

Elstow Lodge Residential Home

Elstow Lodge

Inspection report

Wilstead Road Elstow Bedford Bedfordshire MK42 9YD Date of inspection visit: 05 July 2018 16 July 2018

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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

This unannounced comprehensive inspection was carried out on 5 July 2018 and completed on 16 July 2018 when we received information we requested from the provider.

Elstow Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection. The service accommodates up to 12 people with learning disabilities and other long-term health conditions. At the time of the inspection, eight people were being supported by the service.

At our last inspection in October 2016, we rated the service 'good'. At this inspection we found the evidence continued to support an overall rating of 'good', and there was no evidence or information from our inspection and on-going monitoring that demonstrated serious risks or concerns.

People were safe because there were effective risk assessments in place, and systems to keep them safe from abuse or harm. There were safe staff recruitment processes in place and there was sufficient numbers of staff to support people safely. Staff took appropriate precautions to ensure people were protected from the risk of acquired infections. People's medicines were managed safely, and there was evidence of learning from incidents.

People's needs had been assessed and they had care plans that took account of their individual needs, preferences, and choices. Staff had regular supervision and they had been trained to meet people's individual needs effectively. The requirements of the Mental Capacity Act 2005 were being met, and staff understood their roles and responsibilities to seek people's consent prior to care and support being provided. People had been supported to have enough to eat and drink to maintain their health and wellbeing. They were also supported to access healthcare services.

People were supported by caring, friendly and respectful staff. They were supported to have maximum choice and control of their lives, and the policies and systems in the service supported this practice.

Staff regularly reviewed the care provided to people with their input to ensure that this continued to meet their individual needs, in a person-centred way. The provider had an effective system to handle complaints and concerns. People were supported to pursue their hobbies and interests. The provider was still working towards recording people's wishes about the kind of care they would like at the end of their lives.

There was a registered manager in post. The provider's quality monitoring processes had been used effectively to drive improvements. People and staff we spoke with were happy with the quality of the service.

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 remains Good.	
Is the service effective?	Good •
The service remains Good.	
Is the service caring?	Good •
The service remains Good.	
Is the service responsive?	Good •
The service remains Good.	
Is the service well-led?	Good •
The service remains Good.	



Elstow 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 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.

This comprehensive inspection took place on 5 July 2018 and it was unannounced. It was completed on 16 July 2018 when we received information we requested from the provider.

The inspection was carried out by an inspector and an assistant inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We reviewed other information we held about the service including the report of our previous inspection and notifications they had sent us. A notification is information about important events which the provider is required to send to us.

Prior to the inspection, we received feedback about the service from the local authority that commissioned the service. This showed that they had no concerns about the quality of care provided to people using the service. However, we both shared concerns about how the two senior managers who owned the service worked together.

During the inspection, we spoke with two people using the service. One person could not speak with us and five others were out for the day. We also spoke with two care staff, an external person who provided activities within the service, the administrator and the registered manager. We received written feedback from an external professional who supported the registered manager with training and development of staff's skills and knowledge.

We looked at care records for three people to review how their care was planned and managed. We looked at three staff files to review the provider's staff recruitment and supervision processes. We also reviewed training records for all staff employed by the service. We checked how medicines and complaints were being managed. We looked at information on how the quality of the service was assessed and monitored.



Is the service safe?

Our findings

We found the provider continued to protect people from potential abuse, harm and risks, and the rating for this key area remains 'good'.

People told us they were safe and staff supported them well. One person told us, "It's okay here, I'm not moving anyway. I like it here."

Staff had received appropriate training and guidance on how to keep people safe. Staff we spoke with showed good knowledge of this and the local reporting procedures. Information about safeguarding was displayed on the information boards so that anyone who wanted to raise a concern knew what to do. Records showed that the registered manager had followed local safeguarding protocols to report potential safeguarding incidents.

There were appropriate risk assessments in place to ensure that potential risks to people's health and wellbeing had been mitigated. We saw that each person had a variety of relevant risk assessments in place, and that these had been reviewed regularly.

Records showed that there were safe staff recruitment procedures in place. There were sufficient numbers of staff to support people safely and to meet their individual needs. People and staff confirmed this. Staff also told us that additional staff would be booked when required to support people to go out or to attend appointments.

