

Eastwood Lodge Residential Home Limited

Eastwood 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 

Overall summary

Eastwood Lodge is situated in the village of Woodhall Spa in Lincolnshire. The home offers accommodation for to up to 19 older people some of whom have needs associated with memory loss and who live with conditions such as dementia.

We inspected the home on 27 January 2016. The inspection was unannounced. There were 19 people living in the home at the time of this inspection.

At the time of our inspection there was an established registered manager in place. A registered manager is a person who has registered with the Care Quality

Commission (CQC) to manage the service. Like registered providers, they are 'registered persons.' Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

The registered provider had safe recruitment processes in place and background checks had been completed before new staff were appointed to ensure they were safe to work at the home.

Staff were well supported and had received training in order to enable them to provide care in a way which

Summary of findings

ensured people's individual needs were met. Staff also knew how to recognise and report any concerns they had regarding people's safety so that people were kept safe from harm.

People were involved in making decisions about their care and how they wanted to be supported. The registered manager had processes in place which ensured, when needed, they acted in accordance with the Mental Capacity Act 2005 (MCA). CQC is required by law to monitor the operation of the Mental Capacity Act, 2005 Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way, usually to protect themselves. At the time of this inspection DoLS applications had been completed by the registered manager for four people living in the home and was waiting for these to be assessed by the local authority.

Staff provided the care described in each person's care record and had access to a range of visiting healthcare professionals when they required both routine and more specialist help. Clear arrangements were also in place for ordering, storing, administering and disposing of medicines.

Staff understood what was important to people and worked closely with people, each other and with families to ensure each person had a meaningful and enjoyable life. An activities team organised a planned and varied programme of individual and communal activities for those who wished to participate.

People were provided with a good choice of nutritious meals. When necessary, people were given any extra help they needed to make sure that they had enough to eat and drink to keep them healthy.

People their relatives and staff could voice their views and opinions. The manager listened and took action to resolve any issues or concerns identified. Formal systems were in place for handling and resolving complaints. The registered manager ran the home in an open and inclusive way and the registered provider encouraged staff to speak out if they had any concerns.

The provider and registered manager had systems in place to regularly assess and monitor care practice and to ensure people received a good quality of care. The systems in place meant that any shortfalls in quality could be quickly identified and improvements made.

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.

People told us they felt safe living in the home and that they were well cared for.

Staff knew how to recognise and report any signs of abuse. They also knew the correct procedures to follow if they thought someone was at risk.

There were sufficient numbers of suitably qualified staff available to keep people safe and meet their needs.

Medicines were managed safely and people were supported to take their medicines in a safe way.

Good



Is the service effective?

The service was effective.

Staff had a good knowledge of each person and how to meet their needs.

People were assisted to regularly eat and drink enough to maintain a varied and healthy diet.

The registered manager and staff understood the legal requirements of the Mental Capacity Act 2005 and the associated Deprivation of Liberty Safeguards.

Staff received on-going training so they had the right level of skills and knowledge to provide effective care to people.

People had access to visiting health professionals when they needed any additional healthcare support.

Good



Is the service caring?

The service was caring.

Care and support were provided in a warm and patient way that took account of each person's personal needs and preferences.

People were treated with dignity and respect and their diverse needs were met. Their choices and preferences about the way care was provided were respected.

Good



Is the service responsive?

The service was responsive.

People were supported to pursue their interests and hobbies and there was a range of meaningful activities available to all of the people who live at the home.

People had been consulted about their needs and wishes and staff provided people with the care they needed.

People were able to raise any issues or complaints about the service and systems were in place which enabled the registered manager to take action to address any concerns raised.

Good



Summary of findings

Is the service well-led?

The service was well-led.

The registered manager promoted good team work and staff had been encouraged to speak out if they had any concerns.

People had been invited to contribute to the development of the service.

There were a range of quality checks in place which ensured that people received all of the care they needed.

