Care Quality Commission

Elton Lodge Limited

Elton Lodge

Inspection report

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Ratings

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

Overall summary

The inspection took place on 11 March 2015.

Elton Lodge is a care home with nursing in Worthing West Sussex which is registered to accommodate and care for 21 people. At the time of the inspection 17 people were using the service.

Elton Lodge has a registered manager in post. 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 and associated Regulations about how the service is run.

At the last inspection on 24 June 2013, we asked the provider to take action to make improvements regarding cleanliness and infection control. We also asked them to make improvements in respect of assessing and

Summary of findings

monitoring the quality of service. The provider wrote to us and told us what they would do to improve infection control practice; we found that improvements had been made.

Care workers were not knowledgeable about the requirements of The Mental Capacity Act 2005 (MCA) and documentation did not always show people's decisions to receive care had been appropriately assessed, respected and documented. Care workers were also unable to demonstrate a working knowledge of the MCA and the Deprivation of Liberty Safeguards (DoLS). They were unable to demonstrate that they were able to identify when someone was being deprived of their liberty.

People using the service told us that they felt safe. Safeguarding training was delivered annually and care workers were able to identify and recognise signs of abuse. Procedures were in place identifying how people could raise concerns and staff were aware of these.

When risks were identified people were supported to remain safe. Care workers were able to recognise risk and change their care accordingly to meet any additional needs.

Staff recruitment procedures were in place so that people were protected from the employment of unsuitable staff. Induction training was mandatory to assess care staff were suitable for their roles.

Members of staff responsible for supporting people with their medicines had received additional training to ensure people's medicines were being administered, stored and disposed of correctly.

People were supported to eat and drink enough to maintain a balanced diet. When identified, people at risk of malnutrition and dehydration were properly assessed to ensure their needs were met. Most people told us the food was of a good standard and readily available.

When people's additional health care needs were identified the registered manager engaged with other health and social care agencies and professionals to maintain people's safety and welfare.

People told us that their care was provided to a good standard. Care workers were able to demonstrate they had taken time to know the people they supported. People were encouraged and supported by care workers to make choices about their care on a daily basis.

People told us and we could see that all staff treated people with respect and ensured their dignity was respected at all times.

Care plans were personalised to each individual and contained detailed information to assist care workers to provide care in a manner that respected that person's individual needs and wishes. Relatives were involved at the care planning stage and during regular reviews.

People knew how to complain and were happy to provide feedback if this was required. Procedures were in place to manage and respond to complaints in an effective way.

Residents and care staff were actively encouraged to provide feedback on the quality of the service provided by the use of quality assurance questionnaires and regular meetings. Care staff felt supported by the registered manager as a result because suggestions were listened to and changes made.

We found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which corresponds to regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

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

Good

The provider had a robust recruitment and training process to ensure people were cared for by staff who knew how to recognise signs of abuse and how to deal with appropriately.

Contingency plans were in place to cover unforeseen events such as fire or flood.

Staff involved in dispensing medication were sufficiently trained to enable them to conduct this role safely.

Is the service effective?
The service was not always effective.

Requires Improvement

The staff in the home knew the people they were supporting and the care they needed however people's rights weren't always being protected because care workers had a lack of understanding of the principles of the Mental Capacity Act 2005. Care workers were also lacking in their understanding of the Deprivation of Liberty Safeguards (DoLS).

People's nutritional needs were supported by care workers who encouraged people to eat and drink. A nutritionist visited to ensure people's needs were being met.

Care workers supported people to arrange and attend healthcare professional appointments whenever required

Is the service caring?
The service was caring.

Good

People told us that they were well cared for and care workers were motivated to develop positive relationships with people showing an interest in their personal histories.

People were involved within the provider in planning and documenting their care allowing them to express their needs and preferences.

Care was given in a way that was respectful of people and their right to privacy whilst maintaining that

person's safety.

