Mrs Carol Mason

Ebor 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

This unannounced inspection took place on 9 September 2015. At the last inspection on 24 April 2014, the registered provider was compliant with all the regulations we assessed.

Ebor Lodge is a three storey home for up to thirteen people who have mental health needs. It is situated to the west of Hull close to local amenities. The home has four double bedrooms and five single bedrooms. One bedroom is situated on the ground floor while the others are accessed by stairs on the first and second floor of the building. There are also two lounges, a dining room, office, kitchen, utility room, downstairs toilet and two bathrooms. A garden and parking area are situated to the rear of the building. At the time of our inspection there were twelve people living in the home.

The service had a registered manager in post who is also the registered provider. 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.

Summary of findings

We found staff were recruited in a safe way; all checks were in place before they started work and they received an induction. Staff received training and support to equip them with the skills and knowledge they required to support the people who used the service. Training was updated on a regular basis and staff were encouraged to undertake further training and qualifications in care. There were sufficient staff on duty to meet people's health and welfare needs.

Systems were in place to protect people from the risk of harm and abuse. Staff had received training and knew how to report any concerns. They had policies and procedures to guide them.

People's health and nutritional needs were met and they had access to a range of professionals in the community for advice, treatment and support. We saw staff monitored people's health and responded quickly to any concerns.

People's medicines were handled safely. Training records showed staff who were involved in the administration of medicines, had received training in the safe handling and administration of medicines.

Equipment used in the home was serviced regularly. We found the environment was clean and tidy and odour free.

We saw people had assessments of their needs and care was planned and delivered in a person centred way. Risk assessments had been completed to provide staff with guidance in how to minimise risk, whilst promoting their independence. People had access to activities within the local community and within the service.

We observed staff treated people with dignity and respect and they knew people's needs well. Staff supported people to make their own choices and decisions. When people were assessed as lacking capacity, staff followed the principles of the Mental Capacity Act 2005 and held best interests meetings, with relevant people present, to make decisions on their behalf.

The registered provider/manager undertook audits which ensured people lived in safe environment and their health and welfare was monitored and upheld. We saw that when information was received; action was taken to improve the service as required. Relatives, people who used the service and staff told us they were encouraged to express their views about the service.

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?

Good

The service was safe

There were systems in place to safeguard people from the risk of harm and abuse. Staff knew how to recognise abuse and what action to take if they had any concerns.

The registered provider/manager had systems in place to manage risks and for the safe handling of medicines.

Staff were recruited in a safe way and there were sufficient staff on duty to meet people's needs.

Is the service effective?

Good

The service was effective.

People's health and nutritional needs were met. They had access to health professionals when required in a timely way.

People were supported to make their own decisions and when assessed as lacking capacity to do this, the registered provider/manager acted within the law to ensure their rights were upheld.

Staff received training, support and supervision to ensure they developed the skills and knowledge required to support people.

Is the service caring?

Good

The service was caring.

People were supported by staff that had a good understanding of their individual needs and preferences for how their care was delivered.

Staff were observed as caring and considerate when supporting people who used the service.

People were treated with dignity and respect and provided with information and explanations before and during support with care tasks.

Is the service responsive?

Good

The service was responsive.

Although overall the service was responsive to people's changing needs, we found an individual's sleeping arrangements needs had not been reviewed following a best interests meeting in a timely way, which had the potential to compromise their privacy and dignity and that of the other people who used the service.

People were supported to access community facilities and a range of planned activities were available within the service.

The registered provider/manager had a complaints policy in place and relatives told us they would feel able to raise any concerns.

Summary of findings

Is the service well-led?

Good

The service was well led.

The registered provider/manager consulted with people about how the service was run.

Audits were undertaken to ensure people lived in a well maintained and safe environment.

There was an open door culture within the service which enabled people to raise concerns.

A quality assurance monitoring system was in place that helped identify shortfalls so they could be addressed.

Ebor 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 registered 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.'

The inspection took place on 9 and 10 of September 2015 and was unannounced. The inspection team consisted of one adult social care inspector.

