Pilgrims' Friend Society

# Ernest Luff Homes

## Inspection report

2-4 Luff Way
Garden Way
Walton On The Naze
Essex
CO14 8SW

Tel: 01255679212
Website: www.pilgrimsfriend.org.uk

Date of inspection visit:
23 September 2016
27 September 2016

Date of publication:
18 January 2017

## 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

The inspection took place on 23 September 2016 and 27 September 2016 and was unannounced.

Ernest Luff Homes provides accommodation and personal care for up to 28 older people and people who may be living with dementia. The service does not provide nursing care. At the time of our inspection there were 22 people using the service and one person was in hospital.

There was a registered manager in post at the service. 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. The day-to-day running of the service was carried out by a management team that consisted of the registered manager and the business manager.

People were safe because the management team and staff understood their responsibilities to recognise abuse and. keep people safe. People received safe care that met their assessed needs and staff knew how to manage risk effectively.

There were sufficient staff who had been recruited safely and who had the correct skills and knowledge to provide care and support in ways that people preferred.

The provider had clear systems in place to manage medicines and people were supported to take their prescribed medicines safely.

People's health needs were managed effectively with input from relevant health professionals and people had sufficient food and drink that met their individual needs.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. We found the provider was following the MCA code of practice.

The management team supported staff to provide care that was centred on the person and staff understood their responsibility to treat people as individuals.
People were treated with kindness and respect by staff who understood their needs and preferences. Staff respected people's choices and took their preferences into account when providing support. People were encouraged to enjoy pastimes and interests of their choice and were supported to maintain relationships with friends and family so that they were not socially isolated. People's spiritual needs were met in ways that they preferred.

Staff had good relationships with people who used the service and were attentive to their needs. People's

privacy and dignity was respected.
There was an open culture and the management team encouraged staff to provide care that met people's needs.

The provider had systems in place to check the quality of the service and take the views of people and their relatives into account to make improvements to the service.

The provider had systems in place so that people could raise concerns and there were opportunities available for people or their representatives to give their feedback about the service.

The registered manager and the business manager were visible and actively involved in supporting people and staff. Staff were positive about their roles and their views were valued by the management team.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good

The service was safe

Staff understood how to protect people from abuse or poor practice. There were processes in place to listen to and address people's concerns.

There were sufficient staff who had been recruited appropriately and who had the skills to manage risks and care for people safely.

The premises were well managed to meet people's needs safely.

Systems and procedures for supporting people with their medicines were followed, so people received their medicines safely and as prescribed.

### Is the service effective?

Good

The service was effective.

Staff received the support and training they needed to provide them with the information to provide care effectively.

Where a person lacked the capacity to make decisions, there were correct processes in place to make a decision in a person's best interests. The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented.

People's health, social and nutritional needs were met by staff who understood their individual needs and preferences.

### Is the service caring?

Good

The service was caring.

Staff treated people well and were kind and caring in the way they provided care and support.

Staff treated people with respect, were attentive to their needs and provided care in a dignified manner.

Staff understood how to relieve distress in a caring manner.

People were encouraged to be involved in decisions about their care.

## Is the service responsive?

Good

People's choices were respected and their preferences were taken into account when staff provided care and support in line with their individual care plans.

Staff understood people's interests and encouraged them to take part in pastimes and activities that they enjoyed. People were supported to maintain family and social relationships with people who were important to them.

There were processes in place to deal with concerns or complaints and to use the information to improve the service.

## Is the service well-led?

Good

The service was well led.

The service was run by a capable management team who demonstrated a commitment to provide a service that put people at the centre of what they do.

Staff were valued and they received the support they needed to provide people with good care and support.

There were systems in place to monitor the quality of the service, to obtain people's views and to use their feedback to make improvements.

# Ernest Luff Homes

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 23 September 2016 and 27 September 2016. The inspection was unannounced. The inspection team consisted of one inspector.

