

Yorkshire Property Investment Fund Limited

Ernelesthorp Manor & Lodge

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Ernelesthorp Manor and Lodge is a residential care home providing nursing and personal care for up to 65 people. At the time of the inspection 22 people were using the service. The provider had closed part of the service known as the Lodge and had refurbishment plans for the future of the Lodge.

People's experience of using this service:

After the last inspection of February 2019 the provider had sent us an action plan to tell us how they would address the areas we raised on inspection. At this inspection we found the provider had effectively addressed concerns regarding safe care and treatment, person-centred care, dignity and respect and governance and there were improvements in the quality of the service.

The effectiveness of the governance and audit processes in the home had been improved. Although, there were areas that required further embedding into practice to ensure improvements were sustained. There was evidence of people being asked about their satisfaction with the service, however, there was room to improve the consultation and involvement of people who used the service.

Improvement had also been made to ensure risks associated with people's care and treatment were identified and managed safely. This meant people received the right support to meet their needs and safe care and treatment. Although, there were some areas of minor risk still to be addressed. Additionally, there remained brief periods, during staff handovers, when staff could have been better deployed to ensure a timely response to people's needs. The provider had made improvement to ensure safe arrangements were in place for managing people's medicines. Although, there remained room to improve the consistency of some records. The provider had a system in place to safeguard people from the risk of abuse.

Improvements had been made in the way people's needs and choices were assessed and care and treatment were delivered in line with current legislation and standards. Care records had been improved and showed people's needs were being met. There were noticeable improvements in the environment, with the home looking and feeling much lighter and brighter.

The provider supported people to live healthy lives. We spoke with other professionals who felt confident that people received appropriate care and support. The provider ensured that staff received training and support to carry out their role. Staff told us they felt supported by the registered manager.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The provider was adhering to the principles of the Mental Capacity Act (MCA). People who lacked capacity had decisions made in their best interests.

Staff we saw were kind and caring in their approach. Staff recognised when people needed support and

engaged appropriately with people to ensure their needs were met. People were treated with dignity and respect. We looked at whether the service complied with the Equality Act 2010, in particular, how the service ensured people were not treated unfairly because of any characteristics that are protected under this legislation. Our review of records and discussion with staff and the registered manager showed the service did promote people's rights.

There were considerable improvements in the opportunities provided for meaningful activity. There were also improvements in the way the provider ensured people received care that was responsive to their needs. People's care plans we looked at contained accurate and up to date information. People's choices for their end of life care had been considered and were recorded and reviewed. All the people we spoke with knew how to raise a complaint and said they felt comfortable speaking with any of the staff team.

Rating at last inspection and update

The last rating for this service was inadequate (Report published May 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since May 2019. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ernelesthrop Manor and Lodge on our website at www.cqc.org.uk

Why we inspected:

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up:

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective

Details are in our Effective findings below

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-Led findings below.

Requires Improvement ●

Ernelesthorp Manor & 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 (the Act) 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 Act, 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 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.

Service and service type:

Ernelesthorp Manor and Lodge is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection. The care home can accommodate 65 people. At the time of our inspection 22 people were living in the manor.

The service had a manager registered with the Care Quality Commission. 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 unannounced on the first day and announced on the following day.

What we did before inspection

Prior to the inspection visit we gathered information from a number of sources. We also looked at the information received about the service from notifications sent to the Care Quality Commission by the registered manager. We asked the provider to complete 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 also spoke with other professionals supporting people at the service, to gain further information about the service.

During the inspection

We undertook inspection visits on 3 and 4 September 2019. We used a range of methods to help us understand people's experiences. We spoke with six people who lived at the home about the support they received. As some of the people who used the service found verbal communication more difficult we observed the interaction between people and the staff who supported them in communal areas throughout the inspection visit. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We also spoke with six visiting relatives to gain their feedback on the quality of care received.