Is the service responsive?
The service was not always responsive

Requires Improvement

Summary of findings

Whilst people's needs had been thoroughly and appropriately assessed, risk assessments were not always being reviewed at the identified times. This meant there was a risk that people were receiving care which was no longer appropriate for their needs.

People were encouraged to make choices about their care which included where and how they wished to spend their time in the home.

There was a good system to receive and handle complaints or concerns.

Is the service well-led?

Good

The service was well led.

The registered manager was a recognisable face to people living and visiting the home and able to provide advice and support where needed.

Care workers were aware of their role and felt supported by the registered manager who operated an

'open door' policy.

The registered manager regularly checked the quality of the service provided using questionnaires and made sure people knew how and where to complain if they were unhappy or concerned.

Elton 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 function. This inspection checked 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 unannounced inspection was carried out on the 11 March 2015 by two inspectors 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.

Before the inspection we examined previous inspection reports and notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law.

Before the inspection and without a formal request the Registered Manager was in the process of completing a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We took this into account when we made the judgements in this report.

During the inspection we spoke with seven people who lived at the home, one visiting relative, five members of staff and a visiting training professional.

Throughout the day we observed care and support being delivered in people's rooms and the communal areas of the home. We looked at four people's care plans, one nurse and a care workers recruitment files, staff supervision and training records, medicine records, policy and procedures and quality assurance audits.

We also spoke with an additional two relatives of people using the service and one healthcare professional who work with the service. We also asked the provider to send information regarding activities at the home, further policies and the results of call bell audits.

The previous inspection was carried out in June 2013 and a number of concerns were raised.

Good

Is the service safe?

Our findings

People were comfortable and relaxed in their care workers and the registered managers' presence. One person told us: "yes I feel safe here, there's always someone around" and a relative said: "I feel he is safe here".

People were protected as far as possible as the provider had a robust recruitment system to assess the suitability and character of all staff before they started employment. Documentation included previous employment references and pre-employment checks. All new staff had a Disclosure and Barring Service (DBS) check returned before they worked in the home. DBS enables employers to make safer recruitment decisions by identifying candidates who may be unsuitable to work with vulnerable people.

The registered manager had a good understanding of safeguarding and what actions and behaviours would constitute abuse. Notifications showed that the registered manager had been able to identify categories of abuse. These had then been reported to the correct authorities and the registered manager had supported people through any investigation.

Care workers were knowledgeable about their responsibilities when reporting safeguarding concerns. They received training in safeguarding adults and were required to repeat this on an annual basis. They were able to recognise and understand abuse, respond appropriately and make the necessary reports to the registered manager and external agencies. The provider's safeguarding policy documented the different forms of abuse and provided guidance about how to raise a safeguarding alert. It detailed contact information about the Care Quality Commission, the local authority and the Police.

When a risk was identified care workers responded appropriately. For example, an incident record showed how care workers responded after one person had a fall. Their care plans and risk assessments had been reviewed and updated to reflect their change in care needs. People told us their support was personalised and changes in care were quickly identified and implemented into their care plans. One person said: "The staff support me the way I need to be supported". Another person told us they were satisfied with the care and support they received and said: "If things change the staff know what they need to do, they all [staff] seem to communicate well and understand what I want".

There were robust contingency plans in place in the event of an untoward event such as a fire or flood to minimise the risk of harm to people who live at the location. In the event of evacuation people using the service would be moved, temporarily, to a residential home situated nearby. These plans were detailed and ensured that the potential risk of harm to people was minimised whilst maintaining their continuity of care.

People were safe because the environment and the conditions where they live were subject to continual review. Daily cleaning and auditing checks were conducted by the registered manager to monitor levels of cleanliness. These were detailed and where areas of attention were identified these were dealt with appropriately. Care workers received infection control training to increase their awareness of the living environment. A visiting professional told us that the staff had made great improvements and they were dealing effectively with cleanliness and infection control.

