

Mr & Mrs S Gill

Eastwood Lodge

Inspection report

49 Eastwood Lodge
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Tel: 02085992983

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

This inspection took place on the 9 November 2017 and was unannounced. At the previous inspection of this service in March 2015 the service was rated as Good overall. We rated it as Requires Improvement in the Safe question and made three recommendations. During this inspection we found all the recommendations had been addressed and the service remains rated as Good.

Eastwood Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. Eastwood Lodge accommodates 19 people in one adapted building. 17 people were using the service at the time of our inspection.

The service had a registered manager in place. 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.

There were enough staff working at the service to meet people's needs and robust staff recruitment procedures were in place. Appropriate safeguarding procedures were in place to help protect people from abuse. Risk assessments provided information about how to support people in a safe manner. Procedures were in place to reduce the risk of the spread of infection. Medicines were managed in a safe manner.

People's needs were assessed before they started using the service to determine if those needs could be met. Staff received on-going training to support them in their role. People were able to make choices for themselves and the service operated within the principles of the Mental Capacity Act 2005. People told us they enjoyed the food. People were supported to access relevant health care professionals.

People told us they were treated with respect and that staff were caring. Staff had a good understanding of how to promote people's privacy, independence and dignity.

Care plans were in place which set out how to meet people's individual needs. Care plans were subject to regular review. People were supported to engage in various activities. The service had a complaints procedure in place and people knew how to make a complaint.

Staff and people spoke positively about the senior staff at the service. Quality assurance and monitoring systems were in place which included seeking the views of people who used the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. Appropriate safeguarding procedures were in place and staff understood their responsibility for reporting any safeguarding allegations.

Risk assessments were in place which provided information about how to support people in a safe manner.

The service had enough staff to support people in a safe manner and robust staff recruitment procedures were in place.

Medicines were managed in a safe way and the service had taken steps to ensure the premises were clean with a reduced risk of the spread of infection.

Good ●

Is the service effective?

The service remains good.

Good ●

Is the service caring?

The service remains good.

Good ●

Is the service responsive?

The service remains good.

Good ●

Is the service well-led?

The service remains good.

Good ●

Eastwood Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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 the 9 November 2017 and was unannounced. The inspection team consisted of one inspector 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.

Prior to the inspection we reviewed the information we already held about this service. This included details of its registration, previous inspection reports and any notifications the provider had sent us. Care providers are legally obliged to inform the Care Quality Commission of certain events such as safeguarding allegations and the death of a person using the service, these are known as notifications. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We contacted the local authority, who have a commissioning role with the service, to seek their views about the service.

During the inspection we spoke with five people who used the service and two relatives, we also observed how staff interacted with people. We spoke with seven staff including the nominated individual, the registered manager, the senior care assistant, three care assistants and the chef. We also spoke with a health care professional who was visiting the service on the day of our inspection. We reviewed five sets of records relating to people including care plans and risk assessments. We looked at the recruitment and supervision records of five staff and the training records of all staff. We checked medicine records of six people and looked at minutes of staff and residents meetings. We sampled various policies and procedures including the complaints, safeguarding and medicines policies and looked at quality assurance and monitoring processes at the service.

Is the service safe?

Our findings

At the previous inspection of this service in March 2015 we made a recommendation that the service re-assesses its staffing levels to ensure people received safe and consistent support at all times. At this inspection we found this issue had been addressed. The registered manager told us staffing levels had been increased and the staff rota confirmed this. Staff told us they had enough time to carry out all their duties and there were enough staff to support people in a safe manner. One member of staff said, "I think so, yeah [that there were enough staff]. As a whole we manage ok."

People told us there were enough staff and that staff responded to them in a prompt manner when they required support. One person said, "Yes [staff attend in a prompt manner when using alarm call] and the one in the toilet is red. I have used it a couple of times and they came quickly." During the inspection we observed staff carried out their duties in an unhurried manner and were quick to respond to people as needed.

