

Mrs Carol Mason

Ebor Lodge

Inspection report

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Hull
HU5 3HS

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Date of inspection visit:
15 January 2020

Date of publication:
29 January 2020

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

Ebor Lodge is in the west of Hull. The home has three floors which are accessed via stairs. Additionally, there is a stair lift to reach the first floor. There are two communal lounge areas and a dining room, two bathrooms and a kitchen. Some bedrooms are shared, and others are for single occupancy.

The home is registered to provide care and accommodation for up to 13 people who have mental health needs. At the time of our inspection, there were 11 people using the service.

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

It was clear from the findings at this inspection, the quality of the service people received had improved and was good. Enough improvement had been made to meet the requirements of the regulations. However, we were unable to evidence new governance systems were truly embedded into practise. Future inspection will seek to evidence systems of governance are fully reflective, transparent and robust.

People were protected from harm and abuse as the staff team had been trained to recognise potential signs of abuse and understood what to do. People had information on how to raise concerns and were confident any issues would be addressed correctly.

In the main recruitment processes were effective. However, we found a gap in one staff recruitment file that was not picked up by the provider or the audit process. The provider took immediate action to prevent this happening again. Medicine administration systems were of good quality. Enough staff were employed to meet people's individual needs. New staff received an induction. Staff received training, supervision and appraisal, which was up to date. The home was clean and tidy with no unpleasant odours. Further work to improve the decoration of the home was planned for 2020.

People and their relatives said staff were caring and respected their privacy and dignity. People felt the service they received helped to maintain their independence where possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Several activities and outings into the community were available to people. Activities were person-centred and meaningful to people.

People and staff felt the provider and management team were supportive and approachable. Staff were happy in their role which had a positive effect on people's wellbeing. The provider and staff all demonstrated a desire to improve the quality of care provided. People, relatives, staff and visiting professionals had regular opportunities to express their views about the service.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 13 December 2018) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

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.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was not responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ebor Lodge

Detailed findings

Background to this inspection

The 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 was carried out by one inspector, one assistant 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.

Service and service type

Ebor 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 was managed by the provider, 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 was no requirement for this service to have a registered manager as part of their registration.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We used the information the provider sent us in the provider information return. 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 previous inspection reports and information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion

that gathers and represents the views of the public about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We spoke with five people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider, a senior care worker, care workers and ancillary staff.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

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.

Staffing and recruitment

- Recruitment procedures were in place to help ensure staff were of suitable character to work with vulnerable people. In the main, all required documentation was in place for example, references, DBS checks and photographic ID. However, there were some omissions for one newly employed staff. The day after the inspection the provider confirmed to us the necessary documentation was in place.
- During the recruitment process people who used the service and their relatives were involved with the interviewing process. Potential members of staff spent time with people and relatives and the provider then asked their opinion of the person. One person told us, "I liked [Name of staff member] the minute I spoke to them, they got the job and they are great, so caring."
- Enough staff were available to safely support people. We saw people were promptly supported when needed or requested. One person told us, "There are more than enough staff around."
- Staff told us there were always enough staff on duty to ensure people's individual needs were met.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe. Comments included, "Yes I do [feel safe]. This is the best home I've been in," "[Name] is really safe and really happy. We're just really happy that [name] is there," and "Yes, [name] is safe, even when the staff are mopping they'll go around telling everybody [so they won't fall]."
- Staff were familiar with safeguarding procedures and understood what action to take if concerns were raised to keep people safe from harm. One staff member said, "We do our utmost to make sure people are kept safe. I could go to any of the managers if I had any concerns about a person's safety."

Assessing risk, safety monitoring and management

- People had individual risk assessments in their care plans that identified potential risks and provided information for staff to help them avoid or reduce the risks of harm. Risk assessments were detailed, and person centred. For example, where bedrooms were shared, any potential risks to each person, relating to them sharing the room had been considered and recorded, which included any necessary actions taken.
- Staff showed they understood people's risks and risk assessments were monitored and reviewed with people. These included environmental risks and any risks due to health and the support needs of the person.