There were sufficient care workers deployed to meet people's needs. Care workers responded quickly to call bells and people confirmed that there was usually little delay when they requested assistance. People told us, 'They come pretty quickly the majority of the time', 'They come quickly enough if I need them' and 'They are always here for us – you only have to ring the bell". Call bell audits for the previous month showed that 91% of call activations had been responded to within 5 minutes which assisted people in feeling safe in their environment.

Arrangements were in place for the safe storage and management of medicines, including controlled drugs (CD). CD are medicines which may be misused and there are specific ways in which they must be stored and recorded. People told us they were satisfied with the support they received with their medication needs and said frequent medication reviews took place.

We observed safe administration practices and the care workers were able to describe the provider's medication policy in detail. Medicines that were no longer required or were out of date were appropriately disposed of on a regular basis with a local contactor and documented accordingly.

Requires Improvement

Is the service effective?

Our findings

The provider didn't always demonstrate that they were effective in ensuring their care workers understood legislation regarding the provision of care with consent.

Care workers were not knowledgeable about the requirements of The Mental Capacity Act 2005 (MCA) and documentation did not always show people's decisions to receive care had been appropriately assessed, respected and documented.

The MCA contains five key principles that must be followed when assessing someone's capacity to make decisions. These principles were not always applied. Care workers could not tell us how they assessed people's capacity to make decisions. Care workers consistently apologised for not holding sufficient knowledge of the MCA. One care worker said: "We have all done training on capacity and the MCA but I just can't remember it".

People's care plans included a "consent to care, support and treatment" agreement. The registered manager told us these particular care plans were in place to show people provided consent to receive care and treatment. As required by the MCA, the "consent to care, support and treatment" records did not consider the risks associated with specific decisions, benefits and alternative options available.

This was in breach of regulation 18 of the Health and Social Care Act (Regulated Activities) Regulations 2010, which corresponds to regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Care workers did not understand legislation regarding the use and application of the Deprivation of Liberty Safeguards (DoLS).

The Care Quality Commission (CQC) monitors the operation of the DoLS which applies to care homes. These safeguards protect the rights of people using services who don't have capacity to make decisions for themselves by ensuring that if there are any restrictions to their freedom and liberty, these have been authorised by the local authority as being required to protect the person from harm. The Supreme Court recently clarified that there is a deprivation of liberty in circumstances where a person is under continuous supervision and control and is not free to leave, and the person lacks capacity to consent to these arrangements.

There was a deprivation of liberty policy in place at the location which stated that staff would adhere to both the principles of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards 2008 at all times. It continued that reference would be made to both the Acts and their Codes of Practice whenever capacity, best interest and deprivation of liberty issues arose. Care workers were not knowledgeable and could not describe what may constitute a DoLS despite all, bar three car workers, receiving training in the last three years.

This was in breach of regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 18(2a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was knowledgeable about most of the principles of the MCA in particular the need for assessments, the role and use of best interest decisions and actively promoted advocacy. The registered manager had recently completed a new online training course on the MCA and DoLS to assess its suitability for care workers. This was to be implemented to meet this training need however care workers told us that they felt the online training method wasn't always the best way to impart information. As a result the registered manager identified the need for a better training delivery method. A mandatory interactive training day to cover the MCA and DoLS was then booked for all staff.

All staff received an induction into their role at Elton Lodge. Records showed that each member of staff had undertaken a mandatory set of course titles such manual handling, health and safety and safeguarding vulnerable adults to enable them to conduct their role. Care workers were also able to access additional training on stroke care, dementia, nutrition and palliative care which was encouraged by the registered manager. Care workers had regular supervision and appraisals with the registered manager and senior staff.

Supervision and appraisal are processes which offer support, assurances and learning to help staff

Is the service effective?

development. Supervision records showed the induction programme was discussed and senior staff had conducted competency checks to ensure they were appropriately skilled to meet people's needs.