The service had effective staff recruitment practices in place. Staff told us and records confirmed pre-employment checks were carried out. One staff member said, "They did all the proper checks on me when I first started." Records showed appropriate checks had been carried out on staff before they started working at the service. These included criminal record checks, employment references and proof of identification.

At the previous inspection of this service we made a recommendation that the service review their arrangements for the administration of 'as required' medicines. During this inspection we found this issue had been addressed. There was clear recording in place of each time a person had been administered a medicine on an 'as required' basis and guidelines were in place about when to administer these medicines. People told us they were supported with their medicines. One person said, they give me tablets morning and lunchtime and at night. I take them as they are standing there." Medicine administration charts were in place to record all medicines administered. These included the name, strength dose and time of each medicine and staff signed the charts after they had given a person medicine so there was a clear record that it had been given.

Medicines were stored securely in a locked and designated medicines cabinet which was stored in a locked treatment room. The service did not have a designated controlled drugs cabinet. Controlled drugs were stored in a locked metal container which was stored in the medicines cabinet. We discussed this with the registered manager who contacted their supplying pharmacist during our inspection. We saw an email from the pharmacist stating they would install a designated controlled drugs cabinet at the service within five working days.

At the previous inspection of this service we made a recommendation that they take steps to monitor hot water temperatures to ensure they were at safe levels. During this inspection we found this issue had been addressed. Records showed all hot water outlets were checked on a monthly basis to ensure the temperature was safe. Records showed water temperatures were at safe levels. We found the service had taken further steps to ensure the physical environment and equipment was safe. Regular fire safety checks

were carried out including testing of fire alarms, emergency lighting and fire doors and the service held fire evacuation drills. Equipment used for moving people such as hoists were checked by serviced to ensure they were in safe working order.

People told us they felt safe at the service, one person said, "Yes, I guess I do." The service had systems in place to protect people from the risk of abuse. There was a safeguarding adult's procedure which made clear the service's responsibility for reporting any allegations of abuse to the local authority and the Care Quality Commission (CQC). The policy also covered whistleblowing and staff's right to whistle blowing to outside agencies such as CQC. Staff had undertaken training about safeguarding adults and were aware of their responsibility to report abuse. One staff member said, "If you suspect somebody is being abused you have to report it to your manager. If they didn't do anything I suppose I would have to take it higher. I would have to report it to the council." Another member of staff said, "We have a 'speak up' policy which says if we see something happening just go straight to the manager." The registered manager told us there a not been any safeguarding allegations made since the previous inspection and we found no evidence to contradict this.

The service held money on behalf of people which was kept in a locked safe in the registered manager's office. Where the service spent money on behalf of people records and receipts were kept of this. We checked the amounts of money held on behalf of people and found the amounts tallied with the amounts recorded. People's financial records were regularly checked and audited by the registered manager. This meant there were systems in place to help protect people from the risk of financial abuse.

Risk assessments were in place. Assessments covered risks associated with medicines, falls, moving and handling and health matters. These covered the risks people faced and included information about how to mitigate those risks. Assessments were subject to review and based around the personalised risks faced by individuals. Staff understood how to support people in a safe way and were knowledgeable about the risks people faced. Staff were also knowledgeable about how to support people who became distressed or anxious and we observed staff supporting people to become calm who were agitated.

The service worked to prevent the spread of infection. We observed staff were wearing protective clothing such as aprons and gloves when appropriate to do so. Staff told us there was always a supply of these items in stock and they knew they had to put on fresh gloves and aprons for each person they supported with personal care. A member of staff said of protective clothing, "We have always got them." Used items of protective clothing were disposed of appropriately in designated clinical waste bins. The service had cleaning schedules in place and we found the home to be visibly clean and free from offensive odour during our section. Alcohol hand gel was available just inside the entrance to the service with a sign requesting people use it each time they entered the premises to reduce the risk of spreading infection.

Records were maintained of accidents and incidents. These included a follow up action section to record action taken 30 minutes, one hour, two hours, 12 hours and 24 hours after the accident took place. There was also a section on action to take to reduce the risk of a re-occurrence of the accident. For example, one person had a fall out of bed and as a result the risk assessment was reviewed for the person and a mat was placed by their bed which electronically alerted staff if the person got out of bed.