People's medicines were managed safely so that they received effective treatment. One person told us they were happy with how staff supported them with their medicines. They said, "Staff give me my medicines."

The service was clean and people were supported in a way that ensured they were protected from risks of acquired infections. Staff told us that they had been provided with appropriate aprons and gloves to ensure that they used these to reduce the risk of cross infection when supporting people with their personal care. People we spoke with had no concerns about this.

Staff kept a record of incidents and accidents that occurred at the service. We saw that these were reviewed by the registered manager to ensure that they understood what happened, so that they put systems in place to prevent the risk of reoccurrence.



Is the service effective?

Our findings

We found staff continued to have appropriate skills, knowledge, experience and support necessary for them to provide effective care to people using the service. Staff worked within the guidelines of the Mental Capacity Act 2005. This meant that the rating for this key area remains 'good'.

People told us that their care needs were met by the service. One person said, "My social worker found this place years ago and it is good for me. My [relatives] told me that I will not find another home as good as Elstow."

We saw that people had assessments of their care and support needs carried out prior to them using the service. Information from the assessments had been used to develop personalised care plans that considered people's needs, choices, views and preferences. One person told us that they knew about their care plans and were happy with these. They also told us that they had an allocated key worker who worked closely with them to ensure that they received care in the way they wanted.

People were not able to tell us about the quality of staff training, but one person said, "They are all good." We saw that staff had been trained to meet people's individual needs effectively. Staff were complimentary about the quality of the training and support they received through regular supervision and appraisals. One member of staff said, "Training is a lot better now than before as it is more interactive. You take in a lot more now compared to just reading a book. We've been having training every month and I think we are getting enough." In relation to the quality of supervision, one member of staff told us, "Supervision helps. If you have concerns you know they are being dealt with. It's good that things are sorted straight away."

Staff prepared and cooked people's meals, with some people helping where possible. People told us they always had enough to eat and drink, and that they enjoyed the food. One person said, "Staff cook the food and it's lovely." Staff told us that they always supported people to eat well. One member of staff said, "There is always enough food and it's quite good. I wouldn't give someone food I wouldn't eat." Staff kept food diaries for people who were fully supported to eat and drink so that there was evidence that they ate and drank enough each day.

The service worked closely with other stakeholders such as people's social workers, advocates and community learning disabilities teams to enable them to deliver effective care and support to people. Most people had been living at the service for many years and staff had got to understand their needs well.

People were supported to receive on-going healthcare support because the service continued to work closely with various health professionals. We saw records of various appointments people had with different health professionals such as GP, dentist, chiropodist, and opticians. There was evidence that staff consistently supported people with their health needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity

Act 2005 (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We found the service was working within the principles of the MCA. Where required, people either had valid DoLS authorisations or they had been assessed as not requiring this.	



Is the service caring?

Our findings

We found staff continued to treat people with kindness, respect and compassion. People were still being supported to be actively involved in making decisions about their care, and their privacy, dignity and independence was respected and promoted by the service. This meant that the rating for this key area remains 'good'.

People told us that staff were kind and caring. One person told us, "People are nice here and I'm happy."

People told us they got on very well with staff and had formed close and caring relationships with them. One person told us, "Elstow is the best. Everyone is friendly here, and we have a chat and a laugh together." The person further told us about the 'good old days' and reminisced about some of the people who used to live there and they got on well with. Staff spoke fondly about people they supported, and they told us that they had developed positive relationships with everyone. One member of staff told us, "I enjoy it here as I've got to know all the residents. The residents are quite comfortable here and we get on really well." We observed staff interacting with people in a kind and friendly manner throughout our time at the service.

People told us they were always supported to make decisions and choices about their care and support. One person told us that staff always considered people's individuality and preferences. They said, "I choose what I want to wear and do every day."

People told us that staff supported them in a respectful manner, and they promoted their privacy and dignity, particularly when providing personal care. One person said, "They knock on the door and wait till I open it or tell them that they can come in. I can have time in my bedroom when I want to."