Good



Eastwood Lodge

Detailed findings

Background to this inspection

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

We inspected Eastwood Lodge on 27 January 2015. The inspection was unannounced and the inspection team consisted of a single inspector.

Before we undertook our inspection visit, we looked at the information we held about the home such as notifications, which are events that happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. We also spoke with the local authority who commissioned services from the registered provider in order to obtain their view on the quality of care provided by the service.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider is sent and asked to complete to give some key information about

the service, what the home does well and any improvements they plan to make. The provider returned the PIR and we took this into account when we made the judgements in this report.

During our inspection we spoke with seven people who lived at the service and two relatives. We also spoke with a local doctor, a community health professional, the operations manager, the registered manager, six care staff, one of the activity co-ordinators and the cook.

We spent some of our time observing how staff provided care for people. In order to do this we used the Short Observational Framework for Inspection (SOFI). This was to help us better understand people's experiences of care and because some people lived with conditions such as dementia and were unable to tell us about their experience direct.

We also reviewed the information available in three care plan records. A care plan provides staff with detailed information and guidance on how to meet a person's assessed social and health care needs. Other information we looked at as part of our inspection included; three staff recruitment files, staff duty rotas, staff training and supervision arrangements and information and records about the activities provided. We also looked at the process the provider had in place for continually assessing and monitoring the quality of the services at the home.

Is the service safe?

Our findings

People we spoke with said they felt very safe living at Eastwood Lodge. One person told us, "I would say the staff are always checking that we are okay. I like my freedom and they give it to me but I also like to keep myself safe and I think staff are good at checking on us." Another person said, "The staff are nice to us and that means I feel safe." A relative commented, "The staff undertake regular checks. They spot potential risks and always try to make sure accidents are avoided."

Care records showed and staff we spoke with described a range of potential risks to people's wellbeing and how they worked to minimise risks they had identified. Actions undertaken by staff to protect and support people to be safe included recognising and managing risks associated with people's individual health and lifestyle choices. For example, one person experienced swallowing difficulties and had been supported to receive a good range of healthcare support and intervention to reduce the risks associated with drinking and eating. Another person had made the choice to have an iron in their room as they liked to iron their own clothes. The person told us, "I am aware of the risks and staff help me manage these. I always did my own ironing where I had lived before. The staff fully support me to feel safe and I feel this is my home so why not do it here?"

Staff also told us and we observed staff gave people assistance quickly when they were called to people's rooms. Staff were vigilant in communal areas and noticed when people wanted to be mobile and when they needed any additional assistance to move. Care records showed the specific arrangements in place to keep each person safe and when personal help and support would be needed. This support included helping people to turn when they needed caring for in bed and the use of special equipment such as wheelchairs, walking frames and special hoists.

The registered manager showed us records and staff confirmed that they had received training in how to keep people safe from abuse. Staff we spoke with demonstrated a clear understanding of the provider's policy and procedure and they would follow these if they identified any concerns related to the safety of people. Staff were clear about who they needed to report any concerns to.

This included the local authority safeguarding team, the police and the Care Quality Commission (CQC). Staff said they were also confident that if required, any allegations would be investigated fully by the manager and provider.

Risks identified were regularly reviewed by staff, with records updated to show actions taken to respond to any increase or decrease in the risks identified. When any accidents had occurred they had been checked, recorded and analysed by the registered manager so that steps could be taken to help prevent or reduce the risk of them from re-occurring.

The registered manager had safe systems in place in order to recruit new staff. Staff recruitment information included completed checks undertaken by the registered provider with the Disclosure and Barring Service (DBS). These checks helped ensure new staff would be suitable and safe to work with vulnerable people. The checks also included confirmation of identity, previous employment and references.

People and staff we spoke with told us that they felt there were enough staff on duty to meet people's support needs and we saw staff took time to give care in a way which wasn't rushed. Staff noticed and responded quickly when people needed assistance and people were not left waiting for staff to provide any care needed.

