Strong Life Care Limited

# Earls Lodge Care Home

## Inspection report

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Date of inspection visit:
13 March 2019

Date of publication:
09 April 2019

## 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:
Earls Lodge Care Home is a 'care home'. The care home is purpose-built and is registered to provide care for up to 50 people. The home was providing personal care to 40 people at the time of the inspection.

People's experience of using this service:
•□People were safe.
•□There was a robust governance system in place to ensure the provider checked and audited the safety of the home and the quality of the care delivered.
•□Prompt action was taken when things went wrong to reduce the risk of future incidents.
•□During the inspection we observed care staff to be kind, caring and respectful. People were encouraged and supported to engage in a range of activities of their choosing.
•□People told us the food was good and people had choice about when and what they ate.
•□Staff offered people choice in all aspects of their lives, encouraged independence and provided support when needed. Staff supported people in the least restrictive way possible.
•□People's care records were person centred and detailed, there was good information about people's life histories and preferences.
•□Staff were skilled and knowledgeable and training was up to date.

Rating at last inspection:
At our last inspection the service was rated requires improvement (24 October 2018).

Why we inspected:
This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

## 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.

# Earls Lodge Care Home

**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 two adult social care inspectors and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:
Earls Lodge Care Home is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 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:
The inspection was unannounced.

What we did:
Our inspection was informed by evidence we already held about the service. We also checked for feedback from the local authority and other stakeholders. We checked records held by Companies House.
Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
We spoke with 12 people who live at the home and four relatives. We spoke with the provider, the operations manager, the HR director, the registered manager, four care staff, the activities co-ordinator, the cook, a domestic and a laundry assistant.

We reviewed three people's care records in full as well as various parts of seven people's care plans, four staff personnel files, audits and other records about the management of the service, as well as the home environment.

Good

# Is the service safe?

## Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

At our last inspection this key question was rated 'requires improvement'. This was because we needed to see a sustained improvement in how medicines were safely managed and in the use of specialist equipment. At this inspection we were satisfied these improvements were sustained.

Systems and processes to safeguard people from the risk of abuse
• People were supported to understand how to keep safe and to raise concerns when abuse occurred. There was a colourful eye-catching display with information about the types of abuse and numbers to call. This was accessible to people, relatives and staff.
• Staff knew how to recognise abuse and protect people from the risk of abuse.
• Staff knew about whistle-blowing process and one staff member confirmed "I would report to manager or [operations director]."
• The provider had reported abuse to the local authority safeguarding when it was identified. People told us, "I feel safe with no worries", "I feel safe because there are plenty of people around", and "I am definitely safe, no concerns". A relative said, "My (family member) is in safe hands."

Assessing risk, safety monitoring and management
• Risks to people's safety were assessed and action taken to mitigate those risks. Records showed how staff considered the least restrictive option when doing so.
• The registered manager completed a pre-admission assessment which identified and recorded key areas of managing risks to people's safety. This was used to inform the care plans which recorded how to care for people safely.
• Risks were reviewed regularly, often including advice from health professionals, to ensure people were supported to have as much control and independence as possible.
• Staff ensured information about risks to people was shared at staff handovers, and with people and their relatives, where appropriate.
• External contractors undertook regular servicing of the premises and equipment. Internal checks also took place to ensure the environment was safe.

Staffing and recruitment
• People's needs were met in an unhurried manner and staff said staffing levels were good. However, people separately told us, "I have to wait about ten minutes for my buzzer [to be answered]". Another person told us "They (staff) take ages to come", and another, "If I call for help they don't come for half an hour".
• The registered manager used a dependency assessment tool to consider how many staff were deployed. Both the operations manager and the registered manager explained how they monitor and ensure call bells are answered in a timely manner. We saw from monitoring average call bell waiting times were no more than two minutes,

• The registered manager told us they consider staff experience when producing the staffing rota.
• Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles. Checks included asking for a pre-employment history, obtaining a criminal history check from the Disclosure and Barring Service and obtaining references.
• Interviews of staff were robust. The information required by the relevant regulation was stored in the staff personnel files.