Most people told us they enjoyed the food and this was served in sufficient quantities. Positive comments included, "the food is excellent, I like it all. The quantities quite adequate" and "the food is very good, you can always have special things like drinks". Two people we spoke with said that some of the food was variable and one complained "I like porridge but you get it seven days a week, I'd like a fry up sometimes". A recent residents meeting had identified the desire for a cooked breakfast and this had been made available twice a week.

People who were at risk of malnutrition and dehydration had been properly assessed and supported to ensure they had sufficient amounts of food and drink. Records showed food and fluid intake was monitored and recorded. People were provided with choice about what they wanted to eat and told us the food was of good nutritional quality and well balanced. The chef followed a menu that took account of people's preferences, dietary requirements and allergies. Care workers were knowledgeable about who required a pureed, soft and normal diet. We observed people enjoying their food at meal times and being given choice. One person said they did not want their main meal and would prefer a sandwich and this was accommodated by the kitchen staff. During our inspection it was identified in one person's care plan that they needed to be encouraged to drink. The care plan stated, "ask X if they want a strawberry milkshake". Care workers knew this information and we heard this offer being made by two different members of staff during lunchtime.

People who were at risk of developing skin damage were supported effectively. Care plans contained strategies on how to treat and reduce the possibility of skin breakdown. One person had a pressure sore assessment conducted on 7 January 2015 and was identified as "high risk of developing pressure sores". Their care plan said the person "must be weighed monthly" and "food and fluid intake must be monitored and recorded". Care review records showed food and fluid recording were used to review people's care. Other strategies included the use of a pressure relieving mattress which was checked each day by staff to ensure it was at the correct setting". A care worker said: "If they are eating and drinking well then it will help to keep their skin intact and it's less likely to break. Records showed nursing staff had received training in how to identify skin breakdown, provide treatment and document their findings. A nurse told us the service held a file which contained pictures of people's wounds that were used to review the healing process.

People relied mainly on the nurses and care workers in the home to organise their health care, but were able to confirm that they saw a chiropodist on a regular basis. The registered manager had also recently arranged for a new opticians service to be made available for people at the home. There were health care professionals available to people as and when required to support their needs. One relative told us that a physiotherapist and speech therapist had been closely involved in supporting their wives needs until they decided they didn't want them anymore. A medical professional we spoke with said that "issues are always identified and bought to our attention in a prompt and appropriate way".

Good

Is the service caring?

Our findings

People told us that the staff were kind, friendly and polite towards them. Comments from people included, "I'm being beautifully looked after" and 'they are very kind and very friendly'.

Care workers were knowledgeable about people's personal histories and preferences, and were able to tell us about people's interests and hobbies. One care worker told us about someone they supported who used to be in the air force whilst another care worker described the care needs and life experiences of a different person. Care workers took time speaking with people about their personal interests and asked questions about their hobbies. People responded positively and were happy to talk to them, one person said "everyone is a friend". A relative told us, "it's like being in a family, they're (management) are clever enough to make sure they (staff) all fit together, we're very pleased"

People were treated as individuals and were encouraged to make choices about their care. This included how they wanted to spend their day, where they would like to sit and their choice of food. People told us that there was a homely feel at the location as they could do as they pleased without any undue restrictions being placed upon them, "you don't miss your home" and "you can go to bed when you want. They like you to get up for breakfast but they don't really push it". People were also encourage to make their room personal and were able to decorate their room with pictures and personal items. People said they were happy living at the home and were satisfied with the care they received. They told us, 'they are all kind' and 'the staff are all good."

People were treated with respect and had their privacy maintained, one person told us, "they do things in dignified way". Care workers knocked on doors before entering rooms and spoke with people in a kind and reassuring manner. People told us that care workers respected their dignity, especially when providing personal care. We saw that bedroom doors were always closed when personal care was being provided. People said, "you don't feel a bit embarrassed – X does everything for me – he's so kind' and "the staff are very nice – all of them'. One relative told us they had no concerns regarding the care being provided 'The staff are very nice and can't do enough for people'. Care staff took their time when speaking with people and would approach people smiling making sure they were at eye level to enable clear communication. A medical professional told us they witnessed kind and caring interactions between care staff and residents, "they speak gently to residents and offer reassurance to them".