We spoke with the registered manager, the regional manager and six staff. We also spoke with two visiting social care professionals to gain their feedback; an independent advocate and a social worker. We reviewed care plans for three people to check they were accurate and up to date. We also looked at medicines administration records and reviewed systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement. These included accidents and incidents analysis, complaints management. We also looked at quality assurance checks systems to check if they were identifying areas of improvement and acting to address them.

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

At our inspection of February 2019 we found people who were prescribed medicine on an 'as and when' required basis, known as PRN, did not have detailed PRN protocols in place. This was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improved protocols had been put in place to guide staff on how people's prescribed PRN medicines should be administered. However, there was a need for this improvement to be further embedded into practice. This included ensuring staff always recorded the observed effect of any PRN medicine administered to people, to monitor the effectiveness.
- Improvements had been made to the facilities in the room in which people's medication was stored.
- Medicines were received, stored, administered and disposed of safely.
- Feedback from people and their relatives about the support they received with their medicines was positive. For instance, one person said, "I trust [the staff] with my tablets. It's a good home it really is."

Assessing risk, safety monitoring and management

At our inspection of February 2019, we found the provider was not doing all that was reasonably practicable to mitigate risks associated with people's care and treatment. This was a repeated breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Improvements had been made in the way risks associated with people's care and treatment were identified and managed. For example, where there were risks associated with a person losing weight, there was evidence that action had been taken to address the person's needs in a timely way.
- Equipment was serviced and regularly checked to ensure it was safe to use and systems were in place to ensure people were protected from the risk of fire. However, there remained some areas of risk management that needed to be addressed. For instance, one dining room was quite crowded with people and equipment at mealtimes, posing potential risk to people from knocks or trips. These issues were discussed with the management team at the time of the inspection and they took immediate action to address them.

Preventing and controlling infection

- We identified some infection control issues. For instance, the crockery was set out on dining tables, for long periods between meals and although, this looked very nice, it left room for contamination.
- We found there was an ample supply of personal protective equipment (PPE) and suitable hand washing facilities. We saw staff wearing protective equipment and that it was readily available.

Learning lessons when things go wrong

- The provider responded to accidents and incidents, and themes and trends were analysed so lessons could be learned.

Systems and processes to safeguard people from the risk of abuse

- The provider had a system in place to ensure people were safeguarded from the risk of abuse.
- People said they felt safe living in the home. One person said, "I'm safe. It gives me comfort to know I'm looked after when my daughter is away, and she can rest without worrying about me."
- Visitors we spoke with had no concern about leaving their loved ones in the care of the staff. One visitor said, "I do think [person] is safe, definitely. I'm more than happy with [person's] care."
- Staff were trained and aware of their responsibilities in responding to and reporting any concerns about abuse.

Staffing and recruitment

- We observed staff interaction with people and found they responded to people in a timely way. Staff recognised when people needed help and support and responded appropriately.
- Most people said there were enough staff to respond to their needs. One person said, "I have a bell and they come if I use it." However, we identified a gap in the effectiveness of staff deployment during staff shift changes, when staff were engaged in handover meetings. A small number of people said they sometimes had to wait for staff to assist them to the toilet during these times or to respond to call bells. We discussed this with the management team, who told us they would address it as a matter of priority.
- Feedback about the staff was positive. One person said, "The staff here are lovely, they'd do anything for you."
- The provider continued to operate a safe system for recruiting new staff. This helped to reduce the risk of the provider employing a person who may be a risk to vulnerable people.

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 requires improvement. At this inspection this key question has now improved to good. 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
At our inspection of February 2019 some relatives had not been involved in developing their loved one's care plans.

- At this inspection we found improvements had been made to ensure people and those who were important to them were involved in planning their care.
- Support plans to showed people's preferences and diverse needs were met in all areas of their support. This included protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability.

Supporting people to eat and drink enough to maintain a balanced diet
At our inspection of February 2019 we found people did not always receive sufficient food and drinks to ensure they maintained a healthy and balanced diet.

