

# Doncaster Metropolitan Borough Council

## Eden 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?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Eden Lodge is a respite service providing personal care to adults with learning disabilities. The service is registered to provide care for up to 10 people, on a respite basis, in one building. There were five people living at the home at the time of inspection.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

### People's experience of using this service and what we found

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

Medicines were predominantly safe. We have made a recommendation about the management of some medicines.

Staff understood their roles and responsibilities to safeguard people from the risk of harm. People were supported to maintain their health and well-being through access to relevant health and social care professionals.

People's risks were assessed at regular intervals or as their needs changed. Care plans informed staff how to provide care that reduced any identified risks.

There were enough staff deployed to meet people's needs. Staff were recruited using safe recruitment practices. Staff received training to enable them to meet people's needs and were supported to carry out their roles.

People received care from staff they knew. Staff had a good understanding of people's needs, choices and preferences. People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted. Staff gained people's consent before providing personal care.

People were involved in the planning of their care which was person centred and updated regularly. People were supported to express themselves, their views were acknowledged and acted upon. The registered manager responded to complaints using the providers policies.

The registered manager monitored the quality of the service, identifying issues and making changes to improve the service. Following any incidents, lessons learnt were clearly communicated. The registered manager promoted a staff culture which was open and honest.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Good (published 9 March 2017).

#### Why we inspected

This was a planned full comprehensive inspection to ensure that the service was meeting the regulations of the Health and Social Care Act 2008 and CQC.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information, we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Eden Lodge

## Detailed findings

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Eden Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced. The provider was given 48 hours' notice because the service is small and we needed to be sure that someone would be in.

#### What we did before the inspection

We looked at all the information we had received from and about the home since the last inspection. We sought feedback from professionals who commission the service on behalf of people. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

#### During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with two members of staff including the registered manager a member of the support team. We reviewed a range of records. This included three people's care records. We looked at a staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant that people were safe and protected from avoidable harm.

### Using medicines safely

- Overall the management of medicines was safe, although the providers medicines policy was not always followed. For example; the dates of opening of liquid medicines were not consistently recorded and the room temperature where medicines were stored was not always recorded. The registered manager told us they would increase the frequency of audits to ensure these issues would be identified earlier.
- People were prescribed medicines on an 'as and when required' (PRN) basis such as pain relief. Although none had been recently given staff knew from their knowledge of people when these medicines should be administered. However, there were no written protocols in place to guide staff when to give the medicine, how often and what to do if it was not effective. The registered manager confirmed following the inspection protocols were being implemented.
- People's medication administration records (MARs) were accurate, up to date and without omissions. Only trained staff administered medicines and training was kept updated and staff competency assessed.
- People told us they received their medicines on time. One person told us, "I always get my tablets regularly and always on time."

We recommend the provider consider current medicines guidelines and take action to update their practice accordingly.

### Systems and processes to safeguard people from the risk of abuse; Staffing and recruitment

- People looked comfortable and relaxed with the staff who supported them. People said staff were always kind and friendly. One person told us, "Everybody is nice here. That's why I like it so much."
- The provider had systems which helped to minimise the risks of abuse to people. This included a robust recruitment system and training for staff on how to recognise and report abuse. Staff said they had not been able to begin work at the home until relevant checks had been carried out and references gained.
- Staff were confident that if any concerns were raised they would be fully investigated to make sure people remained safe. The registered manager was clear about their responsibility to safeguard people from abuse and had worked with relevant organisations to make sure thorough investigations were carried out.

### Staffing and recruitment

- There were adequate numbers of staff to meet people's needs and to keep them safe. During the inspection we saw people received support when needed and staff had time to assist people with activities and accessing the community.
- Staffing levels continued to be based on people's assessed needs. Most people were independent and able to attend to aspects of their personal care and travel locally. There was a minimum of two staff on duty during the day and a waking night staff.

- Staff gave people appropriate support and assistance. They prompted people, gave reassurances and took time to engage in conversations. One person told us, "Staff are always there if you need them. I really like them."
- People were supported by staff who had been recruited safely. Checks included obtaining references, identity, employment history and reasons for any gaps. Disclosure and barring service checks helped to prevent unsuitable staff from working with people who use care and support services.