Prior to the inspection we spoke with the local authority contracts and performance team about their views of the service and received a report they completed of their last visit to the service.

During the inspection we spoke with five people who used the service and three of their relatives. We spoke with the registered provider/manager, one senior carer, two carers, the cook and a visiting professional. Following the inspection we spoke with two other professionals involved in the service.

We looked at the care plans for three people who used the service. We also looked at important documentation relating to the twelve people who used the service for example; the medication administration records [MARS] and accident and incident reports. We looked at how the service used the Mental Capacity Act 2005 to ensure that when people were assessed as lacking capacity to make their own decisions, best interests meetings were held in order to make important decisions on their behalf. We also checked to make sure the registered provider/manager acted within the law when people who lacked capacity were deprived of their liberty.

We looked at a selection of documentation relating to the management and running of the service. These included three staff recruitment files, supervision and training records, the staff rota, menus, minutes of meetings with staff and those people who used the service, quality assurance audits and maintenance and equipment records.

Is the service safe?

Our findings

People who used the service told us they felt safe within the service and could raise any concerns or anxieties they had with staff. Comments included; "Of course I am safe, I have lived here for a long time and have never heard or seen anything bad. The staff are very kind and they listen to us if we are worried about anything and help us sort it out" and "Yes we are all safe, the staff are really kind and patient, they are all very good."

Relatives told us they thought people who used the service were safe and well cared for. Comments included, "The staff are all very good and they care for my relative very well" and "Yes, they are safe and the staff know how to keep them safe, without restricting their independence."

Relatives also told us the service was well presented and clean and tidy. They said; "I have nothing but praise for the staff and the environment, I would give them 100% and recommend them to anyone based on my experience of the service" and "Every time I visit everything is good, there have never been any negatives and they have been there a long time."

We spoke with staff about how they safeguarded people from the risk of abuse and harm. They told us they had received safeguarding training and this training was regularly updated. Training records seen confirmed this. During discussion with staff they were able to describe the different types of abuse and the action they would need to take to report concerns.

Records were seen to be maintained for all referrals made to the local safeguarding team, the process and the outcome of the investigation and any actions made following this. Further records were maintained of when the Care Quality Commission had been notified of incidents. These were found to have been completed appropriately.

Accidents and incidents that had occurred in the service were investigated and action was taken to reduce and prevent re occurrence.

We saw risk assessments were completed to support people who used the service to minimise risks whilst supporting them to remain as independent as possible. Staff spoken with were able to describe risk assessments in place for people and the measures in place to guide them when supporting people. They told us they had time to read and review care files and any changes of information were passed on at handovers. Risk assessments covered areas such as mobility, nutrition, mental health well-being, finances, moving and handling and epilepsy.

We checked the recruitment files for three members of staff. Application forms were completed, references obtained and checks made with the disclosure and barring service [DBS]. The recruitment process ensured that people who used the service were not exposed to staff that were unsuitable to work with vulnerable adults.

Staff had been provided in enough numbers to meet the needs of the people who used the service. Care staff were supported by ancillary staff so they could focus on meeting people's needs. Staff spoken with told us they felt there were adequate numbers of staff provided and they never felt rushed and had time to undertake activities with people both within the service and the local community.

Medicines were stored in a lockable cabinet in the registered providers/manager's office. The service used a Monitored Dosage system [MDS] prepared by the supplying pharmacy. MDS is a medication storage device designed to simplify the administration of medication and contains all of the medication a person needs each day. The registered provider/manager told us that no one's behaviour was controlled by the use of medication. They told us that when medications had been prescribed on an 'as and when required' [PRN] basis, an individual protocol had been put in place for staff to follow, giving detailed guidance in which circumstances the medication could be administered.

Systems were in place to protect people's monies that had been deposited in the home for safekeeping. This included individual records and two signatures when monies were deposited or withdrawn and regular audits of balances kept on behalf of people who used the service.

The registered provider/manager had completed audits of the environment which identified areas for improvement and repair; they had also completed an environmental risk assessment and fire risk assessment. This ensured people who used the service lived in a building that was safe and well maintained. Individual care files were seen to contain information for staff about how to evacuate people safely in the event of a fire or other emergencies. These were personalised and took into account their mobility and level of need.

