

Dr V Sapatnekar

Elm Lodge

Inspection report

107-109 Enys Road
Eastbourne
East Sussex
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Tel: 01323419257

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19 September 2019

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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

Elm Lodge is a residential care home providing care and accommodation for up to 26 older people living with dementia or dementia type illness. There were 26 people living at the service on the day of our inspection. Elm Lodge is an adapted building in a residential area of Eastbourne. The home had stair lifts to assist people in accessing upper areas of the home. There was access to an outside area with seating.

People's experience of using this service and what we found

People and relatives were positive about the care and support people received at Elm Lodge. Relatives said the registered manager was welcoming and approachable and that staff were very caring.

People were supported to have choice and involvement in their care and how they spent their time. Relatives were involved in care reviews where appropriate. Staff supported them in the least restrictive way possible and policies and systems in the service supported this practice.

Risks to people's health and safety had been identified and actions were in place to ensure risk was minimised. Staff were aware of the actions to take if they thought anyone was at risk of abuse or discrimination. Any concerns identified had been reported to appropriate external professionals.

A complaints procedure was in place and although there were no current complaints people were aware of the process.

People and relatives spoke highly about staff and told us, staff were kind and caring. Staff knew people very well, they treated them with dignity and respect. Staff were able to tell us about people's background and preferences and demonstrated a good understanding of people's individual needs. People were assisted to access healthcare services when needed and any external healthcare involvement was used to ensure people received appropriate care.

People received their medicines when they needed them by staff who were trained to give them out safely. There were enough staff working to provide the support people needed, at times of their choice.

Recruitment procedures ensured only suitable staff worked at the home. Staff received training and support

to ensure they were able to meet people's health and care needs.

Quality systems and monitoring completed by the registered manager and senior staff facilitated on going improvement of services provided.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was Good (published 8 February 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

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|---|---------------|
| Is the service safe? The service was safe | Good ● |
| Is the service effective? The service was effective | Good ● |
| Is the service caring? The service was caring | Good ● |
| Is the service responsive? The service was responsive | Good ● |
| Is the service well-led? The service was well led | Good ● |

Elm Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

Elm 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 service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was an unannounced comprehensive inspection. The inspection was carried out on 19 September 2019.

What we did before the inspection

We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We reviewed information from other agencies and statutory notifications sent to us by the registered manager about events that had occurred at the service. A notification is information about important events which the provider is required to tell us about by law.

We used all of this information to plan our inspection.

During the inspection

We observed the support that people received and spoke with people and relatives to gain their feedback about Elm Lodge.

We looked at a range of care records, including three people's care plans and associated documentation. Including one person who was staying at Elm Lodge for a period of respite care. We reviewed daily records, looked at people's medicine administration records (MAR) and observed medicines being given. We reviewed three staff recruitment files and records relating to the management of the home, procedures and quality assurance processes.

We spoke to three people and used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. We spoke to two relatives, one visiting professional and six members of staff including the registered manager, care, activity and maintenance staff.

After the inspection

We looked at training data provided by the registered manager.



Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Relatives told us, they felt people were safe. One told us, "There's not one member of staff I don't trust completely, they keep people safe and look after them so well."
- People's care plans included any associated risks. For example, risk of falls, oral healthcare and moving and handling. All risk assessments were reviewed regularly to ensure they provided current guidance for staff.
- Where risks were identified guidance was in place to inform staff and reduce risks to people as much as possible. For example, people's mobility had been assessed including risk of falls. Appropriate equipment had been sought, lifting hoists which were available for use if needed. We saw that people were supported to walk around the home safely, using walking aids, holding on to staffs hands or linking arms.
- Equipment such as hoists, bath lifts and stair lifts were regularly checked and maintained. This ensured that people were supported to use equipment that was safe.
- Risks associated with the safety of the environment and equipment were identified and managed appropriately. Service contracts were in place including gas and electrical testing. Water safety checks were completed including a regular legionella risk assessment.
- Regular checks had taken place in relation to fire safety. People had personal emergency evacuation plans, which informed staff of how to support people to evacuate the building in the event of an emergency.

Systems and processes to safeguard people from the risk of abuse

- There was a safeguarding policy in place which contained clear information about how to report a safeguarding concern. All staff undertook regular training in how to recognise and report abuse. Staff told us they would have no hesitation in reporting any concerns and were confident that action would be taken to protect people.
- The registered manager had notified relevant persons including the local authority and CQC in line with local safeguarding policies and procedures when required.