We reviewed all the information we had available about the service including notifications sent to us by the registered manager. This is information about important events which the provider is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection.

During the inspection we spoke with three people who used the service, two visiting relatives and two health professionals about their views of the care provided. Following the inspection two relatives sent us written feedback. We also used informal observations to evaluate people's experiences and help us assess how their needs were being met and we observed how staff interacted with people. We spoke with the management team, including the registered manager and the business manager. We spoke with two senior care staff and three members of the care team. We also spoke with two health care professionals.

We reviewed three people's care records, including medicines records and risk assessments. We examined information relating to the management of the service such as health and safety records, three sets of recruitment and personnel records, staff rotas, quality monitoring audits and information about complaints. We also examined questionnaires that had been completed by relatives and visitors as part of the provider's quality assurance processes.

Good

# Is the service safe?

## Our findings

Staff received training in safeguarding and whistle-blowing and they understood who to report to if they had concerns. Copies of the provider's policy on whistle-blowing and the local authority's safeguarding policy, along with details of who to contact, were accessible to staff in the duty office. Staff confirmed that they had received safeguarding training and were able to explain how they would recognise signs of abuse. They knew that they had a responsibility to report any suspicions of abuse or poor practice.

A relative told us that staff had advocated on their family member's behalf where staff had identified that the person did not get a good response from a professional in a situation relating to their health. People we spoke with during our inspection confirmed that they had no concerns about their care and felt safe.

We saw from people's care records that there was a clear system in place for assessing risk and what measures were in place to support people to reduce the risk. For example, when a risk assessment identified that a person required support with their mobility, a moving and handling risk assessment was in place. This gave instructions to staff about which hoist was to be used, the size of the sling required and how staff were to support the person.

The management team monitored when people had falls and put measures in place to reduce the risks. We saw that a person had been assessed as being at risk of falling and the care plan gave clear guidance to staff on how to support the person appropriately. They referred the person to the community nursing service falls team for a re-assessment and followed the professional advice to further reduce the risks.

In addition to assessing individual risks for people living at the service, there were risk assessments, checks and audits in place to monitor issues relating to health and safety, for example infection control risk assessments and audits of fire systems.

There were policies and procedures in place to be followed in the case of emergencies such as fire or accidents. People had evacuation plans and all care staff had received training on how to evacuate people in an emergency. Staff told us about the 'ski pad' training they had received and they knew how to carry out evacuation in the event of an emergency such as a fire so that people could be brought to a place of safety effectively.

We examined the provider's system for recruiting staff and found safe recruitment processes in place. The processes included taking up two or more relevant references and Disclosure and Barring Service (DBS) checks to confirm that people are not prohibited to work with vulnerable people who require care and support. We saw that, where staff had been recruited a number of years before, DBS checks were renewed.

Staffing levels were assessed using a formal assessment tool that recorded the dependency needs of the people who lived at the service and also took into account the impact of the layout of the building. During our inspection we saw that staffing levels were good and staff were able to spend time with people. Staff rotas confirmed that a consistent level of staffing was maintained.

The provider had clear systems in place for the safe receipt, storage and administration of medicines. Medicines were delivered from the pharmacy already dispensed in monitored dose packs and were stored in a secure trolley. Medicines that needed to be kept within a specific range of temperatures were stored in a secure refrigerator and staff monitored and recorded the temperature daily so that the medicines were not at risk of deteriorating or becoming ineffective. Individual medicines administration record (MAR) sheets had a clear photograph of the person to minimise the risk of mistakes in administration. MAR sheets were completed appropriately and signed when the medicines had been given.

There were clear guidelines prominently displayed in the medicines room for the administration of specific medicines such as warfarin which need to be administered following precise instructions from medical professionals. Staff were able to give detailed information of the process followed when a person was prescribed this medicine. They explained the checks that were in place to ensure the correct amount was administered according to the GP's instructions, the necessary tests that had to be carried out and what signs to took out for so they could get medical input if there were any issues.
There were also processes in place to manage medicines that required an enhanced level of security. These were checked twice a day and responsibility was handed over to the responsible person on the next shift.

