank staff and staff from their other services, if required. This showed the service had contingency plans in place to enable it to respond to changes in staff availability.

Staff we spoke with told us they had received training in safeguarding vulnerable adults. One member of staff told us abuse could include physical, mental, verbal and financial abuse. They said they would recognise the signs of abuse as " The person could be withdrawn, not looking after themselves properly, going off their food and bruising". Staff told us they would report any concerns they may have to the manager and regional manager, and all staff knew they could report any concerns to external agencies.

We looked at the recruitment records for three members of staff. We found there had been a thorough recruitment and selection process. This ensured staff recruited had the right skills, experience and behaviours to support the people who lived there.

The manager told us they did a general risk assessment which incorporated all the risks that might affect the individual and individual risk assessment for fire, for slips and falls and moving and handling risk assessments. We saw that the risk assessments had been reviewed on a monthly basis in the three care plans we looked at and these were updated to reflect the changing needs of the individual.

As part of our inspection we looked at how the service managed people's medicines. We saw people's medicines were stored and administered safely. We reviewed a random sample of five people's medicines. In each case we found the stock tallied with the number of recorded administrations. Staff who administered medication told us that they had received training in administering medicines, and we reviewed this in the staff training matrix. This showed people were protected against the risks associated with medicines because the manager had appropriate arrangements in place to manage people's medicines safely.

During our inspection we noted that records showed a high number of falls had occurred during 2014. We could see that these had all been documented which included details such as whether the fall was witnessed or unwitnessed and whether any injury had occurred. There had been a level of analysis of the incidents and we were told that those people who had fallen would be referred on to therapy services. We saw that falls risk assessments had also been completed and updated. This showed the staff had acknowledged that falls were preventable, and were working towards minimising falls at Paddock Lodge.

Good

# Is the service effective?

## Our findings

We observed the main meal of the day in the larger of the two dining rooms. One person who lived at Paddock Lodge asked the chef " Did you make the soup? It was lovely. I right enjoyed min". Another person said of the main meal "It's lovely".

Tables were set with table cloths, napkins and condiments and the meals were served by care staff and the chef. People were offered soup as a starter and a choice of two meals for the main course. There was enough of each meal to ensure that everyone had the meal of their choice.

One relative who told us their family member required gluten free meals said "I am happy. They accommodate my relative well at breakfast and at lunch." The relative did not think the afternoon tea was as well catered for with regards to gluten free snacks. Another relative told us their family member had gone to Paddock Lodge because they had stopped eating, but they were now eating again and were so much better in every respect that they had made the decision to stay permanently." This indicated that Paddock Lodge met the nutritional requirements of the people who lived there.

Where people required physical support from staff to cut up their food, this was provided in a dignified and unhurried manner. We heard care staff chatting to people they were serving and assisting and the atmosphere in the main dining room was lively and cheerful. People were offered a choice of blackcurrant or orange juice to drink with frequent refills to ensure that people had enough to drink.

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. The manager told us there was one person who had a Deprivation of Liberty Safeguards authorisation in place at the time of our inspection. The staff we spoke with told us they did not use physical restraint at the home.

Staff we spoke with told us they received regular supervision. The policy stated staff had three supervisions a year and one appraisal. We reviewed the supervision records of three members of staff and saw that supervision had taken place as planned and there was a rota of supervision dates on the wall in the manager's office which confirmed that all staff had received or had supervision planned. This showed us staff received regular management supervision to monitor their performance and development needs.

All the staff we spoke with told us they received regular training. They listed a number of courses they had completed, which included moving and handling, and medication management. The regional manager told us they contracted out mandatory training to an external organisation and they had also taken advantage of the local authority training opportunities. This included utilising the local authority Deprivation of Liberty Safeguards workbook. However, the home's training matrix indicated that not all staff had received specific training in the Deprivation of Liberty Safeguards. This was raised with the regional manager who advised us that all staff were due to have refresher training in March 2015 and the subject was covered at induction for all staff.

Staff we spoke with told us they had an induction when they started at Paddock Lodge. One member of staff told us they shadowed two shifts and spent one day reading paperwork and policies. The home used the Common Induction Standards Skills for Care 2005 Induction Level 2 and we saw that staff had completed this in the three staff files we reviewed. The regional manager told us that they were preparing for the Care Certificate when this replaced the Common Induction Standards in April 2015.

We asked staff what they understood about mental capacity. They were able to tell us what they would do if someone lacked capacity to make decisions and how they would act in the person's best interests. They told us that mental capacity assessments were in the care plans. We reviewed the care plans of four people and saw evidence that mental capacity assessments had been carried out. We found that there was a lack of detail on how the person had been supported to understand the information on the decision and we raised this with the regional manager. They showed us a new form they were to pilot which aimed to make it easier to record such information.