Using medicines safely
• Medicines systems were organised and people were receiving their medicines when they should.
• The provider was following safe protocols for the receipt, storage, administration and disposal of medicines. Regular checks were undertaken by the quality and compliance lead.
• Staff administering medicines were trained and received regular training updates. Staff administering medicines had their competency checked twice each year; once by the registered manager and once by a pharmacist.
• The medicines administration record (MAR) contained all the necessary information for the safe administration of people's medicines.
• People's allergies were documented and risks to people from these mitigated.

Preventing and controlling infection
• All staff had been trained on infection control; this was refreshed every three years and was up to date.
• Staff had good access to personal protective equipment, including disposable gloves and aprons. • Staff told us these items were always available and we observed their use throughout our inspection.
• People were encouraged to wipe their hands with anti-bacterial wipes before and after eating.
• Relatives told us rooms were cleaned regularly and we saw cleaning schedules which included regular deep-cleans of each area. The home was clean, tidy and generally odour-free.

Learning lessons when things go wrong
• Accidents and incidents were recorded and monitored. Each incident was reviewed by the registered manager and actions taken, where appropriate, to mitigate future risks.
• Management reviewed all the accidents and incidents each month and produced an analysis to identify themes and trends.
• The service used an electronic recording system which was able to produce detailed reports of trends associated with accidents and incidents.
• Management encouraged staff to report accidents and incidents, these were dealt with promptly and lessons learnt were discussed during staff meetings and clinical care meetings. Action plans were produced and tracked using an electronic feedback tracking system.

Good

# 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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

At our last inspection this key question was rated 'requires improvement'. This was because we needed to see a sustained improvement in how people's capacity was assessed and their consent recorded. At this inspection we were satisfied these improvements were sustained.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Care plans contained detailed information about people's care and support needs. However, comments from people included "They (staff) do not understand my needs", "I do not know about my care plan", and "They (staff) don't understand what I want". The service described how they had developed an opt out form for people who did not want to discuss their individual needs and were undertaking a review of people's and relative's involvement in care planning.
• Management recognised the importance of ensuring people's care and support was delivered in line with current good practice guidelines.
• The service used an electronic recording system which ensured any changes to people's care and support needs were accurately tracked and recorded.
• Assessments of people's needs were comprehensive and outcomes were identified. People's care and support needs were reviewed monthly or when people's needs changed. This information was shared at handovers.

Staff support: induction, training, skills and experience
• People were supported by staff who had ongoing training. All staff, regardless of their role, received the same training. All staff were supported to undertake the Care Certificate. The Care Certificate is an identified set of standards that health and care professionals adhere to in their working life.
• Staff were given opportunities to review their individual work and development needs. Staff told us they were encouraged and supported to undertake additional specialised training from partner organisations to enhance their care and support skills.
• Staff told us they were well-supported by the registered manager; they received regular supervisions and appraisals.
• Competency in care was checked through supervisions and spot checks were undertaken to look at how staff were applying their training and knowledge in practice.
Staff were knowledgeable and supported people in line with best practice, which helped lead to good outcomes for people and supported a good quality of life.
• Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles.

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

• People were encouraged and supported to eat and drink and maintain a healthy diet.
• The dining experience was very pleasant with background music playing and people were laughing and chatting. Restaurant-style menus were displayed throughout the home.
• Staff offered a good variety of snacks and drinks throughout the day. Staff were gently encouraging to support people to choose, for example, "Do you want me to open it for you?"
• Where people needed support to eat they received this from staff in a patient and unrushed manner.
• Where people were at risk of malnutrition this was clearly identified on care and support records. People were weighed regularly and timely advice was sought from health professionals where needed.
• The cook was knowledgeable about people's likes and dislikes and special dietary requirements. Clear and up-to-date information about these was clearly displayed in the kitchen. The service used different sized plates for different portion sizes to encourage people with smaller appetites.

Staff working with other agencies to provide consistent, effective, timely care
• The service had clear processes for referring people to other services, where needed. People's records showed communication with health professionals was effective and timely. Advice was documented and followed.
• The home involved people and their relatives in working with other services. For example, the home had links with a hospital to prevent unnecessary admissions to hospital. The home, GPs, people and relatives discussed and planned arrangements together.
• An electronic 'Telemeds' service was used so that people could be involved, if they wished, in conversations with GPs about their health needs.