We observed a senior member of staff giving people their medicines after lunch and saw that good practices were followed. The member of staff checked the medicines to be given against the MAR sheet and spoke with people to describe the medicines they were being given. One person initially said they did not want any tablets; the member of staff explained that the doctor had prescribed them and what they had been prescribed for. The person said that was all right and they were happy to take the tablets with a drink.

An external medicines audit was carried out every six months by the pharmacy providing the medicines. In addition medicines were checked daily by the senior staff on each shift and a monthly audit was carried out by the management team. Senior staff who worked on day shifts and all night staff had received medicines training. At the time of our inspection there was no-one at the service who managed their own medicines but the provider had a policy and procedure in place in the event of someone wishing to do so.

Good

# Is the service effective?

## Our findings

All the staff we spoke with during our inspection were able to explain how the training they had received had increased their knowledge and understanding which, in turn, improved their care and support practice. They gave examples of how to support people with a range of health conditions and were able to demonstrate a good understanding of dementia care. They recognised people's individuality and the need to provide care and support that was centred on the individual. A relative said, "We [relatives] see, and speak with, staff on a regular basis both face to face and on the telephone. Particular staff understand [our family member's] needs well and keep us informed if personal items need to be replenished."

All new staff completed the care certificate and a senior member of the care team was the identified person to support new starters to complete this induction training. The care certificate is a set of standards that social care and health workers follow in their daily working life. It is the new 'minimum standards' that should be covered as part of induction training for new care workers. When completing the care certificate the manager carried out observations of how staff provided care and support and these were recorded in the person's training record. Established members of staff were also encouraged to complete modules of the care certificate to update their skills. The manager explained that staff were enthusiastic about training and they were willing to complete care certificate modules as well as other training. For example, some members of the domestic team had completed the modules relating to control of substances hazardous to health (COSHH).

A member of staff said, "The training is much better now. You can do it at your own pace and can get support if you need it." They explained the range of training they had received and were able to give us examples of how the training helped them provide care for people with specific needs. Another member of the care team said, "They always make sure you've been trained properly." A health professional told us that staff were helpful, friendly and knew what they were doing. They said, "I haven't got any concerns."

Some of the in-house staff training and updates were carried out online. Staff watched the training which was followed by an online assessment. For each course staff had to achieve a certain percentage to pass the course. The reports of who had completed the course and whether they had reached the required standard were sent to the manager so that they were able to monitor who had completed training successfully and whether anyone required additional support. The manager explained that they had an identified room set up with a laptop to enable staff to complete online training. A member of staff told us that it was good to have access to the internet to do the training. We saw that the manager maintained a system to monitor all training, including what had been completed, when updates were due and courses that had been booked.

The provider had invested in a 'Train the Trainor' course for the manager to develop the skills to roll out manual handling training to staff. The way the service approached this training had changed and in addition to training and regular updates, they had identified and trained a member of staff as a manual handling champion. This was to support and mentor other staff to help make sure good practices were followed on a daily basis.

Staff received regular face-to-face supervisions and annual appraisals; any identified areas for development were addressed by individual performance and capability targets. Staff told us they felt well supported. One member of the care team said, "I like working here, it's a good place to work. If I ever have a problem I always get the support I need."

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. Care records confirmed that the management team carried out MCA assessments to consider people's ability to make day-to-day decisions. The registered manager demonstrated that they understood the processes to be followed to assess people's capacity.

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 checked whether the service was working within the principles of the MCA and found that they were. We noted that, where people did not have capacity, applications had been submitted to the local authority. We saw that DoLS applications had been approved by the relevant authority and on the day of our inspection a DoLS assessor visited the service to carry out another assessment. The records relating to MCA assessments and DoLS were clear.

