

Eastwood Lodge Residential Home Limited

Eastwood Lodge

Inspection report

Stanhope Avenue
Woodhall Spa
Lincoln
Lincolnshire
LN10 6SP

Tel: 01526352188

Website: www.eastwoodlodge.org.uk

Date of inspection visit:
06 August 2018

Date of publication:
22 October 2018

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

We undertook an inspection of Eastwood Lodge on 6 August 2018. The inspection was unannounced. Eastwood Lodge is situated in the village of Woodhall Spa in Lincolnshire. 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.

The home offers accommodation for up to 19 older people. There were 16 people living at the home at the time of the inspection, some of whom had needs associated with memory loss and dementia.

At the last inspection, in 27 January 2016, we rated the service as 'Good'. During this inspection we found concerns about the safety of home. We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report. This is the first time the service has been rated as Requires Improvement.

At the time of our inspection there was a registered manager in place. A registered manager is a person who has been registered with the Care Quality Commission (CQC) to manage the service. Like registered providers they are "registered persons". Registered persons have the legal responsibility for meeting the requirements of the Health and Social Care Act 2008 and associated regulations about how the service is run.

During this inspection we found this service was not consistently safe. There were several concerns about how medicines were managed. This placed people at risk of not receiving their medicine as prescribed. Overall risks associated with people's care and support were managed safely. Further work was needed to ensure behaviour support plans contain all the required information to guide staff support.

Staff had good knowledge of safeguarding processes. There were enough staff to keep people safe; however, people reported some short delays to their care. Safe recruitment practices were followed. The home was kept clean and infection control procedures were followed.

Mental capacity assessments were in place for people who were unable to consent to their care; however, further work was required to ensure people's rights were fully protected. Some staff training was out of date and staff did not always receive regular supervision. There was a risk people may not receive the support they required with their health as some care plans lacked information and staff did not always have a good knowledge of people's health needs. People told us that they were given choice of meals and said the food was good quality.

We found the service was caring. People were treated with respect and encouraged to make decisions. They were supported to live as independently as possible. People were given privacy and treated with dignity.

Most of care plans we reviewed clearly reflected people's needs and staff had a good understanding of the support people required. There were detailed end of life care plans in place. People's feedback about the activities available inside the home was positive. People told us that they liked visiting the local community with staff and that these trips were individual to them. Some people told us that they would like more opportunities to go into the community.

We found the service was not consistently well led. Audits were not consistently effective in identifying or addressing areas for improvements. The registered manager was responsive to feedback and took swift action to act upon our concerns. We received positive feedback on the leadership of the home. There was a positive atmosphere with in the service and evidence of cross-agency working. People, their representatives and staff had opportunities to feedback on the running of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement 

The service was not consistently safe.

People's medicines were not always safely managed.

Opportunities to make improvements following adverse events were sometimes missed.

Overall risks associated with people's care and support were managed safely.

There were enough staff to ensure people's safety; however, some people reported delays their care. Safe staff recruitment practices were followed

The environment was clean and hygienic.

Is the service effective?

Requires Improvement 

The service was not always effective

Staff were not always provided with regular training or supervision.

Further work was required to ensure people's rights under the Mental Capacity Act 2005 were fully protected.

There was a risk people may not receive the support they required with their health. People had access to health and social care professionals and processes were in place for sharing information as needed.

The food was good quality and people enjoyed eating it.

Is the service caring?

Good 

The service was caring.

We saw positive interactions between staff and people living at the home.

People told us they were treated with dignity and privacy.

People were involved in decisions about their care and support.

Is the service responsive?

Good ●

The service was responsive

Staff had knowledge of people's needs and this was reflected in care plans.

End of life care plans were in place where appropriate. People's diverse needs were respected and supported.

People were provided with a range of opportunities for social activity. Some people told us that they would like more activities outside of the home.

Complaints and concerns were responded to.

Is the service well-led?

Requires Improvement ●

The service was not consistently well led

Systems to ensure the quality and safety of the home were not always effective.

There was a clear vision for the care home. The "family atmosphere" was reflected in the care people received.

People, relatives and staff had opportunities to feedback about the running of the home

There was positive feedback about the registered manager from both staff and people using the service

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 comprehensive inspection took place on 6 August 2018 and was unannounced. The inspection team consisted of two inspectors.