Staff rotas we looked at showed the registered manager had established how many staff needed to be on duty and that this had been decided by assessing each person's level of need. Advanced planning of shifts and rotas by the registered manager ensured routine shift arrangements were being filled consistently and any changes in staff at short notice had been covered from within the staff team. The registered manager told us they had experienced some difficulties in ensuring staffing levels were maintained earlier in the year but had been supported by the provider to use agency staff to ensure the required cover was in place. This ensured staff levels remained appropriate and consistent to meet people's needs.

The registered manager had a range of information to show relevant safety and maintenance checks, including those related to fire prevention, gas and electrical safety, had been carried out at regular intervals to ensure the building was safe to live in.

Is the service safe?

People's care records showed how they were supported to take their prescribed medicines and that these were given at the times they need to be taken. We observed staff carried out medicines administration in line with good practice.

Staff told us, and records confirmed, the staff who had this responsibility had received training about how to manage medicines safely. The registered manager also demonstrated how they ordered, recorded, stored and disposed of medicines in line with national guidance, this

included medicines which required special control measures for storage and recording. This meant that people's individual medicines were always available for them when needed.

The registered manager had a business continuity plan in place in order to make sure staff and people would be safe and know what to do if, for example they could not live in the home due to a fire or flood. This information included details about alternative temporary local accommodation people could move to if required in an emergency.

Is the service effective?

Our findings

People told us they knew the staff team well and had confidence in their ability to care for them. One person said, “They take their time with the care they give and I don’t feel unsure when they do the personal things required.” A relative commented that, “The staff are contentious and knowledgeable about what they have to do. I have no concerns about their level of skills and input [my relative] receives.”

Staff had the knowledge and skills they needed to consistently provide people with the care they needed. Staff we spoke with told us they completed induction training when they commenced employment. The registered manager also confirmed they were in the process of introducing the new national Care Certificate as part of the induction process for two new staff who were being recruited. The Care Certificate sets out the key common induction standards for social care staff.

Training records showed staff skills were reviewed regularly and developed in line with the needs of the people who lived at the home. For example, training had focused on subjects such as keeping people safe and supporting people who lived with dementia, helping people to move around safely, medication, infection control and fire safety. The registered manager and staff we spoke with also confirmed all of the care staff team had obtained or were working toward achieving nationally recognised vocational care qualifications.

During our inspection we observed staff and demonstrated a good understanding of the training they had received. For example, Staff assisted people to maintain their hygiene and to help people move using appropriate techniques and equipment. When more than one staff member was need to help people to move the support was given carefully with staff applying the skills they had been trained to use. One person told us, “If I need help the staff help me with the stair lift so I can get up and down. They teach you to get your balance before you move around. I have learned from this and have had no falls.”

People’s healthcare needs were recorded in their care plans and it was clear when they had been seen by healthcare professionals such as local doctors, community nurses, dentists and opticians. The registered manager said us they had developed strong working relationships with external

health professionals. This was evident during our inspection when we spoke with a visiting doctor. They told us the working arrangements and communication in place had enabled greater continuity of care for the people who lived at Eastwood Lodge.

Staff checked and asked people for their consent before they provided any kind of support. Staff explained the support they were going to give in a way that people understood. For example, we saw one staff member speaking slowly, clearly and gently with one person who could not hear well. This approach meant the person was clear about the procedure the staff member undertook to assist the person and they were relaxed when the support was provided.

People and their relatives told us they were involved in decision making about care needs and that staff always respected their views. Where needed care records contained mental capacity assessments, which been carried out when people lacked capacity to make some decisions for themselves. Decisions made in the person’s best interests were then recorded. For example, where bed support rails were in use to keep people safe there was a record to show consent had been obtained.

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.

The registered manager and staff understood the principles of the legal framework. People’s care plans recorded the types of decisions they could make for themselves and the support they needed when they could not do so. Decisions taken in people best interests were recorded and showed that everyone involved with the person’s care had been consulted. We saw staff encouraged people to make decisions that they were able to, such as what they wanted to eat and drink and how and where they wanted to spend their time.