The manager told us that people who lived at Paddock Lodge were supported to maintain good health and access to healthcare services. The district nurses visited every other day to see one person requiring nursing intervention,

Good

# Is the service effective?

and the chiropodist visited every six weeks. All the people who lived at Paddock Lodge were registered with a dentist and in one person's care record we saw that they had been referred to the dietician for support with a dietary issue.

The regional manager told us they had been chosen to take part in the Airedale Telehealth Hub. The Airedale's Telehealth Hub connects patients, and staff, 24-hours-a-day, seven-days-a-week, to specialist medical care at the touch of a button. This has been used by Paddock Lodge for advice on a skin tear, eye infection and assistance following a fall. The Hub also supported staff to undertake Cardio Pulmonary Resuscitation when this was required.

Paddock Lodge had been converted from an old house to a care home which meant the accommodation was adapted within the existing layout. Bedrooms and bathrooms were accessed over three floors. Some bedrooms were situated on the ground floor with further bedrooms on the first floor accessed from a passenger lift. A further three bedrooms were accessed by a stairlift which meant that only people who were mobile and able to use a stairlift had bedrooms on this floor. This area had its own dining/sitting area and communal bathroom.

All bedrooms apart from two double en-suite bedrooms were single bedrooms with an en-suite toilet and wash hand basin. The environment was homely but many of the single rooms were small which meant it would be difficult to use a mobile hoist in these rooms if required. However, when we raised this with the regional manager they told us that if someone required hoisting, they would be offered one of the larger rooms. The décor was dated in some of the communal areas and the bedrooms. We were told by the regional manager that they would redecorate the bedrooms as new people came to live at Paddock Lodge and those people would be able to choose the décor. One relative we spoke to told us " I don't think the décor is the newest. It's more about the care and that is really good."

# Is the service caring?

## Our findings

People who lived at Paddock Lodge told us staff were caring. One person said of the staff "Very kind, trust all of them like friends,". Another person told us " I love living here. The staff are lovely".

One relative told us they thought Paddock Lodge was "too good to be true. Staff have been caring at all times." Another relative we spoke with praised the caring attitude of the staff. Staff also told us they thought their colleagues were caring. One told us " People are caring here. It's homely and friendly". They said they would challenge their colleagues if they observed any poor practice and would also report their concerns to a senior person in the home.

Throughout our inspection we saw that people were treated with respect and in a caring and kind way. We observed interactions between staff and people who used the service and found them to be kind and caring. The staff were friendly, patient and discreet when providing support to people. For example, during lunch we observed a carer quietly and discreetly asked a person who was struggling to cut up their food if they needed assistance. One person said to a member of staff "You are a kind girl".

We asked staff how they maintained people's privacy and dignity. One carer told us they maintained privacy and dignity by "Ensuring the bathroom door is locked when assisting with bathing or showering, and standing outside the toilet door until the person presses the buzzer for assistance".

People were supported to be as independent as possible. We asked staff how they supported independence. One member of staff told us they "Encouraged the person to do as much as they could such as doing their own buttons on their shirts, pouring their own juice. I would say, would you like to pour it yourself".

Relatives we spoke with told us that they were able to visit their family member whenever they wanted. They said there were no restrictions on the times they could visit the home although one relative told us they had been asked to avoid lunch time if possible. Another relative told us they had turned up at various times and had always been able to access the home.

In the care plans, we saw evidence the service had consulted with relatives about putting in place a Do Not Attempt Cardio Pulmonary Resuscitation DNACPR where appropriate. Where a DNACPR was in place it had been signed and dated. We asked the manager how they supported end of life care and preferences. They told us that this would involve the GP and district nursing services and they would work together involving families and the person where appropriate. They told us they had a spare bedroom which families could use if they wanted which ensured space and privacy at this time.

Requires Improvement

# Is the service responsive?

## Our findings

We asked people who used the service how staff included them in their care arrangements. One person told us " They say, can I help you? How do you feel today? I feel comfortable here, a warm and friendly place"

People's care records included a 'This is Me' document which contained a one page profile of people's life history, likes and dislikes. 'This is me' is a simple and practical tool that people with dementia can use to tell staff about their needs, preferences, likes, dislikes and interests. One relative we spoke with told us they had been involved in compiling their relative's life story and had spent time with staff recording their relative's likes and dislikes to ensure staff could build a picture on how best to support them. This meant the staff had information about the person not just their care needs.

We looked at the care records of four people. The regional manager told us that they were in the process of changing all their care plans to a more detailed concise and person centred format. We reviewed three old style care plans and one new style care plan. The new style care plan was comprehensive and gave a good picture of how to care for the person and contained their likes and dislikes. In contrast the old style care plans we looked at had 28 areas of needs to be assessed. They covered areas such a cognition, recognition, mood, ear care, eye care, mouth care and dressing. The manager told us that all the care plans would be transferred to the new format, which meant there would be a consistent style of recording that was person centred and easy to follow.