Staffing and recruitment

- The provider ensured all new staff were thoroughly checked to make sure they were suitable to work at the

service. This included obtaining references, checking identification and criminal records checks with the Disclosure and Barring Service (DBS).

- There were enough staff on duty to meet people's needs. The registered manager told us that agency staff were being used to cover some shifts. This included night shifts. Regular agency staff were used when possible to ensure continuity of care. One person said, "All the staff are nice, if I need help they are here." A relative confirmed, "I visit different at various times on different days, there are always staff I know here, and there are staff available to help people when they need it."

Using medicines safely

- There were effective systems to ensure medicines were ordered, stored, administered and monitored safely. There was a robust system of auditing in place. This included an audit completed by the pharmacy providing medicines to the home.
- The service ensured staff were trained and competent before allowing them to administer medication. The registered manager carried out competency assessments to ensure skills and knowledge were maintained.
- There was a person-centred approach to medicines administration. One person told us, "They help with my medicines and I get them at the right times." Staff administering medicines explained what they were doing and gave people plenty of time to take their medicines, supporting and encouraging them throughout.

Preventing and controlling infection

- Staff had received training on infection prevention, which gave them the knowledge and skills to provide people's care in a hygienic and safe way, reducing the risk of contamination and spread of infection. Staff wore personal protective equipment when supporting people.
- There were designated domestic staff working at Elm Lodge, who completed a schedule of cleaning around the home. During the inspection we identified curtains and a wheelchair in the main lounge which needed to be cleaned. We raised this with the registered manager who took immediate action to rectify this. The registered manager confirmed they would remind staff to raise any noted issues to domestic staff to ensure these could be rectified. This included soft furnishings and equipment.

Learning lessons when things go wrong

- Staff were clear of their responsibilities to report accidents and incidents. Accidents and incidents were recorded by the person who witnessed them, completed forms were then given to the registered manager for review.
- The registered manager completed an accident analysis and follow up. This included any further actions to be taken. Information regarding accident/incident investigations and outcomes, were shared with staff to identify any learning to be taken forward. For example, working with the falls prevention team.
- Referrals were made to other agencies and notifications to CQC when required.



Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's individual needs were assessed before they moved into Elm Lodge, this helped to ensure their needs were understood and could be met.
- Regular reviews were completed to ensure people's outcomes were being met and they were being supported in the least restrictive way to encourage their independence. For example, some people liked to spend time on their own. People were able to spend time in their rooms or walk around the home independently and staff monitored their safety from a distance in the least restrictive way.
- Assessments of people's care and support needs were completed and provided guidance for staff to support people based on their needs and choices.
- Staff knew people well and engaged with people regularly to ensure they were comfortable and had everything they needed.

Staff support: induction, training, skills and experience

- Staff continued to receive a good range of support including regular training. One senior member of care staff told us, they attended management training with the registered manager to help them develop their leadership skills and knowledge.
- Staff told us, they received all the training they needed to meet people's needs. Training records showed staff training was kept up-to-date with regular refresher training provided.
- Staff received regular supervision and appraisal to support their developmental needs. With regular support provided for new staff and those who need support with specific areas. For example, developing improved communication skills.
- Staff told us they felt well supported by the registered manager and their colleagues.

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

- People were supported to eat a varied and nutritious diet based on their individual needs and preferences.
- The home had designated kitchen staff providing home cooked meals for people. People were also offered drinks and snacks throughout the day.

- Staff assessed people's nutritional needs and any risks related to their eating and drinking were monitored, this included people's weights.
- Our observations showed people who needed support from staff at mealtimes had this provided. Consideration had been made for people with dementia. This included green or blue coloured plates, cups and saucers to enable people with dementia to remain as independent as possible.
- Pictorial menus were also provided to assist people in choosing their meals.
- One person told us, "The food is good there is always choice so there's something that you fancy."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The registered manager had a clear understanding of the MCA and knew what actions to take to ensure that people's rights were upheld under the Act.
- Mental capacity information had been included within people's care plans. However, best interest meetings and decisions had not always been documented. The registered manager had identified this and had sought guidance and support from the local authority market support team who were due to visit the service the week after the inspection. Therefore, the risk to people had been mitigated.
- Applications for DoLS authorisations had been sent and it was clear in people's records when the authorisation was awaiting a decision or had been authorised.
- People had access to advocacy support services. A number of people living at Elm Lodge had an appointed advocate to support them.

