

Wellburn Care Homes Limited

Eighton Lodge Residential Care Home

Inspection report

Low Eighton
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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

Eighton Lodge Residential 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 the inspection. Eighton Lodge Residential Care Home provides personal care and accommodation for up to 47 older people, including people with dementia-related conditions. At the time of our inspection there were 36 people using the service.

The inspection took place on 21 November 2017 and was unannounced. This meant staff did not know we were visiting.

We last inspected Eighton Lodge on 10 and 11 October 2016 and rated the service as Requires Improvement. At this inspection we found the service had improved to Good.

The service had a registered manager who was on duty during the course of our visit. 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.

At our last inspection we found breaches of regulations in relation to building work hazards and risks in relation to cleaning products being securely stored. The provider sent us an action plan telling us when and how these issues had been addressed. We saw these requirements had now been met.

Staff and the management team understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding adults. People and relatives we spoke with told us they felt safe at the home.

Where potential risks had been identified an assessment had been completed to keep people as safe as possible. Health and safety checks were completed and procedures were in place to deal with emergency situations.

The home was clean, and we saw staff followed good practice in relation to wearing personal protective equipment when providing people with care and support. The environment had been extensively refurbished since our last visit and people told us they liked the décor.

Medicines were managed safely. We saw medicines being administered to people in a safe and caring way. People confirmed they received their medicines at the correct time and they were always made available to them. We saw nursing staff working with community professionals to ensure end of life anticipatory medicines were available to people when needed.

We found there were sufficient care staff deployed to provide people's care in a timely manner. We saw that

recruitment checks were carried out to ensure that staff were suitable to work with vulnerable people.

The registered manager shared learning from feedback and safeguarding events with the staff team through recorded meetings. From previous inspection visits by CQC and the local authority in 2016, the registered manager showed us their completed action plan and a recent local authority inspection visit in 2017 had given positive feedback. This showed the service had addressed areas for improvement.

Staff received the support and training they required. Records confirmed training, supervisions and appraisals were up to date. Staff told us they were supported by the home's management, especially the team leaders.

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.

People gave positive feedback about the meals they were served at the home. They received the support they needed with eating and drinking by the staff team and we observed people being given choices, using small plates with the meal choices on instead of just a written menu.

We saw people's healthcare needs were well monitored and records in relation to the monitoring of people's health, nutrition and pressure care were recorded. The service had engaged well with a pilot scheme run by the local dietetics service to improve people's nutritional health.

People were supported by care staff who were aware of how to protect their privacy and dignity and show them respect at all times.

People's needs were assessed before they came to live at the service and then personalised care plans were developed and regularly reviewed, to support staff in caring for people the way they preferred.

The service provided a range of activities and support for people to access the community. Despite the lack of activity staff due to sickness, the care staff team had taken on this role with enthusiasm.

The provider had an effective complaints procedure in place and people who used the service, and family members, were aware of how to make a complaint. Feedback systems were in place to obtain people's views about the quality of the service.

There was a robust system of checks and audits in place that the management team used to check the quality and safety of the home, as well as to drive improvement in areas such as dementia care with better signage recently ordered for the service.

The service had good links with the local community and local organisations and supported services such as Age UK to use its facilities. The service had also worked closely with the local hospice to volunteer and support fundraising events.

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 had improved to good.

Staff knew how to recognise and report abuse and were recruited safely.

There were enough trained and experienced staff to meet the needs of the people at the service.

Medicines were stored, administered and recorded in safe and effective ways.

Is the service effective?

Good ●

The service remained good.

Is the service caring?

Good ●

The service remained good.

Is the service responsive?

Good ●

The service remained good.

Is the service well-led?

Good ●

The service had improved to good.

There were effective systems in place to monitor and improve the quality of the service provided. Accidents and incidents were monitored by the registered manager to ensure any trends were identified and lessons learnt.

People, staff and relatives all said they could raise any issue with the registered manager or team leaders. The management team maintained a regular presence within the service.

People's views were sought regarding the running of the service and changes were made and fed-back to everyone receiving the service.