It was clear from our observations that staff knew people well and were knowledgeable about the things that were important to them in their lives. One person who had their pet dog living with them was supported by staff to care for their pet. Staff recognised what an important part of their life this represented. We saw that staff were aware of people's preferences and interests as well as their health and support needs, which enabled them to provide personalised care.

The regional manager told us that Paddock Lodge was the person's home and they wanted to make it as homely as possible. They told us " I encourage the residents to bring in things to make the rooms their own, as if it's their home."

The registered provider had a formal procedure for receiving and handling complaints. We asked three of the relatives we spoke with over the telephone whether they had received information on how to make a complaint. They told us they had not received information but they all told us they would have no hesitation in raising their concerns with the manager or any staff in the home, but they had not needed to.

The staff told us that there was no designated activities coordinator at Paddock Lodge. Staff undertook activities with people at quieter times between 11.30 am and 12 pm and between 3 pm and 4 pm. The activities were planned a month in advance and included activities such as armchair exercises, bingo, hairdressing, baking and nails.

We looked at the responses to the residents and relatives survey undertaken July 2014 which highlighted concerns regarding the lack of activities throughout the day. One relative commented "The residents are left to sit in chairs with the T.V on far too much and on their own". Another commented " I feel the residents are not stimulated enough". The registered manager has since told us they acted on this feedback immediately.

Two relatives we spoke with said their relative's would not take part in activities even if they were on offer as they had never wanted to participate prior to moving to Paddock Lodge. One person who lived at Paddock Lodge told us they "would like to see more craft ideas being provided".Another relative told us their relative liked gardening and they had seen on the notice board that there was a gardening club but they had not seen any gardening activity going on.

We informed the regional manager and the manager of our findings regarding the lack of meaningful activities for people living at Paddock Lodge. The regional manager told us they do have trips out such as the theatre and trips to the pub. They also had gardening activities such as planting bulbs and pots for the outdoor seated area. We asked the manager whether the people who lived there could do more everyday activities throughout the day. For example, helping with some of the household tasks, if that had been identified as meaningful to the person. We recommend that the service seek advice and guidance from a reputable source on meaningful activities for people living in care homes.

Good

# Is the service well-led?

## Our findings

We asked the regional manager how they gained the views and opinions of people who used the service. The manager told us they had recently undertaken a survey and had analysed the results. 90% of comments were positive and concluded that the service was good. Comments included " The level and quality of care is good. All the staff are friendly and helpful. It's an old building so limited to a lot of modern touches." One person who lived there commented " I'm well taken care of. A little short of time but nice, caring people". However, one relative had commented " My family member sometimes doesn't have their own clothes on. I know it's difficult but all clothes do have their name on".

The manager told us they held a residents and relatives meeting once a month. There was a planned meeting on the day of our inspection but no relatives attended. We asked the manager how they ensured that relatives were made aware of this and we were informed that all the dates of the forthcoming meetings were placed on the notice board at the entrance of the home. This showed us that the manager was keen to involve relatives and seek the views of those living at Paddock Lodge.

We asked the manager how they maintained links with the community. They told us they had a summer fayre where people from the community were invited. They had taken part in the National Care Homes Open Day and were considering taking part this year too.

The manager had been in post for five weeks at the time of our inspection and was in temporary charge until the registered manager returned to work. The registered provider had informed CQC about this temporary change in management. The regional manager had offered support to ensure the home was well led throughout this period. Staff told us the temporary manager had been supportive and they were confident to go to them if required. They spoke highly of the regional manager who they said was " supportive and who they could contact at anytime, even two or three in the morning". Staff told us that the regional manager "had done night checks to see if all the night tasks had been done".

We asked staff what the culture was like at Paddock Lodge. One member of staff told us "Very nice. I enjoy working here". Another said "all staff cooperate with each other and are friendly". The regional manager described the culture as 'relaxed and personal' The organisation values were to 'endeavour to provide only the highest quality of care, in a 'home from home' environment. The care we provide is tailored to meet individual needs and circumstances, promoting independence and well being at all times'. We saw evidence throughout our inspection that the home was reflecting its values around independence and providing a 'home from home' environment.

The regional manager told us they undertook a provider audit once a month. The audit covered areas such as the environment, staff working effectively, health and safety, laundry, activities, audits, and management checks. The most recent had been 25 January 2015 and we were shown a report that had been compiled from the audit which detailed the findings. This report was to be shared at the next team meeting to ensure improvements were implemented. This showed us the provider had a system in place to check the quality of the service they provided.

We found there were emergency plans in place for all people living at Paddock Lodge and care plans contained details of how to support people in the event of a fire. We saw evidence that all fire fighting equipment had been checked and fire checks had been carried out as instructed either weekly, monthly or annually including fire drills.