The registered manager explained that staff were expected to familiarise themselves with policies and procedures. They said, "This month's policy is the Mental Capacity Act" and showed us they had obtained pocket sized 'mini guides', produced by Skills for Care to distribute to staff as an easy reference to remind them of the main points of MCA and DoLS. Staff understood that the starting point was to assume that a person had the capacity to make a decision unless an assessment showed they did not.

Where people were able they had signed their care plans to confirm that they consented to their plan of care. We saw that staff sought people's consent before providing care and support.

A senior member of staff took the lead on nutritional assessments. They had received training in the use of a nationally recognised assessment system, the malnutrition universal screening tool (MUST). The senior member of staff mentored other staff so that they understood how to use the tool and what steps to take if someone was assessed as being at risk. This included fortifying foods like porridge with cream to increase people's calorie intake and introducing nutritious 'smoothies' which people really enjoyed. A newsletter produced by community dietician services praised the staff at the service for the improvements made following the training

There were menus available so that people could see the choices available for meals. Where people were not able to read the menus or understand them, staff discussed the options with them for meals. A relative told us that they always get offered refreshments when they visited. They said, "My [family member] likes the food and is offered plenty of choice." One person in the dining room told us that the parsnip soup they had just finished was "very nice". They said that they could not remember what they were having for the main course but it was always enjoyable.

People's health needs were regularly monitored by staff who had the skills and knowledge to recognise signs that may indicate the person needed to be referred to medical or health professionals. A relative said, "[Our family member's] medical needs are being attended to in a thorough and professional manner and [we] and I are kept informed." Another relative stated, "The senior staff are confident and experienced

regarding medical care which prevents unnecessary hospital admissions."

One senior member of staff was a diabetes champion and supported other staff to support people appropriately with the condition. They regularly carried out blood glucose monitoring and the 'touch the toes' test. This is a test recommended by a leading diabetes charity to assess sensitivity in the feet of a person with diabetes so that they can be alert to problems and take prompt action. People were also monitored every six months by health professionals from district nursing services. The registered manager explained that they were working with the local diabetes service in partnership with 'Think Glucose', a national initiative to improve diabetes care. Information for staff about this was prominently displayed in the staff office.

A health professional from the community nursing team explained the system of referrals and said, "They have all been appropriate referrals today. Staff know people well and communicate effectively." They also told us that when advice was given it was followed. They said, "In fact today they already had referrals to the speech and language therapy (SALT) team ready, which is what the next step would be."

Another health professional was also positive about the staff. They said, "Staff are helpful and friendly and know what they are doing. I haven't got any concerns."

People benefited from specialist equipment to meet their needs effectively. For example specialist adjustable chairs had been purchased for two individuals with restricted mobility so that they were more comfortable and were able to sit in a position that helped maintain their physical wellbeing.

Good

# Is the service caring?

## Our findings

We saw that staff treated people with kindness and this was evident in the caring manner in which they spoke with people.

Staff knew people well and understood what made them upset or worried; they had a good understanding of what they needed to do to support people if they should become distressed. A relative said, "My [family member] can be quite difficult at times but they know how to calm [them] down." A relative who completed a survey as part of the provider's quality monitoring processes stated, "I have never seen [my family member] upset." and another said, "Never found [my family member] unhappy."

A relative told us that staff were caring and supportive of the family too. They described a situation when someone had died and they were unsure how to approach breaking the news to their family member who lived at the service. They said, "We thought we should tell [our family member] but were not sure if that was a good thing. They [staff] helped us to know what to do."

We spoke with a person who had lived an interesting life abroad and they told us they spoke the language of the countries they had lived in for many years better than they spoke English. Staff all knew the person well and we heard staff saying some words to the person in their 'adopted language' and talked about the past. We saw that this made the person smile. A member of staff had gone on holiday and brought back a brightly coloured blanket for the person to remind them of the vibrant colours of the country where they had spent many years living.