Is the service effective?

Our findings

People who used the service told us they enjoyed the food and as well as the two choices provided at mealtimes, they could ask for anything else and it would be prepared for them. Comments included, "Every day we are asked what we want to eat. One person is a really fussy eater, but the cook and the staff always make sure they have what they want to eat. Nothing is too much trouble for them" and "We have a take away every week and at Christmas we have a big party. The food is really good and we can have seconds if we want them. I have no complaints about the food, it is lovely."

Relatives and professionals told us they thought people's health needs were well met and that staff were skilled in looking after people. Visitors told us that they were always offered meals when they visited their relative and the meals were well presented and enjoyable.

Comments included "The meals are very good, there is always a choice and all of the staff make sure that everyone has the type of meal they want. I have seen the cook make a completely different meal for people, when they have requested this" and "They do look after her well. My sister has a lot of health needs, but I know if she needs a doctor or nurse, the staff will be on the phone to them straight away and then let me know what is happening."

The cook told us they knew what people liked and discussed the menus with them on a regular basis. Hot and cold drinks were available for people during the day as were snacks and fresh fruit. Meal times were observed to be relaxed and staff served food promptly. We saw that the cook and staff asked people what their preferences were at each meal time and their food choices were provided.

We saw people's nutritional needs were assessed and kept under review. Records of people's likes and dislikes were recorded in their care files. Where additional needs were identified, we saw these were acted on promptly and appropriate referrals were made for additional support and advice. In situations where advice had been offered by the dietician, for example, where a person had been prescribed food supplements, these were recorded accurately on the medication administration record as provided. People's weights were monitored and appropriate action was taken when there were concerns.

We saw the health needs of people who used the service were met. Care files showed people had been referred to professionals for assessment, treatment and advice when required. These included GPs, specialist nurses, dentists, podiatrists and opticians. People were able to access healthcare professionals when required and attended appointments either on their own or with support from care staff. Staff worked closely with clinical psychologists and psychiatrists. Care files showed where changes had been made to the person's care and how staff should monitor and support the person, for example, if there had been changes to the person's medicines.

The CQC is required by law to monitor the use of the Deprivation of Liberty Safeguards [DoLS]. DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. The registered provider/manager was aware of their responsibilities in relation to DoLS and had made applications to the local authority but these had not been finalised and authorised at the time of our inspection.

Staff had received training in the Mental Capacity Act 2005 [MCA] and they were clear about how they gained consent to care prior to carrying out tasks with people who used the service. Staff said "We ask people. Some people need time to consider what we have asked them, so we will give them time to do this even if it means us going away for a few moments and then coming back to them and asking the question again or in a different way."

We saw records of assessments under MCA and best interests meetings had been held when people were assessed as lacking capacity to make important decisions.

Staff told us the training they received was relevant to their roles and provided them with the necessary skills to care for the people they supported and meet their needs. This included training considered essential by the registered provider/manager such as safeguarding, fire safety, first aid, basic food hygiene, moving and handling, infection control and mental health awareness. Other training included epilepsy management and administration of medicines for senior staff members. Training consisted of a mixture of e learning, face to face training and practical instruction. Training records showed that all but one of the staff team had achieved a nationally recognised qualification in health and social care.

Is the service effective?

Staff told us they felt supported by the management and received regular supervision meetings and appraisals. Staff records confirmed supervisions included discussions about training, policies and procedures, what was working well and any issues relating to people who used the service.

Is the service caring?

Our findings

People who used the service told us "We are very well looked after, things couldn't be better" and "All good, they are kind". Another person told us, "The staff are very good, if we are not well they will make an appointment with the doctor. They got someone in to look at my leg for me."

Relatives and professionals told us staff were caring and friendly. Comments included, "I am absolutely delighted with the care my sister receives" and "When I visit I see that everyone is well cared for." Another told us," I don't live locally, but I am completely kept up to date with everything that is going on with my relative, because the home rings me regularly and lets me know everything that is happening" and "Staff always go the extra mile."