Adapting service, design, decoration to meet people's needs; Supporting people to live healthier lives, access healthcare services and support
• People were involved in decisions about the premises and environment and individuals' preferences, culture and support needs were reflected in adaptations and the environment.
• People were involved in the design and decoration of the service. For example, people had asked to have a pub area in the home and an area was being refurbished to accommodate this.
• There were colourful murals on corridors each with a different theme, such as a sea-scape and park and post-office. People used these to orient themselves and say where they lived, for example, 'I live next to the tree'.
• The home had different coloured doors, signage, and sensory boards with items such as DIY tools and kitchen equipment to support people living with dementia.

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).
• People's consent to care was accurately recorded. For one person, who was unable to sign their consent, their record showed who had supported them during the care plan discussion and that this person had given their consent verbally.
• We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met, and found that it was. Staff were able to give comprehensive examples of how people were supported within

MCA requirements and where they involved people in day to day decisions about their care.
• The provider followed the requirements in DoLS. The MCA and DoLS require providers to submit applications to a supervisory body. Applications under DoLS had been made and authorised, where conditions were applied to these authorisations these were being met.
• We observed and staff told us how people were supported to have maximum choice and control of their lives and were supported in the least restrictive was possible.

Good

# 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

Good: 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 and relatives provided consistently positive feedback about staff and the service. Comments included, "We love it here, it is our home", "The staff are very kind and caring", "The staff are so kind, they are like angels", and "I could not wish for anyone else to look after [name of person]".
• Staff spoke about people with kindness and compassion.
• We observed warm and positive relationships between people and staff. Staff always spoke to people at eye-level and there was a good use of gentle touch to acknowledge and encourage people.
• The service was involved in the 'Compassion in Care' project involving Wakefield Healthwatch. This encouraged staff to focus on people's emotional needs as well as people's physical care and support needs.
• One person had recently been supported to attend a sexual diversity event by staff who had used their days off to do this.

Supporting people to express their views and be involved in making decisions about their care
• Most people and relatives told us they had been involved in making decisions about their care and support needs. The service had developed an 'opt out' form to record where people and their relatives did not want to be involved in some decisions.
• Staff supported people to make these decisions. For example, the operations manager had completed their own advanced care plan to encourage people to think about their own needs.
• One person, when asked if they were able to choose, told us, "I can do whatever I want bar mischief!"
• The electronic care system recorded people's mood, which the registered manager checked daily to have oversight to people's emotional care needs. People's emotional behaviour was more closely monitored and assessed as needed.

Respecting and promoting people's privacy, dignity and independence
• Staff had genuine concern for people and were keen to ensure their rights were upheld and people were not discriminated against in any way.
• People's right to privacy and confidentiality was respected. For example, staff always knocked on people's doors and waited to a response.
• The service used signs on people's doors saying 'Care in Progress, Please Do Not Enter'. These were moved from room to room, however we observed these were not used all the time.
• Staff preserved people's dignity at all times, for example, one staff member said, "Would you like me to take your dirty napkin away and get you a clean one?"
• People told us how staff promoted their independence, one person said, "The staff encourage me."
• The registered manager undertook a daily dignity check as part of their manager walkarounds.
• An upstairs cupboard used for the storage of obsolete care files was unlocked, this was an oversight

because there had been new flooring laid and was rectified as soon as this was brought to the registered manager's attention.

Good

# Is the service responsive?

## Our findings

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

Good: 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
• Care and support plans were personalised and detailed about how people should be supported with each task.
• Staff were knowledgeable about people's likes and dislikes. Staff used this knowledge to support people in a personalised way, for example, one person had forgotten what their preferred drink was and a staff member said, "You can have juice, tea, coffee or hot chocolate but you usually prefer hot chocolate."
• Relatives told us, "They (staff) know [people] individually".
• People's needs were identified and these included those related to protected equality characteristics. For example, each 'my life story' recorded significant relationships and routines, as well as family history, occupations, special places, and how people liked to look.
• Activities were varied and included exercise classes, baking, pet therapy, baby therapy, and visits from the local church. People were supported with activities outside the home. People's family were often involved in activities.
• Staff had started to use technology to broaden the range of activities, for example, using Skype so people could speak with families living abroad, and using tablets to watch television programmes, for example, the first ever televised episode of Emmerdale Farm.
• People who chose to stay in their rooms received one to one activities each morning however some people felt there was not enough activity provision; comments included, "There are not enough activities and rubbish at the weekend", and, "We don't do anything". We discussed this with the HR Director who told us staff were encouraged to support activities.