Using medicines safely

- Medicines systems were organised, and people were receiving their medicines when they should. People told us they were supported to take their medicines at the right time and frequency.
- Staff members had received training in the safe administration of medicines and their competency was

assessed at least annually.

- People had an up to date list of prescribed medicines which explained why they took them and any possible side effects. Detailed protocols were in place to clearly described when medicines prescribed for use 'as required' should be administered.

Preventing and controlling infection

- Staff received training in the control of infection.
- Staff were provided with personal protective equipment (PPE), so they could carry out their work safely.
- We saw staff using PPE appropriately. For example, staff made sure they put on and then removed or changed aprons when providing personal care and serving meals.

Learning lessons when things go wrong

- Following on from the last inspection the provider had met with CQC and the local authority to look at ways of ensuring the regulations were met.
- The provider looked to make improvements where things had not gone as planned. They shared examples of incidents where action was taken to reduce the risk of the same thing happening again.

Is the service effective?

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

At our last inspection records for people's consent had not been reviewed and documentation to show how the principles of the MCA had been applied, including best interest decisions had not been recorded. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 11.

- We saw appropriate DoLS applications in line with the MCA had been completed and systems were in place to ensure any renewed applications were made in a timely way to ensure people's rights were maintained.
- Staff were aware of the importance of seeking consent before supporting people. We observed them doing so with meals and medicines, allowing people time to make their decisions.
- Staff were aware of the principle of the MCA and DoLS and had received training in this.

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

- People's needs were assessed before they moved into the service through pre-admission assessments. The information gathered during the assessment was used to develop care plans and risk assessments.
- Staff told us one person was being gradually introduced to the home through planned short visits for

meals and then extending their stay to overnight stays. Staff said this had been successful, giving the person time to decide if they wanted to live there and giving staff time to get to know the person and understand their specific care and support needs.

- People's protected characteristics under the Equality Act 2010, such as age, disability, religion, gender and ethnicity were identified as part of their need's assessment. Staff knew about people's individual characteristics and where appropriate these were recorded in their care plans.

Staff support: induction, training, skills and experience

- People were supported by staff who had access to a range of training to develop the skills and knowledge required to meet people's needs. Records showed training deemed mandatory by the provider for their role was up to date.

- New staff members completed a formalised induction to their role. In addition, new staff worked alongside experienced staff members until they felt confident to support people safely and effectively. Staff members who were new to care were supported to complete the 'Care Certificate.' This is a nationally recognised qualification in social care.

- Staff felt supported in their role and told us supervisions and appraisals were carried out regularly. Staff told us the provider had an open-door policy, so they were able to talk through any issues at any time with any of the senior staff.

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

- People told us they enjoyed the food provided. Their comments included, "We have a regular cook she is excellent. Meals vary from day to day. Stew and dumplings, shepherd's pie, curry. It's nice. I like a lot of things," "Every morning before dinner time they give you a choice," and "It's nice, but I'd like to get lamb chops or frying steak."

- One relative told us, "They [people who use the service] let me have dinner with them. Staff always ask if people have enough food. The food is really nice. Yesterday we had a home-made chicken pie with vegetables. Before Christmas they [staff] were asking people what they wanted putting on the menu and to give them some suggestions."

- During the inspection we saw mealtimes were well staffed, and staff were upbeat and positive. At lunch time, people were given a choice of spam fritters or minted lamb. For dessert they were given a choice of scone, ice-cream or yoghurt. A person with diabetes had been made a sugar free scone, which they thoroughly enjoyed. For people that wanted yoghurt several yoghurts were brought out and they were given a choice of flavours.

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

- People's care plans contained information about their health needs and details of the healthcare professionals involved with their care. Where required people had been supported by the staff or their family to access healthcare professionals in hospitals and surgeries. We saw records of visits to the dentist, GP's, opticians and chiropodists.

- One person told us, "If I'm feeling under the weather, I'd ask a staff member to take me to the doctor. My dentist is at [address]. I usually go there twice a year for visits. I brush my teeth myself and had some fillings and extractions last year."

- A relative told us, "The staff know what to do to meet [Name's] needs and well-being."