Eighton Lodge Residential Care Home

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 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 inspection took place on 21 November 2017 and was unannounced. This meant the provider did not know we were coming.

One inspector and an expert-by-experience carried out the inspection. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service in order to plan for our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally required to let the Commission know about.

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 contacted the local authority safeguarding and commissioning teams. We also contacted the clinical commissioning group (CCG) and the local Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used their comments to support the planning of the inspection.

We placed a poster in the reception of the service so that people and any visitors would be aware an inspection was taking place and who to contact to give feedback if they so wished. We spoke with a visiting community healthcare professional who was a dietician.

During the inspection we spoke with eight people who used the service and four relatives/visitors. We also spoke with the registered manager, two team leaders, care staff and one domestic staff member. We looked at a range of records which included the care and medicines records for four people, recruitment and personnel records for four care workers and other records relating to the management of the service.

Is the service safe?

Our findings

All the people and visitors we spoke with told us they felt safe at the service. Their comments included; "The staff are lovely; I feel safe yes" and "I always feel safe here." We asked a visitor if they felt their relative was safe at the home and they replied, "Oh yes, that's why he is here." People at the service appeared comfortable and happy with the staff supporting them.

At our last inspection in 2016 we saw risks were present to people's safety from refurbishment work and from a cleaning product that was left accessible. These issues were addressed on the day of our inspection but we issued a requirement notice to ensure the provider took all reasonable measures to reduce risks to people's safety within the environment. The provider sent us an action plan and we saw on this visit that all risks regarding the environment and equipment were monitored.

Staff we spoke with told us they had received training in respect of abuse and safeguarding. They were all well able to describe the different types of abuse and the actions they would take if they became aware of any incidents. We spoke with four staff members whose feedback about safeguarding included, "If I had to raise any concerns I would speak to my team leader and then the manager" and "Yes I've done training; I would report my concerns to my team leader." Training records showed they had received safeguarding training which was regularly updated. This showed us staff had received appropriate training, understood the procedures to follow and had confidence to keep people safe.

We saw records that demonstrated the service notified the appropriate authorities of any safeguarding concerns and in the previous year the registered manager has been pro-active in notifying any relevant issues to the Care Quality Commission and safeguarding authority. We saw learning from inspection visits and safeguarding events had been shared with the staff team via meetings and the registered manager explained how she had worked with new team leaders to promote better communication between the staff team.

The training information we looked at showed staff had completed other training which enabled them to work in safe ways. This included fire, first aid and health and safety training, which we saw was regularly updated. Staff we spoke with confirmed they knew the procedures to follow in the event of an emergency. They gave examples of steps to take in the event of the fire alarm sounding or if a person had a collapse.

Care plans contained risk assessments that were regularly reviewed to ensure people were kept safe. We also saw the service had generic risk assessments in place regarding the environment and these were reviewed by the health and safety group at the service which included the registered manager, housekeeping staff and maintenance.

There were effective recruitment and selection processes in place. We looked at records relating to the recruitment and interview process. We saw that the provider had robust arrangements for assessing staff suitability; including checking their knowledge of the health and support needs of the people it provided a service to.

We saw that recruitment processes and the relevant checks to ensure staff were safe to work at Eighton Lodge Residential Care Home had been carried out. We looked at four staff files and saw that before commencing employment, the provider carried out checks in relation to staff's identity, their past employment history and a Disclosure and Barring Service (DBS) check. These checks were carried out to ensure prospective staff did not have any criminal convictions that may prevent them from working with vulnerable people.

Care staff confirmed staffing levels were sufficient to meet people's needs. On the day of our inspection there were two team leaders and three care staff members. There were also laundry, catering and housekeeping staff on duty as well as the registered manager and administrator. During our inspection call bells were answered in a timely manner and staff did not appear rushed. One staff member told us, "Yes there are enough staff. I know they need another laundress but that has been advertised."

We observed staff supporting people to safely take their medicines. People were given the support and time they needed when taking their medicines. This was done in accordance with safe administration practice. We discussed the ordering, receipt and storage of medicines with one of the team leaders who was responsible for this role. Medicines were securely stored in a locked room and were transported to people in a locked trolley when they were needed. Team leaders had completed relevant training and had been assessed as competent.