- At this inspection we found improvements had been made in people's mealtime experience and their nutritional needs were met.
- We spent time observing lunch being served and saw the mealtime was better organised, although there remained room to improve on waiting times between courses, as some people waited for some time for their pudding to be served.
- Staff interacted well with people while supporting them to eat.
- People told us the meals had improved. One person said, "The meals are nice. We've got a new cook and she's lovely." One relative said, "The food is excellent, tremendous, well presented and plenty of it."

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

- Significant improvements had been made to the environment since the last inspection. This was ongoing, with further, planned improvements set out in the provider's action plan.
- The environmental risks identified at the previous inspection had been addressed and the home looked much lighter and brighter.
- People and their relatives were pleased with the improvements made to the home. One visitor said, "There is an improvement since the new manager came, particularly in the fabric of the home."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support● Staff in the service continued to liaise with other

healthcare professionals to ensure people's needs were met.

- People were supported to access health care services when they needed. For instance, records showed that advice was sought from people's GP in a timely way.
- The registered manager was aware that some people had not had a check-up with a dentist in more than a year and this was being addressed.

Staff support: induction, training, skills and experience

- The provider continued to ensure staff received training and support to carry out their role's effectively.
- The registered manager kept training records up to date which showed staff had received training in areas such as moving and handling and infection control.
- Staff told us they received regular supervision and appraisal. This supported them to identify their development needs.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).
- We saw the service was working within the principles of the MCA, and authorisation were being met.
- Staff told us they had completed training in this subject and the training records confirmed this. The staff we spoke with had good knowledge of the MCA.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved in their care.

Respecting and promoting people's privacy, dignity and independence; Ensuring people are well treated and supported; respecting equality and diversity

At our inspection February 2019 we found people did not always have their privacy and dignity respected. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014, Dignity and respect.

At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 10.

- At this inspection we saw staff treating people with the utmost respect and were very careful to maintain people's privacy and dignity.
- People and their representatives told us the staff were respectful. One person said, "Yes, they do treat us with respect." Relatives we spoke with told us the staff were kind and they felt welcomed to visit at any time. Some relatives told us they were offered meals, so they could dine with their loved ones.
- The provider recognised people's diversity and promoted this in their policies and staff training, which highlighted the importance of treating everyone as individuals. Our review of records and discussion with staff and the registered manager showed the service promoted people's rights.
- Whilst the support needed in respect of people's religious observance was clearly set out in most people's plans, this was not the case for everyone. The management team was aware of this and it was being addressed.

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

At our inspection of February 2019 most people felt there were not enough staff, as staff had little or no time to interact with them.

- At this inspection we saw that staff took time to interact with people, making sure they were comfortable and not feeling lonely or isolated.
- People and their representatives told us the staff were caring and considerate. One person said, "They are so kind. I can't find any fault with them at all." Relative's comments included, "I think I made a good choice for [person] here" and "I'm more than happy with the way [person] is cared for."
- We saw that staff recognised when people needed support and responded in a timely way.
- There was a core staff team who had worked with people for a long time and knew people very well. They shared their knowledge with new staff and agency staff, which helped provide people with continuity of

care.

- The provider was actively recruiting staff, successfully decreasing the use of agency staff. This also helped to improve continuity and consistency of care for people.
- People and where appropriate, those close to them were involved in formulating care plans. However, there was room to improve the written evidence of people's involvement in the monthly reviews of their plans. We discussed this with the management team, who told us they would address it as a matter of priority.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
At our inspection of February 2019 we found the provider had not always ensured people received person centred care which met their needs. This was a breach of regulation 9 (Person centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 9.

- People's care plans had been improved to make sure they better reflected people's individual needs.
- The care plans we saw contained the most up to date information. This meant staff had information that was current and relevant about people, so people's needs could be met more effectively
- We saw evidence the provider was employing established audit systems more effectively, to make sure each person's plan was kept up to date. This meant they kept pace with any changes in people's individual needs or circumstances.
- Staff showed a good understanding of what was Important to people, their preferences and needs, and how best to meet them. This was confirmed by people and their visitors.