Adapting service, design, decoration to meet people's needs

- The premises were suitable for people's needs and provided people with choices about where they could spend their time.
- People living at Elm Lodge had dementia. Colours had been used to help orientate people around the home. For example, green doors and door frames for the kitchen, and red for toilets and bathrooms. Communal toilets also had red raised toilet seats.
- There were some shared bedrooms at Elm Lodge, curtains were used to divide areas to ensure people had privacy.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff had good relationships with health professionals involved in people's care. This included the local authority, mental health teams and community nursing teams.
- People were supported to see their GP, district nurses and were referred to other healthcare professionals, such as eye care specialists, nursing specialists, Speech and Language Therapists (SALT) when needed.
- A visitor told us, "They are great here, if anything happens or if (relative's name) becomes unwell they

always let me know. They involve me in his care. I am here today to do a review of his care needs."



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well and what mattered to them. Positive and caring relationships had been developed between people and staff.
- There was a very caring and friendly atmosphere in the home between staff and people using the service. We observed examples throughout the inspection of staff comforting people who became anxious or upset.
- Staff clearly knew people very well and were able to tell us about individuals and their lives and families. Staff encouraged people to live the way they chose, supporting their personal preferences and choices. This enabled them to engage well with people, and we observed them chatting, which increased people's sense of well-being. Relatives told us "Staff know me and always chat when I visit, I always feel welcome." And, "I am here at different times, I watch how they look after people, I have never had any concerns, they are so kind and caring towards people and so patient."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful and promoted people's privacy and dignity when support with personal care was needed.
- Conversations about people's care needs were done discreetly. For example, we saw one person walking down the hallway looking slightly anxious, staff noticed this behaviour and quietly asked them if they were looking for the toilet. The staff member then offered to walk with him and showed him where the toilet was.
- People's personal preferences were respected including how they dressed and how they liked their rooms to be. Staff told us, that one person liked their room kept very minimal and did not like new items in their room and another returned to their room throughout the day and liked to rearrange items in their room.
- Staff paid attention to people's appearance. At lunchtime one person spilt a drink of water and made their trousers wet, staff noticed this and asked them if they would like to change their clothes.
- People were encouraged to be independent in all aspects of their daily care. Care records detailed what people were able to do without staff support.

Supporting people to express their views and be involved in making decisions about their care

- People and their family members were encouraged to share their views about the care provided.
- The registered managers office was off the main hallway. We saw people were comfortable popping into the office throughout the inspection. One person liked to sit in the office for short periods throughout the day, sometimes quietly and other times to chat about their care and to seek confirmation of what they were doing that day. Staff knew they liked to sit in the same place and a chair had been provided for them.
- The activity coordinator spent time with people individually or in small groups and spoke to relatives to find out what people would like to do. The registered manager received feedback via questionnaires completed by people, relatives and visiting professionals.
- People spent their time how they wished. Some chose to join in the activities provided; others spent time sat in the smaller quiet lounge or liked to walk around the home. Some people enjoyed time in the bedrooms.



Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- There was a person-centred approach to planning and delivering care which was specific to each person's needs and preferences. A relative told us, "They have got to know (person's name) and understand his needs."
- We saw staff tailored their approach to people when providing support and care. For example, some people liked staff to chat and conversation was lively and jolly, whilst others preferred a gentler, quieter approach.
- Care plans were reviewed and contained information about people's care and support needs, with guidance for staff to follow. Staff communicated well. At the end of a shift, relevant information was handed over to staff coming on duty to ensure they were aware of any changes to people's care needs, appointments or incidents that had occurred during the shift. For example, when a GP had been called or a person had been out or had visitors.
- Care planning was discussed with people and their relatives when appropriate. Although people were not always able to communicate their wishes verbally to staff. People were given simple choices and were involved in decisions by pointing or using one word answers to enable them to be involved in decisions.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff communicated well with people. People's communication needs were recorded and highlighted in care plans. For example, specific information had been recorded regarding people's dementia and how this affected their communication. One care plan informed staff that a person's communication may be muddled. Staff were to listen carefully and allow the person time to communicate their needs and wishes. Another person only used a few words as they found it difficult to put words together in a sentence. Their

care plan reminded staff to ask questions clearly and ensure there were no distractions to enable the person to communicate their needs effectively.