A visiting chiropodist told us, "Anything that is asked of the staff in relation to the care of the people who use the service is always listened to and acted on. I visit a lot of services, but I am always made welcome here. It has a really family feel about it."

We observed staff interactions throughout the building on each day of the inspection and saw these were positive, with staff speaking to people in a kind and respectful way and addressing them appropriately. The staff were seen to be caring in their approach and treated people who used the service with dignity and respect. They were heard asking people how they were, how their day was going and if they needed any support with anything. We saw people approach the staff at different times of the day and ask them about various things, for example, reassurance they would be going to college in a taxi as the location of the college had recently moved. Staff responded to them positively and reassured them that would be the case. There was a relaxed and welcoming atmosphere and we heard lots of laughter and friendly banter between staff and the people who used the service.

Staff supported people who used the service to promote their independence. We saw people who used the service offering to assist staff with setting the tables for lunch and helping to prepare drinks. Staff were seen encouraging people to undertake their own personal care and decide which activities they wanted to participate in.

During our inspection we saw staff ensured people had their privacy and dignity maintained. For example, we saw staff were discreet and encouraged people to communicate their personal needs out of earshot of others. We observed people were well presented; they were well groomed, their clothing was age appropriate and well ironed.

Records showed annual reviews were held with commissioners, social workers, the registered provider/ manager and keyworkers. Review meeting minutes had included, where possible, the person who used the service and their relatives or representative. We observed people's care plans contained information which indicated people had been involved in its development. People had signed their care plans to demonstrate they had understood and agreed to its content. Care plans also stated the reason why some restrictive aspects of people's care had been agreed, for example, for one person some negotiations had taken place with regard to the amount they smoked. Agreements had been reached, because of health and cost implications that the person would keep their cigarettes in a drawer and would ask for a cigarette when they wanted one. We observed this during the inspection and saw this did not cause any conflict and staff responded quickly to them when a request for a cigarette was made.

We spoke to the person involved and they told us "As far as I am concerned there are no restrictions, I have a cigarette when I want to, I get up and go to bed when I want and I go out whenever I want to." Care plans included preferences for how people wanted care to be delivered to them.

People's wellbeing was closely monitored by staff, they recorded on a daily basis the care people had received and how they had been supported. Records in relation to the care and treatment people received were stored in a locked office and staff only accessed these when they needed to, for example, updating records.

Staff we spoke with were aware of their responsibilities in maintaining confidentiality and the registered provider/ manager had policies and procedures in place for staff to follow in relation to this.

In rooms that were shared, we saw that privacy screens were in place to protect people's privacy and dignity. Each side of the room was personalised and decorated with pictures and personal effects of their preferred choice.

Is the service responsive?

Our findings

People who used the service told us they could choose what they wanted to do and when and were supported to lead their preferred lifestyle. Comments included "Yes, I do as I like. I share my time between here and my relatives, I just let staff know what I am doing and when I will be back" and "I like to tell staff where I am going, so they know if I am in or out."

People told us they engaged in activities both within the service and the local community. Comments included "I like going out for a pub lunch or to the Deep, I'm not bothered too much with the stuff in the home, I like to listen to my music or watch a bit of telly." Another person told us, "I like to do knitting and baking and enjoy the take way nights. I also like going out to the theatre, we went to see the Jersey Boys."

Relatives and professionals told us they thought people who used the service were treated as individuals and were aware of the activities people accessed. Comments included, "They are always doing something or going out somewhere, the staff put a lot of effort into this and there is now someone who leads the activities" and "The staff are all very good at finding ways to engage people in activities and trying new things so they can find out what interests everybody."

One professional told us, "They take their responsibilities very seriously. I have never known them to not access external professionals for advice and they are very responsive to service user's needs."

We saw care was delivered in a person centred way. People's care plans focused on them as an individual and the support they required to maintain and develop their independence. They described the holistic needs of people and how they were supported in the service and the wider community. They also contained details of what was important to people such as their likes and dislikes, preferred daily routines and what they liked doing and their health and communication needs.