#### Assessing risk, safety monitoring and management

- The provider assessed risks to people's safety and managed risks to keep people safe. People had individual risk assessments in place. For instance, road safety and going into the community without staff.
- People who may demonstrate behaviour which could place themselves, or others, at risk had clear support plans to minimise these risks. This made sure staff had guidelines to follow which provided consistency and understanding to the person.
- The provider took appropriate steps to make sure the premises and appliances used were maintained in a safe way. There were regular checks on safety equipment, such as fire alarms and emergency lighting. Arrangements were in place to make sure cleaning products which could be dangerous to people were locked away.

#### Preventing and controlling infection

- People were supported by staff to keep the home clean and free from infection. One person said, "I like to clean and wash up, I also clean my room every day. Staff help me if I need them to."
- Practices helped to minimise the risk of any infection occurring or spreading. Staff received training in infection control and were provided with personal protective equipment such as gloves and aprons.
- There was a separate laundry area accessed by people and staff.

#### Learning lessons when things go wrong

- The provider had systems in place to ensure appropriate actions would be taken following any incidents. These would be investigated, and outcomes shared with all staff. We saw risk assessments were updated and changes made to care plans if required.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service had an assessment process in place to identify people's needs before they started using the service.
- Assessments and care plans provided clear guidance for care staff to follow. They reflected people's individual care and support needs to ensure their care was delivered effectively.
- Care plans and assessments were reviewed and updated with the person, their family and professionals when appropriate, prior to any re-admission for respite. This meant care staff had accurate, up to date information about each person they supported.

Staff support: induction, training, skills and experience

- New staff received an induction which provided them with a good foundation of knowledge and understanding of the organisation and their roles.
- New staff shadowed experienced staff to get to know people they would be caring for.
- Records confirmed staff received training to give them knowledge and understanding to support the individual needs of people staying at the service. One member of staff told us, "There is always training available. I enjoy the learning and development."
- Staff received regular supervision and guidance to support them in their roles. Staff told us their management team were very supportive.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff involved people in choices about what they ate. People said the menu provided a variety of foods and they could choose what they preferred to eat. The weekly menu was displayed so people could see it.
- People had a balanced, healthy diet. Staff prompted people to make healthy choices whilst respecting their preferences. People told us they enjoyed mealtimes.
- Steps had been taken to encourage people to maintain a healthy diet. Information was displayed about what constituted a balanced diet. People had access to the kitchen, where they could make hot drinks and snacks throughout the day. Fruit was accessible, so people could help themselves.

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

- The decoration and design of the home met the needs of people living there. The atmosphere was as home-like as possible, with comfortable furnishings, suitable shared areas, private bedrooms and an activities room.
- The home had recently completed a period of upgrading which included the addition of a passenger lift.

Further improvements were scheduled with ceiling track hoists.

- People had choice and control over their environment. They told us they could choose their room and staff consulted them about choices in the shared areas. People had personal items in the shared rooms, as well as in their bedrooms.

Supporting people to live healthier lives, access healthcare services and support.

- People were supported to access healthcare support as needed. Care plans included details of specialist healthcare professionals who supported people to live healthier lives, such as occupational therapists, GPs and community nurses.
- People's health needs were considered and planned for. People had health action plans and health assessments which planned how their health needs would be met. Records were kept of healthcare appointments.
- The support people needed around oral care was assessed and recorded. These showed how often they needed to see the dentist and any specific guidance for staff on how best to support people to maintain good oral hygiene.

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked with other agencies when people moved in and out of the service. During our inspection one person was moving to a supported living service. The assessing officer overseeing the process told us, "It's been a smooth process, communication has been very good."
- Transitions into the service had been planned. The registered manager told us, "We keep an up to date record of all bookings and requests. This is for capacity and also for compatibility of people. It also ensures we have the most appropriate staffing levels."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff were knowledgeable and had received training in the principles of the MCA.
- People's mental capacity to take specific decisions in their daily lives had been assessed. This included if people were able to deal with their own finances and manage their medicines. Solutions that were least restrictive had been adopted.
- When people had complex decisions to make, they were supported to make the decision for themselves. This was achieved through meetings with the person, healthcare professionals and their relatives or representatives.

# Is the service caring?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us staff were kind and caring towards them. One person said, "It really lifts me when I'm here. I don't have any stress, it's really nice." Another person commented, "It's a lovely place with nice staff."
- We observed staff interacting with people and found they were supportive, kind and caring. Staff knew people's communication needs well and were able to engage effectively with them.
- Staff spoke positively about the people they cared for. One staff member said, "It's a fantastic place to work, knowing you make a positive difference to people and their families."
- Staff understood the importance of promoting equality and diversity. Care plans contained information about people's religious beliefs and their personal relationships with family and friends.