Before the inspection took place, we gathered information known about the service. We considered notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law. We also considered any information received from the public and professionals.

Before the inspection we requested the provider submits a Provider Information Return (PIR). The PIR asks the provider to give key information about their service, how they are meeting the five questions and what improvements they plan to make. 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 also contacted the commissioners of the service and Healthwatch Lincolnshire to obtain their views about the care provided in the home.

During our inspection, we carried out general observations of care and support and looked at the interactions between staff and people who used the service. We spoke with six people who used the service, four care staff and the registered manager. We looked at the relevant parts of the care records of six people who used the service. We also looked at four staff recruitment files and other records relating to the management of the home. These included audits, policies and incident records.

Is the service safe?

Our findings

During our inspection of Eastwood Lodge, we found several concerns about the management of medicines. Medicines were not always given as prescribed. Medicine records were not always completed to show people had been offered their medicines. One person had gaps in their medicine records indicating it had not been given, a stock count confirmed this to be the case. There were also other medicines records that had not been signed, which meant we were unable to determine if people had been offered or given their medicines as prescribed. We also found other errors in medicines records which resulted in medicines not being given as prescribed. Another person's medicine was prescribed to be taken at 10pm but staff had copied the instructions on to the medicines record incorrectly and consequently it was routinely given at 8pm. This could have had a negative impact on the effectiveness of the medicine.

External creams and ointments were not always applied as prescribed. For example, one person was at risk of skin damage. They were prescribed cream to be used twice a day. Records showed this cream was regularly not applied, or only applied once a day. This could put their skin at risk of further breakdown.

There was a risk people may not receive medicines that were to be given 'as needed.' There were not always protocols in place to guide staff on the use of these medicines, which meant staff may not identify when to offer this type of medicine. One person was prescribed a medicine to be taken 'as needed' to help manage their anxiety. Although there was medicine in stock, it was not documented on their medicine record and there was no 'as required' protocol in place. This meant there was a risk that the person may not receive this medicine when needed.

Medicines were not always stored safely or hygienically. The storage temperature of medicines was not regularly monitored. For example, in July 2018 the temperature of the medicine room had only been recorded on nine of 31 days. Medicine should be stored under 25°C. For six days in July, the temperature was recorded as 25°C or above and there was no evidence that action had been taken to address this. This may have had a negative impact on the effectiveness of medicines. Medicine practices were not always hygienic. The medicine trolley, tablet crusher and medicine pots were visibly dirty. This did not ensure the effective control and prevention of infection.

This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

After our inspection, the provider sent us an action plan detailing action taken and planned to address the concerns we identified about medicines management. We will assess the impact of this at our next inspection.

There was a risk that opportunities to learn from adverse incidents may be missed. Staff had good knowledge of how to record when things went wrong and incidents were investigated to help prevent them from happening again. However, when areas for development had been identified, action had not always been taken to implement improvements. For example, one person had recently experienced a serious

infection. The provider had completed an analysis of the incident and identified that staff required further training to reduce future risk. However, this training had not been completed.

Overall there were enough staff to ensure people's safety; however, there were times when staff were not effectively deployed to meet people's needs in a timely manner. People told us there were usually enough staff but said there were times when staff were unable to respond immediately to meet their needs. One person said, "If I need the toilet sometimes they can't come quickly." Staff told us that there were usually enough staff. However, some commented that there were times when staffing levels could be more stretched which resulted in occasional short delays to care. The registered manager told us that staffing levels were calculated based upon people's needs using a recognised method. Following our feedback, the registered manager advised us they would monitor staffing levels closely and increase them if required.

Some people living at the home sometimes behaved in a way that put them or others at risk. Overall, care plans contained information to support these people and help manage risk. We found one care plan which did not contain enough information to enable staff to provide consistently safe support. Despite this, staff we spoke with understood how to support the person in the least restrictive way possible. Following our inspection, the registered manager provided evidence that improvements had been made to the above person's behaviour support plan.

Risks associated with people's care and support were managed safely. The risk of people developing pressure ulcers had been assessed and measures were in place to reduce any risks. One person had developed a pressure ulcer in hospital, as a result the provider had identified an action plan to fully check people's skin integrity before leaving the service and immediately on returning to the service, following hospital admission and discharge to help identify and monitor their skin integrity. Where people were at risk of falls, there were measures in place to reduce this risk and staff had a good knowledge of how to ensure people's safety.