People also said that staff encouraged them to maintain their independence as much as possible, and would only provide support when it was necessary. The person we spoke with told us that they could do some things without support, and would ask for support when needed. On the day of the inspection, we observed staff supporting the person to do their laundry. This was their weekly routine which they told us they enjoyed.



Is the service responsive?

Our findings

People were still being supported to receive person-centred care that was responsive to their individual needs. People's concerns and complaints were managed effectively and improvements made. People were supported well at the end of their lives. This meant that the rating for this key area remains 'good'.

People were supported in a person-centred way to ensure that their individual needs were met. One person told us that they were happy with how staff supported them, and that their needs were met by the service. Staff worked closely with people to regularly review care plans to ensure that these continued to meet people's assessed needs. People's 'person centred plans' were written in easy read formats so that people were more able to understand them. We saw that these records had details about things that were important to people's happiness and wellbeing. The registered manager told us that some of the people's relatives were involved in their relatives' care, and they visited regularly to see their relatives or to review their care. Others were supported to understand their care plans by their social workers or professional advocates.

Some people had communication needs that meant that they were not always able to communicate verbally. Staff had completed basic Makaton training so that they could communicate more effectively with those people. Staff also used 'flashcards' to aid more effective communication with people.

People told us that they were supported by staff to pursue their hobbies and interests. We saw that most people regularly attended day centres during week days, and they were supported by staff to enjoy social and recreational activities during weekends. One person told us, "I go to the day centre four days a week and I also go out shopping. I ring my [relative] every Thursday and I go home to visit my [relative] at weekends." An external person came into the service regularly to facilitate Art and crafts sessions. We saw displays of the work people had produced and people we spoke with told us that they really enjoyed this. Another external entertainer provided music sessions once a week, and some people had regular reflexology/aromatherapy treatments. Some people attended a local church to meet their religious needs. The registered manager had been also trying to support another person to attend their religious services.

People's concerns were handled effectively. People told us they were happy with their care and they had no reason to complain. The service had no recorded complaints since our last inspection in October 2016.

Where possible, people remained at the service at the end of their lives if they did not require specialist care that could only be provided elsewhere. We discussed with the registered manager the need to review people's care plans so that they contained detailed information about how they wished to be supported at the end of their lives. They told us that they would work with people and where possible, people's relatives to update this information.



Is the service well-led?

Our findings

We found the service was still well-led, and had robust quality monitoring systems in place to ensure that they continued to provide good quality care to people using the service. This meant that the rating for this key area remains 'Good'.

We were concerned about how the partners who ran the service worked together. Both partners had sought legal advice to resolve the issues as quickly as possible. However, we found these issues did not have negative impact on the quality of care provided to people using the service.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff told us that the registered manager was good and they found them to be approachable and supportive. They were also complimentary about the improvements made to the quality of their training, and the activities provided to promote people's social life and their wellbeing. People we spoke with and staff said that the service was good, and that meeting people's needs was at the centre of everything they did. We found the registered manager promoted a caring and person-centred environment at the service. One member of staff said, "I'm happy here. It's a nice place to work."

Staff told us that they worked well as a team and their views were valued. We saw that staff had regular meetings where they could discuss issues relevant to their roles. Staff also told us that they felt able to contribute to the development of the service because the manager was receptive to any suggestions they made. One member of staff told us, "Staff have input in both staff meetings and supervisions. I feel consulted enough about improvements that could be made."

The provider enabled people, relatives and external professionals to give feedback about the quality of the service. There were regular meetings for people to discuss any issues including planning their meals and trips out. We also saw that people commented about how well they felt supported by staff. There was a 'post box' where anyone could also send comments to the registered manager. The registered manager told us that they were always available for people, relatives, staff and external professionals to speak with them whenever they wanted. Feedback from external professionals indicated that the registered manager was open to others' comments and suggestions, and they used this to continually improve the service. There was also evidence of collaborative working with other stakeholders to ensure that they continued to provide safe, effective, and good quality care to people using the service.

The provider had systems in place to regularly assess and monitor the quality of the service. There was an 'audits planner' which showed the audits carried out by senior staff and the registered manager, and the frequency these were completed. The registered manager acted quickly to resolve any shortfalls identified during the audits. They also worked closely with the commissioning local authority to ensure that they

continued to meet their contractual agreements.