- People with a visual impairment had equipment to assist them orientate to date and time. For example, one person had a speaking watch.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff and management enabled and supported people to maintain regular contact with people who were important to them. Relatives were encouraged to visit the home and people went out with personal assistants and relatives when possible. Relatives told us, they always felt welcome when visiting.
- One person shared with us that they liked to visit a local town. Staff told us, this person had a personal assistant funded by the local authority who supported them to visit a friend regularly.
- Activities were provided, these including arts and crafts, music and sensory items used for people with a dementia. There was also a programme of visiting entertainers and activity providers which included pet pals, music and exercise. A yearly planner was displayed of booked activities and the activity coordinator kept records of activities attended by people.
- During the inspection we saw one person looking through a photo album of their family photos. The activity coordinator told us, this was a useful reminiscence tool. Others were reading newspapers and books. One lady was seen cradling a doll. Staff told us, the person found this comforting.

Improving care quality in response to complaints or concerns

- There was an open door policy at the home and relatives could speak to the care manager at any time if they had any worries or concerns.
- People and relatives told us, they had no complaints about the home. One relative said, "I have no issues at all, but if there was anything I would just talk to staff or the manager, I know it would be dealt with."
- The provider had a complaints policy and procedure. This was available for people and visitors to access.
- There were no complaints at the time of the inspection. The registered manager told us if complaints were received, these would be dealt with following procedure.

End of life care and support

- End of life care and support was provided at Elm Lodge when appropriate.
- The service received support from community nurses and other health professionals to support people receiving palliative or end of life care.
- People's end of life care wishes, and preferences were being recorded in end of life care plans. These not only recorded people's preferences and wishes after death, but included relevant information about people, including how they liked their rooms, their favourite things, as well as religious or spiritual needs and funeral arrangements.
- Whenever possible people would be able to stay at the service until they died, however, the registered manager was aware that any changes to people's health would need to be reviewed to ensure that the service was able to safely meet the persons needs and provide appropriate support.



Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and staff promoted a culture of person-centred care, engaging with everyone using the service and family members.
- All staff worked together to provide people with a good quality of care. People were able to tell us they were happy living at the home and relatives confirmed this.
- Information in people's care documentation was written sensitively and supported ongoing involvement of people and their relatives if appropriate.
- The registered manager was aware of the statutory Duty of Candour. This aims to ensure providers are open, honest and transparent when incidents occur. Any issues raised were investigated and reported to the relevant agencies.
- People said they could talk to the manager or staff at any time and staff told us the manager was supportive and approachable.
- Families confirmed they were always notified without delay if any incidents or accidents occurred.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff demonstrated a clear understanding of their roles and responsibilities and told us, they enjoyed working at Elm Lodge. Staff told us morale was good and staff worked well as a team.
- The registered manager completed quality checks and internal audits to monitor care, documentation, safety and quality of the service. Action plans were produced from the findings and actions completed. The registered manager sought out advice from relevant authorities and organisations. For example, they had identified improvements were needed to best interest and mental capacity assessments and also to ensure that care plans included relevant health information for specific needs including diabetes. These were

currently being included within short term care plans and needed to be enhanced to ensure they were more specific.

- The care manager observed staff and checked good levels of care were consistently being provided. We were told that any issues or improvements identified would be fed back to staff to ensure good standards were maintained.
- The registered manager understood their regulatory responsibilities. Notifications of significant events, such as safeguarding concerns, had been submitted to the Care Quality Commission (CQC) in line with guidelines. Reportable incidents had been referred appropriately to the local authority. Action was taken to prevent similar occurrences, and outcomes were shared with staff.
- All staff were receiving the appropriate training to enable them to carry out their duties appropriately. Any additional training identified would be sought to ensure staff had continuous learning and were able to safely and effectively meet people's needs.

Working in partnership with others

- Staff at Elm Lodge worked in partnership with other services and organisations such as occupational therapists, health professionals and GPs to access help and support when needed.
- Advice by health professionals was used to ensure the safety and wellbeing of people was maintained.

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

- Regular staff meetings took place. Meetings were used to discuss all aspects of care and support provided to people, training needs and any other issues related to the running of the home.
- Family members were liaised with as appropriate and feedback on the service being provided was encouraged. Relatives were involved in care reviews when appropriate. Relatives told us, the registered manager and staff were always available, and they could speak to them or any staff if they had any queries or concerns.
- Questionnaires were used to collate feedback from people including relatives and visiting professionals.
- Staff were aware of the importance of providing care in ways that supported people's choices, equality and diversity. Staff understood what was important to treat people as an individual and people were encouraged to express their individuality, personality and needs.