Safe staff recruitment procedures were in place. The necessary steps had been taken to ensure people were protected from staff that may not be fit and safe to support them. For example, before staff were employed, criminal records checks were undertaken through the Disclosure and Barring Service. These checks are used to assist employers to make safer recruitment decisions

People were protected from the risk of improper treatment and abuse. The provider had a safeguarding policy in place and people told us that they felt the staff would protect them from the risk of abuse. Staff had knowledge of safeguarding procedures and told us they would report any concerns about people's well-being. Staff felt confident the registered manager would handle safeguarding investigations appropriately. The registered manager had identified potential safeguarding incidents and alerted the relevant authorities promptly for further investigation.

Overall, environmental risks were managed safely. People using the service had personal evacuation plans in place in the event of a fire. The provider had arranged a company to complete a fire safety inspection. This had resulted in new fire alarms throughout the home. Fire safety checks were completed as per the provider's fire safety policy. Legionella is a form of bacteria which can cause a potentially fatal form of pneumonia called Legionnaires disease. There was no Legionella risk assessment in place at the time of our inspection. However, the registered manager acted quickly to ensure one was put in place and provided us with evidence of this following our visit.

The home was clean, well-maintained and odour free. One person said, "It's always clean, they (staff) do a good job with that." We saw that the provider had an infection control policy and there were cleaning rotas

which had been completed regularly.

Is the service effective?

Our findings

There was a risk people may be supported by staff who did not have sufficient training to enable them to carry out their role effectively. Staff training was not up to date in all areas. For example, 17 of the 27 staff employed at the home did not have up to date safeguarding training. Several staff did not have up to date training in areas such as; fire safety, basic life support, infection control, medicine, care planning and pressure care. Furthermore, new staff did not always receive an effective induction into their role. One recently recruited member of staff did not have any training recorded in their records. We also found another two staff had not completed their induction. This posed a risk that staff may not have sufficient skills or competency to meet people's needs and ensure their safety. The registered manager told us they were aware of the issues with staff training and induction and advised us that they were working to improve this.

Staff told us they felt supported; however, records did not evidence that they were provided with regular formal opportunities to reflect on their practice and consider their development needs. Although staff had received supervision, these were not always regular. For example, one staff member had only had one supervision in 2018. Despite irregular supervision, staff spoke positively about the support they received from the management team.

There was a risk people may not receive the support they required with their health needs. Care plans did not always contain sufficient information about people's health needs or guidance for staff to alert them to signs that a person's health may be deteriorating. We also found some staff had limited knowledge about people's health needs. For example, we saw one person ask staff why they had injections from the community nurses. The three staff present could not answer their question.

Despite the above, we found people received effective support with their day to day health care needs. Records showed us that people had visits from community nurses, GP's, dentists, speech and language therapy and opticians. There were systems in place to ensure that people had a good experience when moving between services. People told us staff accompanied them to appointments when needed. In addition, a 'transfer of care' booklet had been developed to share key information about people should they need to go into hospital. This helped ensure people received person centred support.

The Mental Capacity Act (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. Improvements were required to ensure people's rights were fully protected. Some mental capacity assessments were not sufficiently detailed or decision specific. There were also areas where capacity assessments had not been completed. For example, one person had bedrails in place to ensure their safety, it was likely they would be unable to consent to this. Despite this, their capacity had not been formally assessed to ensure this was in their best interests. Following our inspection, the registered manager told us action had been taken to improve the quality of mental capacity assessments. We will follow this up at our

next inspection.

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 found that the provider had correctly identified when someone needed a DoLS referral. There was clear information about people who were subjected to a DoLS and staff had an adequate understanding of this.

People had enough to eat and drink. People's dietary needs were identified before they moved into the home and recorded in their care plans. People were served a nutritious diet and were encouraged to eat independently. People told us that they enjoyed the food. One person said, "I know who the cook is. They come around every day and tell us what the options are. The food is delicious." Another person was seen struggling to cut their food. They said, "The staff always offer to cut it up. But I like to do it myself. I like to keep my independence and they let me do that." They had a plate guard in place to prevent food coming off the plate and so support their independence. People who required support to eat and drink were given this.