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

- We found areas of the home which had been refurbished and other areas which would benefit from improvement. Bedrooms were varying in size and in the way they were furnished and decorated. Some had

people's own possessions and furniture and looked very homely, others were sparser and in need of redecoration.

- People spoken with were happy with their personal space and the home in general and said it was "homely" and "comfortable."
- The provider told us they had a plan for the improvements to the environment to be completed in 2020. We saw the plan included work to be completed to enhance both the outside and inside of the home.

Is the service caring?

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 the same. 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

- People told us they were very happy with the care and support they received, and their needs had been met. Their comments included, "The staff are caring. They clean my room every day. They do what they're here for. They supervise everything. They're always here if you need them," and "I think the staff are all nice and caring."
- Relatives could not praise the service and staff more highly. Their comments included, "I think the staff really nice and friendly. They always ask how I am as well. It's not just about my family member," "Absolutely brilliant," and "I am able to rest at home knowing [Name] is safe and being well cared for. I have no worries about the care and support [Name] receives."
- People's equality, diversity and human rights had been considered when people moved into the home and upheld during the care and support provided to them.
- Staff consistently interacted with people in a person-centred way. For example, staff knew the different communication methods that were appropriate for each person.

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

- People and their relatives told us they had been involved in decisions about the care and support provided. One person said, "Of course I am able to express myself, staff listen." A relative told us, "Staff talk to me about [Name's] care plan and ring me if they are thinking about making changes. I have nothing to complain about, staff listen to me if I have any concerns and I have complete peace of mind."
- Care plans reminded care staff to offer people choices in respect of clothing, meals and drinks. Staff respected people's rights to refuse care. They told us if a person did not want care they would encourage the person but then record that care had not been provided and why.
- The service used advocacy services to support people where needed. We saw evidence of this in people's care plans and professional notes.

Respecting and promoting people's privacy, dignity and independence

- We saw people were treated with dignity and respect and their privacy was supported by staff members.
- People and their relatives told us they were respected. Their comments included, "I've no complaints or any bad things from any quarters. There's no such thing as anyone persecuting me," "Yes you are [respected]. I had a shower last night and the staff helped me," and "They're [staff] really good like that. [Name] used to share a room with another person who was bed bound. They used to have a screen, so they both had privacy when having a wash."
- People's information was kept securely and confidentially by staff who understood the importance of this

and had received training in this subject.

- People's independence was promoted and encouraged according to their capabilities and abilities. For example, some people were able to undertake some tasks relating to their personal care and cleaning their rooms.

Is the service responsive?

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 the same. 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

- Care plans were detailed, and person centred. They provided information about how people wished to receive care and support. They identified key areas of needs, such as personal hygiene, dressing, daily living activities, meal preparation and shopping.
- People felt staff knew them well and understood their personal routines. Care plans included daily routines specific to each person which helped to ensure people received care and support personalised to them.
- Care plans were signed to confirm they had been reviewed and updated by senior staff. There was evidence the person themselves and their representative had been involved in the review of care. One relative told us, "When they review the care I try to get a day off work and come in, but if I can't they'll speak with me over the telephone."

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.

- The provider understood people's information and communication needs. These were identified, recorded and highlighted in care plans.
- People had information presented in a way they found accessible and, in a format they could easily comprehend. For example, we saw staff assisting a person with poor eyesight to participate in a game of 'play your cards right.' The person was thoroughly enjoying and engaged with this activity.
- Where people needed support with communication, this was recorded in their care plan so staff knew how to communicate effectively with them. We observed staff communicated effectively with people throughout the inspection.

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.