People's views were requested in terms of how they liked their care to be delivered and any assistance they required. This included things like asking whether or not people wanted to have their room door open or closed at the end of a personal care visit. People appeared well cared for, were dressed appropriately and well-kempt. People who used hearing aids were wearing these, and peoples' spectacles looked clean. It was identified to the registered manager that some of the men had longer fingernails that would require cutting which was to be addressed.

The provider had identified a senior member of staff to act as a Dignity champion. A dignity champion should challenge poor care practice, act as a role model and educate and inform staff working with them. The home's dignity champion wasn't working on the day of the inspection but posters were available in the staff areas identifying areas of best practice to follow when providing care.

The registered manager told us there were no restrictions on visiting times and their relatives and friends could visit when they liked as it was "their home".

Requires Improvement

Is the service responsive?

Our findings

People were involved in discussions to ensure they received individualised care plans that met their needs. People told us that they were involved in the completion of their care plan and some had been from their first initial assessment. One person told us 'they talked to me about the way I like things done'.

The home attempted to engage people in meaningful activities however these were limited in frequency. People told us they enjoyed the entertainment when it was provided, "we have people downstairs to entertain us – they come and get me, take me down' and 'I like to watch TV, read, music. I like a sing-along'. People who wished to remain in their rooms also had their views respected and would be visited by activity volunteers in their rooms. This was appreciated by those who didn't wish to participate who told us, "I don't mind being on my own, I'm not very sociable", with one relative telling us, "the activities people come and see him, they don't leave him out.

The activity volunteer we spoke with was able to show a detailed personal knowledge of people including their likes and dislikes. The home had two activity volunteers but they were only available for a short period of time a couple of days during the week. On the day of the inspection it was seen that there were a limited number of activities planned for people during the week commencing 9 March. On four days during that week there were no activities available for people to participate with. We could see that people were asked during residents meetings for suggestions by the registered manager however ideas weren't provided. Some people were in a position to entertain themselves, for example by completing puzzles, listening to music or watching TV In their rooms. Others however appeared to spend long periods of time with little interaction or meaningful occupation with staff. The TV was on in the lounge and dining room during the day but nobody appeared to be watching it. People were showing an interest in what was going on around them when staff were walking through the lounge but there was little to stimulate this interest. The registered manager said that care workers used to spend their breaks with people in the lounge to engage them in board games however this had been discouraged. by the provider. A relative said that this does still happen on occasions when the care workers aren't busy which he and his wife appreciated. The home had an increasing number of residents who required nursing care. This had limited the type of activity choice available to people. The registered manager was trying to find innovative ways to engage with people including therapeutic pets as the previous use of visiting owls had been successful. A relative told us that their spouse had been a chef and as a result the home had arranged biscuit and cake making sessions once a month which had been enjoyed.

Records showed that specific risk assessments weren't always being updated regularly. The registered manager told us that a number of people at the location were currently using bed rails to support their night time routine and maintain their safety. The provider had correctly identified the need for written reviews to be completed monthly however the care plans showed that this was not always occurring. This meant there was a risk that potentially inappropriate techniques were being used to support people when they were no longer required.

Care staff told us that some people living in the home had dementia and interactions with our expert by experience identified that this may be the case. However we were not able to see that these people had been appropriately assessed by a health care professional to form an assessment. Records were unable to show evidence that they had been referred for any diagnosis to be made.

People's individual needs were regularly reviewed and plans provided accurate information for care workers to follow. Records showed people's changing needs were promptly identified and kept under review. For example, one document showed how one person's care plan was reviewed and updated after a recent change in their medication. Staff told us they reviewed care plans on a regular basis and people, relatives told us they had opportunities to express their views about the person's care and support. Records viewed confirmed this. One relative told us, 'they went through everything he likes, doesn't like". Another relative confirmed that as a family they had all been involved in planning the care provided.