Overall there were systems in place to reduce risks associated with eating and drinking, such as the risk of dehydration or malnutrition. Some improvements were required to ensure clear records of fluid intake were kept when it had been identified people were at risk of dehydration.

The service was adapted to meet people's needs. There was dementia friendly signage around the home. This included pictures and simple descriptions to enable people to find their way around. The home and garden was adapted to ensure that people with mobility impairment could access all areas. The registered manager advised the home had recently undergone extensive renovation. This included new carpets and renovation of the garden area. People commented positively on improvements after this refurbishment. One person who used the service was seen tending to the garden and commented that they supported staff with the garden design.

Is the service caring?

Our findings

Throughout our inspection of Eastwood Lodge, we saw positive interactions and relationships between staff and people using the service. We received positive feedback about the approach of staff. One person said, "The staff are lovely and caring. They have a good listening ear." Staff knew who people's relatives were and who was important to them. Staff knew what people liked and disliked and understood their routines. We observed that staff treated people with respect, they were patient, friendly and gentle in their approach and people looked relaxed with the company of staff.

People were encouraged to make decisions about their daily routines. People who found it difficult to decide were supported to make a choice. Staff asked people if they preferred to sit inside or outside to eat their lunch. Those who chose to eat outside were visited frequently by staff to support them if needed. We observed a staff member give full support to one person to eat their meal. The staff member sat next to the person, interacted with them and made conversation. Staff took action to make sure people were comfortable. For example, when people told staff that they were cold, they were offered a choice of additional clothing or a blanket.

People were encouraged to be as independent as possible. For example, two people had been provided with the facilities to continue to manage their own medicines. Another person had access their own breakfast and drink making facilities. They were seen helping themselves throughout the day. Staff had considered people's interests and strengths and had used this to enable people to have valued roles with the home. For example, one person was responsible for delivering the daily newspapers to others in the home. They spoke proudly to us about this role, it clearly gave them a sense of purpose.

People were treated with dignity and respect. One person said, "They (staff) are always respectful, they do what I ask." We saw that people were asked for consent before being assisted with care. Those people who requested support with going to the toilet were cared for in a quiet private manner so as not to draw attention to their needs.

People's relatives and friends were welcomed into the home. People spoke positively about their family visits and the happiness that their young relatives brought to all the people in the care home. People told us that they were given privacy when family visited them. They also felt able to sit in the communal areas if they did not want to go to their bedrooms.

People had access to technology for communication. We saw one person had an electronic tablet, and we were told that they used this for emailing friends and relatives. There was a separate phone line in the home people could use, this meant people could make and receive calls as they wished. The registered manager informed us that people also had phone lines available in their rooms, so they could have a private phone if they choose to.

People had access to advocacy to enable them to express their views if required. Advocates are trained professionals who support, enable and empower people to speak up. Although no one was using an

advocate at the time of our inspection, there was information available about local advocacy services and staff were aware of referral processes. People told us that they were involved with daily care planning and staff supported them to make decisions about their care. For example, people were asked if they would like a bath or shower and were then supported with this. We saw that options were explained to people and they were consulted about possible options available to them.

Is the service responsive?

Our findings

People told us they received the care and support they required to meet their needs. Overall, care plans contained sufficient information about the support people required and staff demonstrated a good understanding of this. Some care plans required further detail to ensure staff could provide consistent support. For example, one person carried an object which could give them comfort when they were anxious, but this was not clearly recorded in their care plan. Despite this we saw staff used this effectively during the inspection. The registered manager took swift action to address this and ensure care plans fully reflected people's needs.

Although there was no one receiving end of life care at the time of our inspection people had been provided with the opportunity to discuss their wishes for the end of their lives. This was sensitively recorded in people's care plans. Care plans included the person's wishes, feedback from family members and details of any medicines required to ensure people's comfort.

People's diversity was respected and supported. The manager explained that, "We aim to treat every person as an individual, not a group of people. We are person centred here. We aim to tailor their care plans to their needs." Before people moved in to the home people were given the opportunity to discuss any cultural, spiritual and religious needs. We saw this reflected in the way people were supported. For example, arrangements had been made for one person to be visited by a local religious leader from their faith group.