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. The application procedures for this in care homes are called the

Is the service effective?

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 were being met. At the time of this inspection DoLS applications had been completed by the registered manager for four people living in the home and was waiting for these to be assessed by the local authority.

People told us they had access to food and drink whenever they wanted it and that they enjoyed the range of food that was available to them. People also said they had time to think about what they wanted because staff asked them in advance about their choice of meal. One person said, "The meals are good and fresh. I like the smell of home cooked food and you get it here" Another person said, "We have a breakfast club on Fridays and there is cooked breakfast or any other breakfast just as you want." During lunch we also saw that where people changed their choice this was respected.

We spoke with the cook who demonstrated a clear understanding of people's individual nutritional needs. They showed us records which confirmed they catered for a range of individual tastes and how they had established a varied menu which was changed seasonally. This had been developed through asking people about their preferred meals.

We also saw the menus were adapted when it was needed in order to cater for people who had needs linked to conditions such as diabetes and those who required nutritional supplements. The registered manager confirmed and records showed where people were at risk of poor nutritional intake, their weight was checked regularly. Staff demonstrated their knowledge and understanding of people's nutritional needs. They followed care plans for issues such as encouraging people to drink enough. Staff told us when it was needed they understood how to make referrals to specialist services such as dieticians in order to request any additional support and advice they required.

Is the service caring?

Our findings

People who lived at the home, and their relatives, told us they were very happy with the care provided. All of the people that we spoke with told us that staff were kind and caring in both their behaviour and their communication. We observed this was the case during our inspection. For example, we saw staff knew people's individual names, how they liked to communicate and how and where they liked to spend their time. Staff used this knowledge to ensure people received the care they needed. People told us that staff were kind and attentive to their needs. One person said, "I like all of the staff and people here. They are so caring. I regard the person who lives in the next room as my next door neighbour because staff make me feel I'm at home. It's my home." A relative told us, "I know the staff well and I feel welcome whenever I visit. The staff include me and I feel the caring runs throughout the team of staff."

The manager told us all staff were 'dignity champions.' This is a government initiative which aims to put dignity at the heart of care services. The role of dignity champions is to stand up and challenge disrespectful behaviour. The manager told us all staff took responsibility for promoting the importance of respecting each individual's needs and wishes.

Staff we spoke with told us about the importance of respecting people's right to privacy and supporting them to keep their dignity at all times. Examples staff gave us ranged from; listening to people and respecting and following their wishes, ensuring people had access to their own rooms whenever they wanted to be in them and being discreet when they helped people with their personal care needs.

People had been supported to furnish their rooms in the way they had chosen and all of the people we spoke with said they had the choice to bring their own furniture in to the home if they chose to. One person told us, "I have set my room up exactly as I want it's my life is continuing here not ending here." We saw regular Christian services were held in the home to help people to maintain their spiritual needs. Staff told us, if someone was of a different faith, specific arrangements would always be made to support them to maintain any belief system they had.

We observed staff asked people where they would like to be and if they required assistance to move from one room

to another. When people had chosen to be in their rooms staff knocked on the doors to the rooms before entering them and we saw they ensured the doors to rooms and communal toilets were closed when people were needed any additional help with their personal care.

One person we spoke with showed us they had a kettle in their room and that this had been their choice. The person said, "I wanted to carry on living as I did before and the staff here have gone out of their way to help me do it. I like to be on my own as I am not a social person. I have my meals in my room and I have a fridge and kettle in here because I enjoy making my own drinks." During our discussion a staff member brought a meal to the person. The person said that the meal and drink was exactly what they had ordered and they were provided with additional milk so they could make their own tea and keep some in their fridge.