The service was clean, homely and well maintained. There was an infection control lead and we spoke with a member of the laundry staff who clearly explained her processes for ensuring risks in relation to infection control were minimised. We witnessed staff using personal protective equipment and observed good practice in relation to infection control prevention. There were effective systems in place for continually monitoring the safety of the premises. Regular health and safety checks were carried out to help ensure the premises; environment and specialist equipment were safe for people and care staff. This included fire safety checks, as well as checks of the electrical installation, gas safety, water safety, portable appliance testing and servicing of equipment used in care delivery.

Is the service effective?

Our findings

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We saw that appropriate assessments were undertaken to assess people's capacity and saw records of best interests decisions which involved people's family and staff at the home when the person lacked capacity to make certain decisions. Staff had all been trained in the MCA/DoLS and appropriate authorisations and requests for authorisations had been undertaken. The registered manager told us when she first commenced at the service there were very few assessments of capacity or subsequent DoLS authorisations in place. We saw that there were now clear records of assessments, authorisations and requests in place.

One of the team leaders explained the assessment process to us from the time an enquiry was received by the service. They told us, "We complete an enquiry form so we don't miss anything and from that we check if we can potentially meet someone's needs. We arrange an initial assessment visit and from that ensure we have everything in place, such as equipment. We arrange the transition and ensure an orientation and induction for people, so they know where things are and what to expect from us." We witnessed the registered manager enquiring about someone's medical history with their GP via the telephone as the person had been admitted to the home with information contradictory to that the service had received initially. This showed the service completed an assessment as fully as possible to ensure they could meet the needs of potential service users.

All staff we spoke with told us they were provided with training that enabled them to do their job and meet people's needs. They told us they had up to date training that was delivered by a trainer on-site. Staff mandatory training was up to date. Mandatory training is training the provider deems necessary to support people safely. This included moving and handling, health and safety, food hygiene, first aid, safeguarding, mental capacity, dignity, medicines, fire safety, infection control, and equality.

New staff completed a comprehensive induction and were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care. One new member of staff told us, "I've just completed my third day of induction training yesterday. It was really good, intense and very thorough; but the trainer was really helpful. I've worked in care settings before and it's the first time I've had an induction."

Records we viewed showed regular supervision sessions were carried out and staff had an annual appraisal. Supervision and appraisals are used to review staff performance and identify any training or support

requirements.

People were supported to receive a healthy and nutritious diet. Information relating to any specific dietary needs was included in people's care and support plans. We spoke with a visiting dietitian who told us how the home had volunteered to be part of a pilot project encouraging better nutrition for older people at risk. They told us, "The staff have engaged really well in the project and the training sessions have been well attended. Staff are very knowledgeable about people's preferences and their specific dietary needs and they are actively doing the things I have advised."

People were generally positive about the food provided. At lunch time a 'show and tell' was observed, where by the staff would have the choice of meals on a tray and go to each table to show people so they could choose which option they preferred. Two people didn't like what was on show so an alternative was offered. Staff engagement was good while supporting people to eat. Eye contact was made and staff members explained to people what they were eating and encouraged them to engage with the meal time. People were asked if they would like support to cut up food, rather than it being done for them, this gave them a chance to try and do it themselves first.

People told us, "They come and ask me what choice I prefer and if I don't like either of them they will make me something else. I usually always get what I want" and "The food is lovely and we always get a choice." One visitor told us, "Oh he loves the food and gets as much as he wants."

Records confirmed that staff supported people to access healthcare services. We read in care records that people saw their GP, consultants, dentists, dietitian, opticians, podiatrists and speech and language therapists as and when needed and weekly surgeries were held in the home by the local GP practice. This demonstrated that the expertise of appropriate professional colleagues was available to ensure that the individual needs of people were met to maintain their health.