Improving care quality in response to complaints or concerns
• There was an appropriate complaints management system in place. There had been no complaints in the last 12 months.
• The provider asked in surveys if people found the complaints process easy to use, feedback suggested they did.
• When people had raised concerns the provider checked they were satisfied with the outcome, and records showed they were.

End of life care and support
• People were supported and encouraged to make decisions about their preferences for end of life care.
• Staff had produced a 'what's important to me' document which was used to support sensitive discussions with people and relatives about end of life care wishes.
• Consideration was given to all aspects of a person's preferences, such as what sounds, sights, smells, tastes, and touch would be important to them during their end of life. For example, whether a person wished to have their hand held or have sight of a picture or painting. We saw examples of choice such as 'the

sound of rain on the window' and holding an item such as a piece of jewellery.

The provision of accessible information:
• All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information of communication needs because of a disability, impairment or sensory loss. The provider had taken steps to meet the AIS requirements and principles were understood.
• People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others.
• People were supported with their communication needs by the provision of translators, which were advertised throughout the home, and by the use of technology, such as sign-language apps and tablets to write words and symbols.

Good

# 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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection we rated this key question as 'requires improvement'. This was because we needed to see a sustained improvement in the governance of the service. At this inspection we were satisfied these improvements were sustained.

There was a registered manager in post. The registered manager had been registered since 11 October 2017.

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
• Management were clear about the vision for the home of 'everyone has a life worth celebrating'. Colourful and eye-catching displays in reception promoted this vision.
• People, relatives and staff told us the service was very well-led. Relatives confirmed they knew who the manager was, one relative told us, "The manager is approachable, I feel comfortable when I come here. Staff comments included, "They're so open, approachable and supportive", "I know if I've got a problem, I'll be supported and guided", and, "The manager is lovely, very approachable, any problems I'd go and see [them]".
• The registered manager talked about a shift in focus from the service being compliance driven to getting to know staff and people and transforming the culture of the home. Staff confirmed the shift in culture and told us about why they enjoyed working at the home.
• The provider had a good understanding of their responsibilities and the registered manager acted according to duty of candour requirements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements
• The registered manager was clear about their responsibilities and those of their staff.
• Good governance arrangements were in place. The provider undertook monthly visits and received a weekly report about the service from the registered manager.
• The registered manager had good oversight of the home. An audit tracking system was used to ensure all aspects of the home were checked and analysed.
• The registered manager did a daily walkaround and action plans were produced from these to improve the service.
• We saw the ratings from last inspection were clearly displayed at the home as well as on their website.

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

• The registered manager had an open-door policy and people, relatives and staff confirmed this.
• Regular meetings took place for people, relatives and staff. A monthly manager's surgery was advertised on the relatives' notice board.
• Staff meetings took place every month. All staff were included and participated in these.
• Minutes from meetings were available in different formats, if required.
• People new to the home received a short assessment which included a 'what's important to me' section detailing their equality characteristics.
• Staff had been involved in surveys relating to new initiatives, such as 'compassion in care' and in 'I-Care' training, which supported them in understanding challenges people may face.

Continuous learning and improving care
• Management spoke about encouraging staff to go 'above and beyond' and kept a file to celebrate examples where staff had done more than documenting care and support. These were discussed in team meetings and used to choose a 'staff member of the month'. This was reported in the monthly newsletter and the staff member received a voucher.
• Staff spoke about being encouraged to try different approaches to care dependent on the person's needs that day. Management described how the electronic recording system allowed staff time to deliver compassion, not just support.
• Regular surveys were completed to gain the views of people, relatives, staff and visiting professionals. Feedback had been used to improve care.
• There were designated staff champions in areas such as dignity and meal-times who produced regular reports with actions and praise: these were shared with staff to improve the experience of people living at the home.

Working in partnership with others
• Staff worked well as a team, comments included, "There's no negativity", "I love it. Coming here is like working with family members", and "Fantastic. We work as part of a team".
• The registered manager told us they networked with other care homes and were involved in various care provider alliances.
• The provider group had regular manager support groups and internal management meetings were held, which looked across each of the services and provided regular updates on best practice and care legislation.
• Students from Barnsley and Wakefield College supported befriending and buddy-up schemes, as well as volunteers from the Princes Trust. There were visits from local schools throughout the year.