There was a clear complaints procedure in place which people and their family were aware of. There registered manager kept a complaint and complements folder which included information on two complaints from a relative. The registered manager had investigated the complaints appropriately, taken action, followed it up and then told the complainant what action had been taken requesting

Requires Improvement

Is the service responsive?

further feedback if necessary. One relative told us 'If you've got any complaints you can go straight to the manager' and another said, "oh yes, you can always reach someone". No formal complaints had been made since the previous inspection.

The registered manager had redesigned the quality questionnaires provided to people which had made them easier to complete. A relative told us that these were being completed on a monthly basis so there was always opportunity to highlight concerns. Instead of being formally asked questions with space for written feedback, questions were asked which could be responded to by highlighting one of a number of different expression face images. This had also been introduced into the staff questionaries' which were used to structure the staff meetings. This change had meant that those people unable to fully communicate verbally had been given an easier opportunity to provide feedback.

People we spoke with could not recall having the need to raise a complaint or concern but everyone was confident that they could do easily should the need arise. People told us "if there's cause for complaint, you're not frightened to say so" and that told us they would be happy to raise any concerns without hesitation. One relative told us they knew how to raise a complaint and would be happy to do so if required.

Good

Is the service well-led?

Our findings

The registered manager was visible to people and easily recognised. Conversations between people and the registered manager was personal and informal. One person told the registered manager "and I like you too". The registered manager was also visible to people visiting the service, one relative told us "I know the manager, she's very, very nice". Another relative told us "they seem very good, they're always try new things".

All staff were encouraged to provide feedback to management regarding aspects of their role identifying aspects of their role. This included asking whether or not they felt they had received enough training and were thanked for doing their work for example. 16 staff feedback forms were viewed and comments noted such as, "I feel I can approach management if I had concerns".

Residents were involved in identifying where they could see improvements. Minutes from the last three meetings shows they were actively encouraged to provide feedback on what they felt was working well. They were also encouraged to let the registered manager know where improvements could be made. The meetings were seen as a positive way to obtain feedback.

Staff meetings were regularly held and ideas for improvement actively sought. One care worker had suggesting using Care Delivery signs to place on people's doors to ensure privacy when delivering care which was agreed and was in the process of being put in place. This demonstrated that care workers were listened to and their feedback valued. One care worker told us, "I think the home is managed pretty well, it's hard because there is always a lot to do but I am happy".

The registered manager provided a strong presence however they were also undertaking a lot of additional administrative tasks. Care workers told us, "she is really supportive, when I was pregnant she made sure I was safe to work…we had a lot of supervisions and she was there if I needed her" and "We have supervisions but the door is always open if I need to speak to the manager". Whilst there had been no impact on their visibility and approachability to staff, relatives and residents it was noted during the inspection that the registered manager spent considerable time being completing administrative tasks, dealing with telephone calls and managing visitors.

Since the last inspection a lot of work had been undertaken by the registered manager and the provider to ensure quality assurances processes were in place and adhered to. This was evidenced by the quality of the cleaning audits that were now in place. Feedback was also being provided to staff when shortfalls were identified accordingly and results being documented. The provider had recently purchased a number of policies and procedures to ensure compliance with the new Care Act. The registered manager was in the process of personalising these to the location during our inspection. These would be discussed with staff to make sure they were aware of the extent of their responsibilities.

The registered manager was in the process of completing a Provider Information Return when we inspected. One hadn't been requested prior to the inspection. The Registered Manager had taken the initiative to complete and use this as a way to identify areas where improvements could be made to the service.

The registered manager welcomed feedback and sought this wherever possible from staff, residents and their relatives. This was also extended to outside companies and agencies where it was felt they would be able to provide advice on where to improve. In January 2015 the registered manager volunteered to take part in an Infection Control Consultancy inspection offered by West Sussex County Council. This detailed audit identified a number of potential areas for improvements which were being addressed. The registered manager took the opportunity to assess internal systems and saw these as a way to improve the service.