We observed staff assumed that people had the ability to make their own decisions about their daily lives and when staff gave people choices they listened for the response people gave before carrying out individual requests and wishes. For example, during lunch time staff gave people the time to express their view and about the meals they had chosen and were served with. One staff member stayed with a person for some time while they thought about and chose the meal they preferred. When the person was served their meal they changed their mind and this was fully respected. We also saw people were able to be as independent as possible with eating and drinking through access to a range of adapted drinking mugs, utensils and plate guards in order to help them eat their food in the way they wished and at their own pace.

The registered manager and staff told us about the importance of respecting personal information that people had shared with them in confidence. We saw that when it was needed the registered manager made time to close their door when people wanted to speak with them in private. They also took time to ensure they checked if the person would be more comfortable speaking with them in another room or their own bedrooms. We saw people's care records were stored securely in the registered manager's office so only the registered manager and staff could access them. This meant people could be assured that their personal information remained confidential.

Records showed when people could express their wishes or had family and friends to support them. For people who might need additional support the registered manager was

Is the service caring?

aware that local advocacy services were available and knew how to access the information people may need in order to make contact with them. Advocates are people who are independent of the service and who support people to make their own decisions and communicate their wishes. However, the information about how to

contact advocacy services was not on display or readily available for people to access. We discussed this with the registered manager who undertook immediate action to ensure the information could be accessed by all of the people who lived at the home.

Is the service responsive?

Our findings

People told us staff were responsive to their needs and that when they needed assistance staff provided it. One person said, "I have a call bell at hand. I have it with me so I can reach it. It's not connected to a wire so it's easy to use. When I press it the staff come to me quick." Another person said, "The staff are mindful of my needs. I have made care choices and they respect these in line with what we agreed when I came to live here."

Assessments had been completed together with people before they had moved into the home so they could assured their care and support needs could be met. Each person had an individual care plan record which provided staff with information on their care and support needs. These were clear and informative. The records we looked at had been reviewed regularly with people and updated by staff. One person and a relative we spoke with told us together how staff had supported the person to be more mobile. The person said, "The staff made a plan with me and we kept talking things through. To be honest one of the staff worked miracles with me and got me mobile when others couldn't. They didn't just give up."

People told us staff obtained the advice of other health and social care professionals when required. In the care plans we looked at staff had recorded when they had responded to people's needs and the response. We spoke with a visiting healthcare professional who told us they were undertaking general health checks with people and that the staff worked well with them and assisted with communication and with people's permission, provided any appropriate information they needed.

People were supported to maintain their personal interests and hobbies. A range of information was available in the home showing activities arranged for each day. We spoke with one of the three activity co-ordinators employed by the provider who showed us they maintained a record of activities undertaken by each person.

The information showed all of the people who lived in the home had access to activities suited to their interests

including those living with dementia. A range of flexible and planned individual and group activities were available for people. Group activities included quizzes, visiting entertainers, and music mornings or afternoons. We also saw visits had been made by a reminiscence professional who people and staff told us had visited the home several times. One person said the sessions were, "A was a good chance to remember some good times." We also saw people had access to a daily newsletter called "The daily chat" which was printed off daily for people to read. We saw people and staff reading this together and it prompted further reminiscence discussion and people related the stories to personal memories they had.

Individual activities were flexible and focused more on people's specific interests or hobbies. For example, we sat with one person who was being supported by the activity co-ordinator to undertake an interest in writing and shorthand. The person told us they really enjoyed this and it linked to their previous occupation. Another person told us they enjoyed reading and said, "The library visits every couple of weeks. They bring a very good selection of books and I am aware they can provide audio books too. It helps keep my reading interest up and I couldn't do without it."

We also observed one person who lived with dementia became distressed whilst they were walking from their room to a communal area of the home. A staff member quickly noticed and gently provided additional help for the person to move to where they were going. The staff member gently sang and the walk tuned into a slow dance that the person and staff member had together. We saw the person became relaxed and smiled as they reached the chair they had wanted to sit in.