Is the service effective?

Our findings

People had their care needs assessed prior to the provision of care. After receiving an initial referral the registered manager carried out an assessment of the person's needs. This included discussions with the person, their relatives and care professionals who had worked with the person. The purpose of the assessment was to determine what the person's needs were and if the service was able to meet those needs. We found records of assessments which showed they covered needs in relation to personal care, eating and drinking and medicines. In addition, assessments considered issues in relation to equality and diversity such as religion, ethnicity and sexuality.

Staff received support to help them develop in their role. One member of staff told us, "They always send us for training. I had dementia, mental health, medicines." New staff undertook an induction programme which included classroom based training, shadowing experienced staff members as they carried out their duties and completion of the Care Certificate. The Care Certificate is a training programme designed specifically for staff who are new to working in the care sector. Staff had access to regular on-going training. Records confirmed this included moving and handling, safeguarding adults, medicines administration, infection control and fire safety. Staff had one to one supervision meetings with the registered manager. However, the registered manager did not always keep a written record of staff supervision and we recommended that they do so.

People told us they enjoyed the food and were offered choices. One person said, "Yeah it is alright. I enjoy my Weetabix. I don't eat a lot so portion sizes are right for me." A relative said, "[Family member] doesn't like veg and things so they give her choice. They come round with a list and ask what she wants."

People were offered choices of what to eat and we observed three main meals were available as the choice for lunch on the day of our inspection. Food appeared appetizing and nutritious and people were seen to be enjoying eating it. The service supported people to eat culturally appropriate food and food that met their health care needs. Where there were concerns about people's weight loss the service involved GP's and the dietician's service to support people to eat healthily.

Records showed people had access to health care services as required. This included GP's, opticians, chiropodists, dentists and district nurses. We spoke with a visiting health professional on the day of our inspection. They did not express any concerns about the service and told us staff were knowledgeable about people and their conditions and that the service made referrals to them in a timely manner.

The premises were suitable to meet the needs of people. The two floors were connected by a lift and there was step free access to all communal areas of the service including the garden. This meant it was accessible to people who used wheelchairs. Adaptions were in place to support people with mobility needs such as hand rails in toilets and bathrooms.

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

procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The service had made appropriate applications for DoLS authorisations and notified the Care Quality Commission of the outcome of applications. People's mental capacity had been assessed and best interest decisions had been made. These involved consultations with family members and care professionals. People had signed consent forms to agree with care being provided in line with their assessed needs. Staff had a good understanding of how to support people to make choices about their daily lives.

Is the service caring?

Our findings

People told us they were treated in a kind and caring manner by staff. One person said, "Yes definitely" when asked if staff were kind. A relative told us, "I have had no bad word from them." We observed staff interacted with people in a caring manner. Staff were seen to be friendly and patient with people. For example, we saw one person becoming distressed and staff interacted with them in a gentle way that helped them to become calm. People were seen to be relaxed and at ease with staff and chatting and joking with them.

Staff had a good understanding of how to promote people's privacy, dignity and independence. One member of staff told us, "If I go into their room [to support with personal care] I make sure the door is closed. When we take them to the shower we take clean clothes in there so they are dressed when they come out."

Care plans include information about promoting people's independence and staff had a good understanding of this. Care plans also included information about people's communication needs. For example, the care plan for one person stated, "Speak to me in a normal voice. I like a joke but when I am anxious then reassure me and support me with my worries."

Each person had their own bedroom. These were homely in appearance and had been decorated to people's personal tastes, for example with their own possessions and family photographs. Bathroom and toilet doors had locks fitted which included an emergency override device. This helped to promote people's privacy in a safe way.