People were provided with a range of opportunities for social activity. The provider employed an activities co-ordinator who worked Monday to Friday. Overall, people's feedback about activities provided was positive and people were particularly positive about the regular exercise class. The activities co-ordinator also supported people to get out in the local community. The registered manager told us that they aimed to take two people out each day. People spoke positively about these trips out, and told us that the type of activities were based upon to their interests. For example, we saw that people were taken to visit a previous place of work. Three people told us they would like the opportunity to get out more often.

The Accessible Information Standard (AIS) is a framework put in place from August 2016. It is a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us that she recognised the importance of this framework and said if needed, they would provide information in larger font for people. Some adjustments had been made to cater for people's specific needs, for example, people told us that they had access to pictures of food if they found it difficult to decide.

Peoples complaints and concerns were responded to. There was a complaints policy in place and we saw that complaints received had been dealt with in line with the provider's policy. There had been one complaint to the provider which had not been upheld. The provider had referred the family to the Local Government Ombudsman (LGO). The LGO is an independent authority which can complete their own investigation if the person is unhappy with the handling of an Adult social care complaint. We had not been informed of further progression with the LGO. We saw that relatives had sent in complimentary letters

regarding the care given at the service.

Is the service well-led?

Our findings

Systems for monitoring and improving the service were not consistently effective. Although regular audits had been effective in identifying areas of concern, improvements had not always been made or sustained in these areas. The provider had completed an audit in May 2018 which identified several issues with medicines management, including; infrequent room temperature checks, poor recording of medicines administration and poor recording of allergies. Despite this, we found the same concerns during our inspection. We found that medication storage temperatures were still not being recorded. This had already been highlighted in a November 2017 pharmacy audit and an internal audit in May 2018. This failure to take effective action to resolve issues previously identified in audits meant people were at risk of not receiving their medicines as prescribed for a prolonged period.

Swift action had not always been taken to make improvements. For example, during our inspection we identified concerns about staff training. Some staff training was a year out of date. Although the registered manager had already identified this concern, action had not been taken to resolve it.

We also identified other areas for improvement during our inspection which had not been already identified in the provider's or registered managers audits. For example, some records did not always evidence care had been provided as required and some care plans required further detail to ensure people received consistent support. This meant there was a risk that areas for improvement may not be identified and addressed promptly.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People using the service and their relatives were regularly consulted on the running of the service. We looked at the agenda for the last meeting and these showed that a solicitor had been invited to talk to residents and relatives about power of attorney. This is a legal authorisation for someone to act on another person's behalf to make decisions for them. The agenda also showed that people were to be consulted on activities and food. There were no detailed minutes recorded following this meeting. This meant it was not clear what action had been planned or taken to address people's feedback. We saw that quality assurance surveys were sent out to people using the service and relatives. If concerns were identified then action plans were put in place.

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.

Following our inspection, the registered manager was responsive our feedback and provided an action plan detailing planned improvements. We then received regular updates about the actions that had been completed.

People living at the home and staff commented on improvements that the current manager had made to the service. We had also received a 'share your experience form' with positive feedback from a family member. There was a positive culture within the service. Both people and staff referred to the service as having a "family atmosphere."

Staff were consulted in the running of the home. Records showed staff had an opportunity to feedback their views of the service. Staff told us that senior staff were always approachable and happy to support them if needed. We saw evidence of clear communication between the registered manager, staff and external professionals. Staff told us that they had opportunities to pass on information in daily staff meetings. A written handover book was in use for those staff that did not attend the meetings. Staff had a good knowledge of their role and the running of the service.

The registered manager told us that they kept up to date with best practice. They received updates from organisations such as the Care Quality Commission and the Lincolnshire Care Association. The registered manager told us that they followed Hospice guidance to keep up to date with current End of Life practice. There were policies available within the service to guide the staff practice and procedures. The registered manager had good knowledge of the policies in place.

Since our last inspection, the registered manager had continued to show compliance with CQC registration requirements. We had received notifications which the provider has a legal duty to provide. The provider had also displayed their previous ratings within the care home for people to easily see.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Medicines were not managed safely. Regulation 12(1)
Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems for monitoring and improving the service were not consistently effective. Regulation 17 (1) (2)