We saw that the environment had been extensively refurbished since our last inspection. People we spoke with told us, "It looks very nice now" and "Oh yes it's beautiful." We saw the service was awaiting additional signs to ensure people with memory difficulties could orientate themselves within the building and the registered manager showed us these had been ordered. We observed staff members using a tablet computer with people to share photographs and videos of events at the home. We saw the service had sought people's consent to this and people seemed to enjoy looking at the images and memories.

Is the service caring?

Our findings

People and relatives were complimentary about the caring nature of staff. People we spoke with said, "I cannot complain about anything here it's always good" and "Our relation loves living here. We come at all times of the day and we see how the staff are respectful of people with dementia."

We observed people being offered choices about what they wanted to do or where they wanted to go. People told us they were given choices by staff and care staff members told us, "I give people an option. I show them a choice like taking clothes out the wardrobe and showing them and give them a choice of foods and drinks. There's no set thing for each person" and "On a morning I ask what item they want to wear then ask what colour they would like to wear it in." We saw people being asked before they engaged in activities with gentle encouragement.

People told us they were encouraged to retain their independence. One relative we spoke with told us, "He's not good on his feet but the staff always encourage him to walk what he can rather than just using the chair, they let him keep that bit independence." One staff member told us, "I would encourage someone to walk if they can rather than just use the wheelchair."

Staff spoke with pride about the importance of ensuring people's needs were held in the forefront of everything they did. Staff were able to share with us lots of detail about people's lives, family and previous jobs and they clearly knew people well. One person told us, "I think they know me well; they look after me well."

We saw positive interactions between staff and people. Staff members had fun undertaking activities with people and the atmosphere across the whole service was calm and caring. People who used the service appeared very comfortable in the company of staff and we saw that many staff had worked at the service for a number of years which meant the support for people was consistent.

Staff were respectful in their approach. They treated people with dignity and courtesy. One person told us, "I love them and they love me, I always get treated with respect." Staff spoke with people in a professional and friendly manner, calling people by their preferred names. We observed care staff assisted people when required and care interventions were discreet when they needed to be.

People and relatives told us they were involved in the care planning process. Meetings and reviews were carried out to involve people and their relatives in all aspects of their care. One visitor we spoke with said, "They involve us. We've just had a meeting with them about nutrition and we explained what [name] likes and dislikes. He gets a good balanced diet here and now they are alternating what he has for breakfast." This meant that people and their representatives were consulted about people's care, which helped maintain the quality and continuity of care.

We looked at the arrangements in place to ensure equality and diversity and to support people in maintaining relationships. We saw that relatives were welcomed at the home. Two relatives told us, "We all

get on like a house on fire. They are a special kind of people. They smile and are happy, we can have a joke on" and "The staff are very kind and friendly, we feel very welcomed. We can ring at any time and they also tell our relative we have rung." This showed the service supported people to maintain key relationships.

Advocacy services help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The management team were aware of how to contact advocates, if they were required, to support people and one person was currently in receipt of independent advocate support

Is the service responsive?

Our findings

The people and relatives we talked with told us staff were attentive and responded to their needs and requests. Their comments included, "If I ask them to do anything they always do it and help me" and "They look after me well; they are all very kind."

There were systems in place to ensure the staff team shared information about people's welfare. A staff handover procedure was in place. Information about people's health, moods, behaviour, appetite and the activities they had been engaged in was shared. This procedure meant that staff were kept up-to-date with people's changing needs.

We saw care plans were confidentially stored and well maintained and staff recorded daily communication notes. These contained a summary of support delivered and any changes to people's preferences or needs observed by staff. This helped ensure staff had the latest information on how people wanted and needed to be supported.

We looked at four care plans belonging to people who used the service. We found care planning and the provision of care to be person-centred. Person-centred care means ensuring people's interests, needs and choices are central to all aspects of care. People had contributed to 'life history' documents in care files, which gave staff a good level of information regarding what and who was important to them. People's individual interests and preferences were taken account of including how people wished to identify themselves in relation to spiritual beliefs.

Care plans were comprehensive and contained up to date, accurate information. We saw care plans were reviewed regularly. Care plans were reviewed and updated at least once a month to ensure they contained relevant information. Relatives we spoke with confirmed they were regularly involved in people's care planning and were updated if there were any changes in people's conditions.