On the day of our inspection we saw that work was going on in one of the lounges to install an induction loop system for people with hearing impairment who used hearing aids. The manager explained that this device helped reduce background noise and give greater clarity of sound which would help people enjoy the regular faith services that took place in this lounge. One person told us that they chose to live at the service because of the culture and they wanted to be in a home where the importance of following their faith was recognised. They said, "It's the best around." The manager explained that many people chose the service because of their faith, but other people did not want to practice any faith and that was also perfectly acceptable as it was up to the individual to choose. For those people who actively followed their faith, a representative of different denominations or faiths visited weekly. People told us that they appreciated that a small private lounge was made available to hold thanksgiving services for people who had passed on. People enjoyed having staff read from their faith scriptures in the morning and then they had time for prayers.

During our inspection we saw that staff were polite and courteous when speaking with people. We also noted they knocked on people's doors and waited for a response before they entered their rooms. When people said thank you for something, staff responded with, "You're welcome" and smiled. A relative said, "The staff are so kind and caring with everyone. I hear how they talk to others when I'm sitting in [my family member's] room. They treat everyone with respect." Staff told us that treating people with dignity and respect was one of the core values of the service. The manager explained that they had a designated

member of staff who took the role of dignity champion to support the values of the service, mentor staff and be a role model to promote dignity and respect.

People were supported and encouraged to maintain their independence and access the community. On the day of our inspection one person told us they were going out to lunch.

Care records confirmed that people and their relatives or representatives had made decisions about their end of life preferences. People's end of life decisions and preferences were recorded in a 'preferred priorities of care' document. We saw that where people had made an advance decision to refuse treatment or had made a decision that they did not want to be resuscitated if the situation arose, these decisions were clearly recorded prominently in the care records.

Good

# Is the service responsive?

## Our findings

Care plans contained person centred information about the individual. We saw background information about a person's childhood, their past life and family relationships. Their likes and dislikes were recorded and staff were able to demonstrate that they knew people well by giving us examples of their preferences such as their favourite foods or things that worried or upset them and made them unhappy. We saw a care plan which stated, "If you want to make me really laugh then the following would help" and recorded specific things that made the person happy. The information about people's daily routines and preferences was detailed, for example the brand of toiletries or perfume the person preferred was recorded.

A relative told us that they were a regular visitor so they felt confident that their family member was receiving good care and support. They were complimentary about the staff and said, "They know my [family member] well." Staff told us they were proud to work at the service because of the high standard of care. A member of staff said, "You can't fault the care, it is top notch." People who completed surveys as part of the provider's quality monitoring processes gave positive feedback about the staff. One person stated, "Can't fault them [staff]." Another person said, "Everything is well done."

People were encouraged to spend their time in ways that they preferred. One person said, "I like to have a natter with people and then sometimes I have a rest in my room after lunch." A relative said their family member had, "Got better since [they have] come in here. More sociable." A relative told us, "I am satisfied that the various activities which are available to [our family member] meet [their] needs and are appropriate."

The provider was in the process of developing a dementia pilot which was due to commence in January 2017. To prepare for this staff were receiving training and the activity co-ordinator's role was changing. The new method was called the 'humming bird' role where staff learnt how to flit from one person to another on a one-to-one basis, engaging them in individual activities which captured their interest for a short period. People would also benefit from group activities if this was what they wanted to engage with. The acting activities co-ordinator had experience in working with people living with dementia and we observed that they worked well with a small group of people, engaging their interest individually and speaking with them about what they were doing or encouraging them to join in a conversation. We saw that people enjoyed singing in the afternoon when someone came in to play the piano. Staff told us that people also enjoyed organised activities to celebrate occasions such as Wimbledon. A relative stated, "There is always something going on - church services and music in the afternoons."

People told us they were happy at the service and had "no complaints". A relative who completed a survey as part of the provider's quality monitoring processes stated, "There's nothing you could complain about. They would listen." A relative told us, "I have felt able to discuss any issue that has arisen with the management and other staff, who have been helpful in dealing with any concerns that have arisen."