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

- There was considerable improvement in opportunities for people to take part in for activity and social interaction. People had benefitted from better opportunities to engage in meaningful activity. One person told us that previously they had not often come out of their room . They said, "I do now, I've been to see the reptiles this afternoon." They added "I also get out to the pub now and enjoy the lunch club. They're adding another pub to where we go."
- We saw lots of people joining in and laughing, during one of the regular exercise classes. There was also a 'reptiles and crawly things' session giving people the chance to learn about and handle the snakes. Other people had some individual time with the activity coordinator undertaking activities in their rooms. This included reading together, playing dominoes or looking at photographs.
- A very full and diverse activities programme was put on display a month in advance, so people could invite their relatives to the planned activities and entertainment if they wanted to.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure.
- People and their visitors knew how to make complaints. They told us they would speak with the registered

manager and felt confident that they would be listened to if they raised a complaint.

- The records we saw showed complaints and concerns were taken seriously and responded to in a fair and balanced way.

End of life care and support

- People's care plans captured how people wanted to be supported at the end of their life.
- One person told us, "I do have a care plan and I've just added something into it about my wishes upon my death."

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 inadequate. At this inspection this key question has now improved to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care; Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility
At our inspection of February 2019 we found audit systems in place to monitor the quality of the service were not effective. This was a repeated breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- At this inspection we found the management team had worked hard to ensure the previous concerns regarding safe care and treatment, person-centred care, dignity and respect and governance were addressed. However, there remains a need to ensure these improvements were embedded into practice and sustained.
- The provider had addressed issues of staff deployment and we saw staff had more time to meet people's emotional and social needs. Although, there was a need for further work to ensure people's care needs were met during staff handover times.
- Since our last inspection the regional manager had increased monitoring in the service, providing governance and oversight to ensure there was continuous improvement. The audits completed were in a better format and better organised since our last inspection. They were effective in identifying and addressing shortfalls and concerns.
- Work had been undertaken to ensure people's care plans were improved, as well as ensuring they were accurate and up to date. This led to better outcomes for people.
- Lessons were learned or acted upon and the provider had ensured that people were experiencing positive outcomes, with significant improvements evident in the home environment and in the activities available for people.
- Where we discussed areas where there remained room for further improvement, the management team responded immediately and took action to address issues in a very positive way.

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

- Most people told us the registered manager was always available and approachable. When asked about things that would make the home better for them, most people could not think of anything.

- However, there had been a lot of changes in the service and some people did not feel consulted or informed about these changes. In some cases, it was evident people had misconstrued the reasons for the changes. Several people were under the impression that one dining room was no longer to be used by them, as it was for the staff. This was found not to be the case. We discussed improving involvement and consultation in the home with the management team, who set about addressing this immediately.
- The activity coordinator produced a colourful monthly newsletter. We discussed with the management team the possibility of using this to help with communicating updates about changes and improvements in the service.
- By contrast, some people's relatives felt more involved since the registered manager had been in post. One relative said, "[Registered manager] engages in conversation with us. I can just go and talk to her."
- We saw people and their relatives had been invited to meetings and had been given surveys to complete to give their views about the service.
- Staff confirmed they were included in the running of the service through regular involvement in team meetings.

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

- Staff were clear about their roles and responsibilities.
- The home had a registered manager who had been in post since the last inspection in February 2019. The registered manager was supported by a deputy manager and a team of nurses and senior care workers.
- The most recent CQC rating was displayed in the home and on the provider's website as required by regulation.

Working in partnership with others

- The provider maintained positive links with health care professionals such as GP's, district nurses and occupational therapists. This helped to ensure people were receiving the healthcare they needed.
- We received positive feedback from staff about how approachable the registered manager was.
- There were links with local churches and schools. One person told us, "Children come in, they play games and make friends."