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

- People had opportunities to express their views and make decisions about the care they received. One person said they had written their care plan and risk assessments with staff.
- People had opportunities to express their views at service user and house meetings. One person told us, "We talk about lots of things like food, things to do and keeping safe outside."
- The provider had information to refer people to an advocacy service where people needed additional support to make decisions. Advocates are independent of the service and who support people to decide what they want and communicate their wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. A member of staff told us, "I always knock before going into a room, it's just respectful."
- Staff understood the importance of confidentiality. Care plans and information about people were kept securely.
- People were treated with dignity. Staff listened to people's choices and respected their decisions. Staff had training in privacy and dignity.
- People's independence was promoted. Staff ensured people were encouraged to do as much as they could for themselves. For example, one person had done travel training with staff. As a result, this person had become independent when using public transport.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Each person living at Eden Lodge had a care plan which was personalised and had been developed from the knowledge gained during the assessment process, previous respite stays and other information provided from health and social care professionals.
- Care plans contained information about people's routines, personal history, cultural and religious needs. Staff knew people well including their likes and dislikes, so they could give personalised care.
- People were involved in writing, monitoring and reviewing their care plans, so they reflected people's current routines, likes, dislikes and aspirations.
- People were able to follow their own routines and staff respected these. One person said, "I know what I like to do and so do the staff."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Information was available in range of formats, for example, easy read or large print.
- Care plans detailed information on people's communication needs, including any aspect they found difficult and alternatives forms of communication staff may use.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain their relationships with their families and friends. Staff supported people to maintain contact during their stay.
- People had formed friendships at Eden Lodge. Two people spoke about a person who was leaving to live in supported housing. They said, "We are really going to miss[person]. It will be sad without them."
- People were helped to pursue their hobbies and pastimes. For example, the garden area contained raised beds which was used by people and local community volunteers to grow vegetables. There were also chickens which people took an interest in looking after.
- People took part in activities at the home and in the community. We saw a range of board games for people to play. People also went to a social centre event for people with a learning disability. One person said, "I love going there for the disco and karaoke, I'm really good at dancing."

Improving care quality in response to complaints or concerns

- People were able to raise concerns or complaints at the service in the confidence that they would be listened to. One person said, "If I wasn't happy I would tell the manager."
- At the time of inspection no complaints had been raised and we checked the records to confirm this.
- The registered manager told us they encouraged people to raise any concerns as well as compliments to help the service to improve.

#### End of life care and support

- At the time of our inspection, nobody living at the home was receiving end of life care.
- Records confirmed the service explored and documented people's end of life wishes so the service could respect them.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People were supported in a caring and positive environment. People at the service were supported to be empowered in their care and achieve their goals.
- The registered manager promoted person centred care in all aspects of the service. One member of staff said, "The manager balances everything well to make sure everything runs smoothly."
- Staff told us they felt supported by the management team. One staff member said, "I love working here, the team is great. The manager is supportive and helpful and the people we support are wonderful."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility to keep people informed of actions taken following incidents in line with duty of candour.
- The management team supported staff to learn from incidents and actions taken.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service was led by an experienced manager and staff felt well-supported. One staff member told us, "The manager helps to make it a great place to work."
- The registered manager understood their regulatory requirements to report incidents and events to CQC, our records showed these had been submitted as required.
- Policies and procedures were in place containing current and supported best practice.
- Staff attended meetings to discuss updates in policies and refresh knowledge. They told us they found these meetings useful and their contribution was valued.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Records confirmed the service sought the views of people, their relatives and professionals to assess and improve the running of the service. One person told us, "Staff always ask if I'm happy with things."
- The service also used questionnaires for people in an accessible format by using pictorial faces for people to use. People had used smiley faces to show they were happy with the service.
- The registered manager used information from surveys to improve care for people, for example, the range

of community activities.

#### Continuous learning and improving care

- The registered manager carried out regular audits and checks to ensure people continued to receive high quality care. Where issues were identified by these audits an action plan was produced to improve the service. Where issues had not been identified, for example, the lack of PRN protocols and temperature of medicines storage, the management team assured us this would be rectified through a combination of system changes, individual supervision and team meetings.
- The registered manager told us how incidents at any of the provider's services would be assessed and any learning would be disseminated across the organisation

#### Working in partnership with others

- The registered manager and staff had developed positive links with health and social care professionals and local services and organisations.
- Staff worked closely with people's doctors, community mental health and learning disability teams to make sure there was joined up care.