The service sought to meet people's needs related to equality and diversity issues. The registered manager told us all people using the service at the time of inspection spoke English. We noted for one person this was not their first language and we observed staff speaking with that person their first language. Representatives of various religious denominations visited the service to provide spiritual support to people. A relative said, "They arrange [religious service] for her every Sunday." The nominated individual told us the service celebrated various religious festivals and people were involved in planning the upcoming Christmas celebrations. The registered manager told us none of the current service users identified as LGBT but told us the service would not discriminate against people because of their sexuality. The service did record information relating to people's sexuality in their pre-admission assessments.

Is the service responsive?

Our findings

Care plans were in place which set out how to meet people's assessed needs. These covered needs in relation to personal care, spiritual, cultural and religious needs, eating and drinking, continence and night time routines. Care plans were personalised and based around the needs of individuals. For example, the care plan for one person stated, "[Person] has very dry skin especially on their legs which causes itchiness which in turn causes them to scratch which could lead to infection. Staff to ensure their nails have no sharp edges and to monitor them for any sign of infection. Apply creams daily which they are prescribed."

Staff told us they were expected to read care plans and demonstrated a good understanding of the needs of individuals they supported. Care plans were subject to regular review which meant they were able to reflect people's needs as they changed over time.

People were supported to take part in activities. This included various trips out for example to cafes, shops and a local school to see children singing. In house activities included bingo, gentle exercises and balls games, puzzles and singing. The service had booked a professional entertainer to come and put on a show in the run up to Christmas. However, the service did not have an organised activities timetable, rather they were provided on an ad-hoc basis. We discussed this with the registered manager who said they would consider implementing a regular timetable of activities and we recommend this.

People told us they knew how to make a complaint. One person said, "The manager I assume" when asked who they would complain to. A relative told us, "I can speak to any of them." The service had a complaints procedure in place. This included timescales for responding to complaints and details of whom people could complain to if they were not satisfied with the response from the service. A copy of the procedure was on display in the communal area of the service to help make it accessible to people. The registered manager told us there had not been any complaints since the previous inspection and we found no evidence to contradict this.

People had care plans in place around end of life care. This included information about who they wanted to be involved in after death arrangements and details of their preferred funeral arrangements. Do not resuscitate forms were in place for people in line with their wishes. The service worked with outside agencies to support people during end of life care, for example the district nursing service was working with a person at the time of our inspection.

Is the service well-led?

Our findings

People spoke positively about the registered manager and said they were helpful. A relative said, "I know the manager personally and she does everything she can." Another relative told us, "Yeah we have a chat now and then. She keeps me up to date with what is going on with mum."

The service had a registered manager in place. Staff spoke positively about the registered manager and the working atmosphere at the service. One member of staff said, "I really like her [registered manager], I think she is a good manager, she is very fair, very approachable." The same member of staff added, "We all work well as a team." Another member of staff told us, "If I need anything I can go to her, I can talk to her if I have any problems." A third member of staff said, "She is good, we can talk to her, she gives us advice." Staff were seen to approach the registered manager throughout the course of our inspection and were at ease and relaxed in their company.

The service had various quality assurance and monitoring systems in place, some of which included seeking the views of people who used the service. The registered manager told us and records confirmed that the service held regular meetings for people using the service. The minutes of the most recent meeting evidenced discussions about menus, outings, clothes and welcoming new people to the service.

The service carried out surveys to seek the views of people and their relatives. The most recent survey results contained positive feedback. One relative wrote, "I think the staff are very caring and make a large effort to attain a relationship with the residents that is more than a duty." Another relative wrote, "Every time I have been its been a very happy and light atmosphere." The home also surveyed professionals they worked with and again we saw positive feedback, one professional wrote, "Staff were all incredibly helpful and very friendly."

Staff told us the service held regular staff meetings. One member of staff said, "We aim to try and have them every month. We talk about if we have any new residents, if anyone has any problems. We talk about medication procedures, things like that." Another member of staff said of team meetings they talked about "Anything we want to discuss. Any ideas to make it better." Team meeting minutes showed they included discussions about supporting people, training, infection control and cleaning within the service.

Records showed the registered manager carried out audits. These included audits of people's finances held by the service and medicines. An outside agency was contracted to carry out an audit of fire safety practices in the home and we found the service had taken action to address issues raised.