Individual assessments were seen to have been carried out to identify people's support needs and care plans had been developed following this, outlining how these needs were to be met. We saw assessments had been used to identify the person's level of risk. Where risks had been identified, risk assessments had been completed and contained detailed information for staff on how the risk could be reduced or minimised. We saw risk assessments were reviewed monthly and updated to reflect changes where this was required.

Records showed people had visits from or visited health professionals including; a psychologist, psychiatrists, chiropodists, community mental health nurses and community nurses where required.

We saw that when there had been changes to the person's needs, these had been identified quickly and changes made to reflect this in both the care records and risk assessments where this was needed. However, we saw that where a best interests meeting had been held after the service had reported a change in an individual's needs, there had been no further meetings to review the arrangements in place. Information recorded from the best interest's documentation did not show any details of how the decision made on the person's behalf may compromise their care needs, privacy and dignity and/or impinge on the other people who used the service. When we spoke to the registered provider/manager they told us they had attempted to plan a further review but had had no response to their request. During the inspection the registered provider/manager immediately contacted commissioners to request an urgent review following our discussion.

People's care plans were reviewed monthly, this ensured their choices and views were recorded and remained relevant to the person.

When we spoke to the registered provider/manager and staff they were able to provide a thorough account of people's individual needs and knew about people's likes and dislikes and the level of support they required whilst they were in the service and the community. Staff told us there was more than enough information in people's care plans to describe their needs and how they wished to be supported.

The registered provider/manager had a complaints policy in place that was displayed within the service. We saw that there had been very few complaints received by the service, but where suggestions had been made to improve the service these had been acknowledged and action taken.

Is the service responsive?

Records showed that accidents and incidents were recorded and immediate appropriate action taken. An analysis of the cause, time and place of incidents was undertaken to identify patterns and risks in order to reduce the risk of further incidents.

We confirmed the registered provider/manager had sent appropriate notifications to CQC in accordance with registration requirements.

We sampled a selection of key policies and procedures including medicines, safeguarding, and complaints. We found these reflected good practice.

Is the service well-led?

Our findings

People who used the service told us they were consulted about how the service was run, comments included, "The manager and the staff are always asking us about everything, what we want on the menu, what we want to do and things like decorating. We also have to fill in forms sometimes and have meetings to talk about things."

Relatives and professionals told us they were regularly consulted by the service and asked to fill in surveys. Comments included, "I am on first name terms with her [the registered provider/manager]. She always says to us [relatives] if you want to talk to me about anything, just ring me or leave a message with the staff. She always listens and always gets back to us."

During the inspection we saw the registered provider/manager was accessible to staff and spent a lot of their time out of the office checking staff practice, talking with people who used the service and checking their needs were being met. Staff told us they found the registered provider/manager very approachable and supportive, comments included, "Whether it is a work related issue or a personal one, she is always there for us." and "If there is anything we need for the service or the people here, it will always be provided." One staff told us "I love it here it isn't like coming to work, we are a great team."

Staff told us they had regular meetings where the registered provider/manager gave them updates as to what was happening or planned for the service. They told us they were updated on changes to legislation and provided with additional training when this was required within their role. We saw minutes of meetings with staff and saw various topics were discussed, for example, work practices, planned changes or anything the registered provider/manager wanted to bring to the staff team's attention.

All accidents and the outcome of any actions taken as a result of an accident were recorded. The registered provider/manager analysed accidents to identify any patterns or trends so these could be looked at in detail to establish if any learning could be gained or changes made to working practices to keep people safe. Any learning from this was shared with staff.

The registered provider/manager undertook a range of audits on a regular basis, which included, for example, staff training, medication, maintenance, décor and the environment. Where areas were identified as needing improvement, an action plan with agreed timescales was put in place.

Surveys were undertaken with people who used the service, their relatives and visiting health professionals to ascertain their views about how the service was run. The surveys identified various topics for people to comment on and these views were collated and analysed with action plans to address any shortfalls. Records showed that accidents and incidents were recorded and immediate appropriate action taken. An analysis of the cause, time and place of incidents was undertaken to identify patterns and risks in order to reduce the risk of further incidents.