There was a complaints procedure in place. There were opportunities for people and staff to raise any concerns through meetings. We saw that there had been two complaints in 2017 which had been investigated and responded to by the regional director after they were addressed directly to them. We saw that the record at the service did not fully address the recorded outcome, but the registered manager showed us a new system that recorded whether the complainant was happy with the outcome and if any learning needed to be undertaken by the service. People we spoke with told us they knew how to make a complaint. One person said, "I've had no complaints but if I did I would go and speak to the manager."

People told us about the activities, "I'm more of a watcher than like to join in. I do the chair activities when they do them. They are like exercises." Another person said, "Sometimes we do calendars and sing a longs which is good." Before lunch people were encouraged to engage in activities which included dominos and puzzles. Five residents joined in. After lunch the staff laid out arts and crafts for people to make Christmas decorations. Not everyone chose to join in but those that did seemed to enjoy it. They were supervised at all times by a member of staff and the registered manager came to join in for a little while and engaged with

people doing activities.

Care records included Do Not Attempt Cardio Pulmonary Resuscitation (DNACPR) forms which means if a person's heart or breathing stops, as expected due to their medical condition, no attempt should be made to perform cardiopulmonary resuscitation (CPR). In the care plans we viewed, each person had a detailed plan that showed the involvement of the person and their family to record people's wishes for care at the end of their life.

Is the service well-led?

Our findings

The service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. The registered manager had worked at the service since February 2017. The registered manager told us about the challenges they had experienced since joining the service from requirements made by the Care Quality Commission at our last inspection in 2016 and also a poor inspection visit from the local authority in that year. We saw that they had worked with an action plan and all areas were now met. A recent inspection from the local authority was generally positive and feedback to us prior to our inspection visit included, "Improvements had been made by the new manager."

We asked people about the atmosphere of the service and everyone said they were happy there. People told us, "Yeah it's nice here" and "I have no worries here." Our observations were very positive, with staff all communicating in a kind and friendly manner and there was fun and laughter, as well as reassurance and gentle encouragement where it was needed.

Visiting relatives all said the staff were all approachable, as was the registered manager. One person told us, "I have met her once or twice, she seems nice."

We saw that people's views were sought through regular meetings, an annual survey and by the registered manager talking with people on a daily basis. People told us, and we saw from meeting minutes that actions were taken if people fed back that they weren't happy with something or they wanted a change. Recently people had discussed trips out and stated they fancied a change from the usual seaside visit. People discussed a farm visit and to local garden centres which they agreed on. People also discussed having a Christmas carol concert but without children, along with drinks and nibbles. This showed the service listened to people's views on how they wanted the service to run.

All staff we spoke with said they felt supported by the service's managers. Comments included, "Yes I get plenty of support" and "I would go to my team leader and if they weren't there then the manager." We saw staff meetings took place regularly and recorded issues which included topics about attitude, leadership and communication. Staff we spoke with told us communication had been an issue at the service but the management team had worked to promote good team working. Staff member comments included, "We work as a team, we always let each other know what we are doing and where we will be" and "It's better here now. We work as a team."

The service had good links with the local community and this included the registered manager offering space for the local Age UK branch to meet at the home. We were also told about the large fireworks party held recently in the grounds in aid of the local hospice which people and the local community had enjoyed. The registered manager told us she and other staff members were going to be volunteering in the local hospice charity shop to support their work locally.

We looked at the arrangements in place for quality assurance and governance. We saw that audits had been completed. These included regular checks on medication systems, the environment, health and safety, care

files, catering and falls. These audits included engaging with people who lived at the service to seek their views, reviewing care plans and complaints. We saw where deficits had been identified that actions plans were in place, which detailed a target date for the actions to be completed and the responsible staff member.

We saw that records were kept securely and could be located when needed. This meant only staff from the service had access to them; ensuring people's personal information could only be viewed by those who were authorised to look at records.

The provider was meeting the conditions of their registration and submitted statutory notifications in a timely manner. A notification is information about important events which the service is required to send to the Commission by law. The