There was a complaints procedure in place which was displayed in the home for people who lived there, and visitors, to see. People who lived in the home told us they knew how to raise concerns and issues and that they felt they could approach any member of staff at any time with an issue, and they felt comfortable to do that. Records showed there had been no formal complaints since our last inspection.

Is the service well-led?

Our findings

People and their relatives said that the registered manager was consistently available and that the home was well led. One person told us, “I can’t add anything but good thoughts about the manager. She is easy to talk to but she also listens and takes account of the things we feel and believe in.” One relative told us, “The manager has been here for some time and they take pride in what they and the staff do. It shows in the care they give.” Another relative said, “The manager treats people respectfully and always tries her best. She gives her all to the job.”

Throughout our inspection we observed that staff were provided with the leadership they needed to develop good team working practices and that they were supported by the registered manager. Staff said that they were happy working at the home and felt supported by the registered manager. Staff demonstrated they fully understood their job roles and their levels of responsibility.

During our inspection we observed staff openly speaking with and seeking any specific guidance from the registered manager regarding any changes in people’s needs. One person and their relative chose to speak with us together in their room. Staff checked the person was okay and the relative said, “They always check if [my relative’s] routine changes in any way. They report to the manager and they are straight on to any issues. It gives us both the confidence in the way things are managed.”

Staff we spoke with told us hand over meetings were held daily between shifts. We joined a hand over meeting between four staff members. We observed the meeting was used to go through the daily records made by staff from the previous shift and share information about each person’s needs. Staff who were due to start their shift listened and took account of any changes or issues they needed to be aware of. Staff also told us they escalated any significant changes direct to the manager who also joined the meetings when it was needed.

The provider and registered manager had a policy, information and guidance about whistle-blowing which was available for staff. Staff said they were well supported by the registered manager but that if they had any

concerns they knew the actions they could take to escalate any issues to external agencies, including the Care Quality Commission, and would not hesitate to use them if they needed to in the future.

Staff meetings were in place so staff were aware of any changes or improvements in care that were needed. Records showed staff meetings were held regularly and staff said they found them useful.

The registered manager confirmed and people told us that they and their relatives were asked for their opinion on the services provided at the home. There was a range of processes in place which enabled the provider and registered manager to receive feedback on the quality of care provided at the home, including annual satisfaction surveys for people who lived within the home and their relatives. The last survey was completed in October 2015 and feedback collated by the registered manager showed people were happy with the services provided. We saw comment forms were available in the reception area of the home. A form recently completed and returned by a relative stated, “All staff are approachable [my relative] has only been in the home a short while and we are very pleased with the care. Any concerns are addressed.”

The registered manager also produced a quarterly newsletter. The information included items such as any staff changes and general news about developments being undertaken at the home. The latest newsletter asked people to give their view on the seasonal menu changes and plans for future entertainment at the home.

The provider had systems in place to monitor the quality of the care provided. The provider’s operations manager visited the home regularly to undertake audit checks together with the registered manager. These checks included areas such as the arrangements in place to support people and staff and those related to the environment. We saw that action had been taken and planned to address any issues highlighted in these audits. For example, after the last visit in January 2016 the registered manager had completed an environmental action plan showing work completed and being progressed. For example a new lounge carpet had been fitted and an infection control audit had been completed in January 2016.

The registered manager showed us they had maintained logs of any untoward incidents or events within the service

Is the service well-led?

that had been notified to CQC or other agencies. We saw that the manager analysed incidents collectively with staff when needed and through daily discussions to identify any learning or changes in the way people were supported.

We noted that the registered manager was in the process of organising her audit and administration records and that some information we asked to see was not initially easy to locate. The registered manager told us they did not currently have any administration support and undertook

this work herself. We discussed this with the operations manager at the end of our inspection. After the inspection visit was completed they confirmed the registered manager had been given additional staff time to support them with administration tasks amounting to 14 hours per week. This arrangement had been agreed whilst the registered manager and provider reviewed the longer term administration needs of the home.