Good

# Is the service well-led?

## Our findings

The management team, consisting of the registered manager and the business manager, had an open door policy so that people living at the service, members of staff and visitors could discuss concerns. The registered manager and the business manager had relevant qualifications to carry out their roles effectively.

People who lived at the service and relatives were positive about the management team. A relative who completed a survey as part of the provider's quality monitoring processes stated, "We couldn't be happier. The manager is hands on and knows people."

Staff understood the culture of the service and knew what was expected of them. There was a 'policy of the month' initiative and the policy to be focussed on was displayed in the duty office. Staff were expected to read the policy and sign to confirm that they had done so. Policies that had recently been discussed included the privacy and dignity policy, gaining consent and policies relating to safeguarding people and whistle blowing.

Staff told us there was a "good team spirit" and staff worked well together as a team. One member of staff said, "Day staff and night staff work together" and explained that communication was good. Another member of staff told us that they had worked at the service for a considerable time and it had improved over the years. They said, "It's a lot better" and explained that it was more like a family now as it was smaller which had made the atmosphere more homely and friendly. Another member of staff explained, "There is a huge age range of staff here and there is a good atmosphere. Staff will step up to help each other. There is good support."

The registered manager explained that it was now the culture to give additional responsibilities to staff so that they could "take ownership" for aspects of the service and understand that they were a valued part of the team. They said, "Staff have risen to the challenge" and gave examples of how it had worked in practice. The registered manager said, "Enabling staff has had a knock on effect of improving communication. People are benefitting from committed staff who take responsibility. Staff are more committed. We are a team."

A member of staff told us that the registered manager and other senior staff were always around and said, "They are hands on." They also told us that senior members of staff had "stepped up" and had been given more responsibilities and were "sharing leadership". These additional responsibilities made staff feel valued.

A senior care worker had a qualification in counselling and used these skills to support colleagues. We saw that these skills were used effectively on the day of our inspection in response to an incident that was distressing for staff.

Notifications about incidents were submitted to the Care Quality Commission (CQC) as required by regulations. Information in notifications was clear and well detailed, informing us how incidents were managed and, where relevant, what measures were in place to reduce the risks of further similar occurrences. The management team were able to demonstrate and give examples of how they reviewed

incidents and used the information used to make improvements to the service.

The provider made funds available for improvements to the service. For example, an extensive programme of improvements was in progress at the time of our inspection. We saw that the improvements were being carried out to a high standard and there were a number of features that had been well planned to improve the environment for people. This included landscaping outside and making the garden areas easily accessible and pleasant for people to use. A relative told us, "In recent months the home has undergone changes of management, and an extensive development programme is being undertaken. Pilgrims [the provider] has been excellent at keeping us appraised as to the programme and has been supportive to [our relative] and the family."

The management team had systems in place to monitor the quality of the service. They carried out a general audit of the day-to-day operation of the service. This included observations of whether staff were using safe working practices and if the dress code or uniform was complied with. The managers carried out a 'walk around' to check communal areas, monitoring positive interactions between staff and people and checking that all people had easy access to their call bells.

Other audits included a regular audit of people's care records and actions plans detailing who was responsible for monitoring changes to the plan of care and the impact on the person using the service. Audits covered the five key areas of safe, effective, caring, responsive and well-led so that the management team could assess how they were meeting the standard of care against the essential standards covered by the regulations.

The provider had systems in place to gather feedback from people using the service and their relatives or friends. The most recent survey, which was carried out in September 2016, gave positive feedback about the standard of care, the staff and the management team

There were systems in place for managing records and the management team had developed and improved processes for monitoring and auditing records. This included reviewing and updating people's care records so that they contained relevant information that was centred on the person's needs, wishes and preferences. Records examined including people's care information, staff files and health and safety documents were up to date. All documents relating to people's care, to staff and to the running of the service were kept securely when not in use so that people could be confident that information held by the service about them was confidential.