- People had access to activities that were person-centred and regular. People told us, "I go for a walk on my own. I like watching television. On a Thursday we have art, bingo and quizzes. There's an artist coming in on Thursday," and "The bingo, that's not too bad. I don't do the art work." A relative said, "[Name] looks forward to the activities. They have a quiz and they have all got their own teams and they're all competitive. They've also been out shopping, to the theatre, cinema and to the pub, whatever they want to do."
- On the day of the inspection we saw people involved in several games, including bingo, card games and a

quiz. A compere was brought in from outside the home. The resources were high quality, with a microphone for the compere, A5 sized playing cards, and bingo that was shown on the large screen TV. The compere used music and sound effects to bring the activities to life. Most people attended. There was a good atmosphere, and lots of energy. People were absorbed and engaged, and there was some dancing and singing. A staff member sat with one person with communication difficulties and involved them in the games. After the games, people were offered hot drinks, juice or a pint of shandy or bitter, which made the atmosphere more sociable.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place which showed what people could expect to happen if they raised a concern.
- People and their relatives could raise concerns and told us they would if they needed to.
- People and their relatives told us they were confident the provider would ensure their problems were dealt with in a timely manner. One relative told us, "I would feel confident to make a complaint but there's nothing to complain about. The staff listen to me if I have any concerns and I have complete peace of mind."

End of life care and support

- There was no person receiving end of life care at the time of our visit. Staff spoke of how they had recently supported a person to have a comfortable and dignified death and worked with external healthcare professionals to ensure they had the right support in place.
- We were shown the Eulogy of the person who had recently passed away which was read at the funeral, it said, "[Name] was being cared for like a celebrity. She started life a happy child and ended her life happy, thanks to the super care of Ebor Lodge."

Is the service well-led?

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 requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

At our last inspection we found some systems were in place in some areas to assess, monitor and improve the quality and safety of the service, however, these were not always effective and were missing altogether in other areas. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The provider had systems in place to monitor the quality of the service, however these were not fully embedded into their systems. The provider, with the help of the local authority had started to develop and embed these systems so improvements continued to be made.
- We found some gaps in the information required when a staff member was recruited. The providers governance systems had not identified this. Following the inspection, the provider put in place a more effective system to ensure full recruitment information was obtained prior to employment.
- Reviews and updates of care plans and risk assessments had been completed. However, older outdated information was not always removed creating some conflicting information which could put people at risk of incorrect care and support. Following the inspection, the provider confirmed files had been checked and audited and all outdated information removed.
- There was a full range of policies and procedures in place. Most were dated 2017 or 2018 and were not showing they had been reviewed or updated. Those we looked at, including equality and diversity, duty of candour, dignity, accidents and incidents were current and in line with current procedure but needed confirmation they had been reviewed.
- There was a clear management structure in place. Staff were clear on their roles and who they should report to.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and relatives had confidence in the abilities of the provider and told us the service was continually improving. Their comments included, "I can't see how anyone could object to staying here. The service is efficient," and "Yes, I would recommend this service to my family and friends."
- Staff said the provider was accessible and approachable and dealt effectively with any concerns they

raised.

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

- We saw the provider and management team had systems in place to investigate and feedback on any incidents, accidents or complaints.
- Staff members told us the management team were open and transparent when things needed to be improved or changed because of any specific incident or near miss.
- Throughout the inspection the provider was honest and open with us. They acknowledged the shortfalls identified at this inspection and were eager to put processes in place to ensure people receiving care were safe and protected from harm.

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

- The provider carried out formal quality assurance surveys to obtain the views of people and their families. This was used to assess the quality of the service, and to make any changes needed from the feedback gained. We saw evidence the provider had been proactive in responding to people's individual comments, so any concerns were resolved.
- Surveys had also been sent out to staff, the results were positive with staff rating such things as training, communication, and support either as very good or excellent. Surveys sent to healthcare professionals and friends and family were also positive.
- Staff meetings were held. The last staff meeting was on 17 October 2019. Staff told us they were able to add to the meeting agenda and minutes were distributed following the meeting. Staff told us most staff were happy to attend a staff meeting whenever they were planned.
- The last service user meeting was on the 1 October 2019, six people had chosen to attend, and another six people declined or were out. Meetings were held every six months with additional meetings in-between if there was something needing to be discussed.
- There was an open-door policy in place which people, relatives and staff said worked very well.

Continuous learning and improving care; Working in partnership with others

- Since our last inspection, the service had been working in partnership with the local authority, to make improvements to the service and meet the regulations.
- Staff worked closely with relevant health and social care professionals which helped to ensure people received effective care and support.