

Strong Life Care Limited

Earls Lodge Care Home

Inspection report

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Ratings

Overall rating for this service	Requires Improvement 
Is the service safe?	Requires Improvement 
Is the service effective?	Requires Improvement 
Is the service caring?	Good 
Is the service responsive?	Good 
Is the service well-led?	Requires Improvement 

Summary of findings

Overall summary

Our inspection took place on 16 and 21 August 2017. On the first day our visit was unannounced. At the end of the first day we told the provider we would return to complete the inspection, but did not inform them of the date. Earls Lodge provides nursing and residential care for up to 50 people, some of whom were living with dementia. At the time of our inspection there were 34 people using the service.

At our last inspection on 11 May 2017 and 1 June 2017 we rated the service as 'Requires Improvement' and identified three breaches of regulations related to safe care and treatment, consent and governance.

This inspection took place two months after our last inspection as we wanted to ensure people were safe using the service. We found the provider had put in place a number of improvements and had a clear vision for how to ensure the service sustained and built on these improvements.

There was a manager in post who had submitted their application to register with the Care Quality Commission. 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 manager was on annual leave when we inspected the service, however we spoke with them by telephone after the inspection was concluded.

People told us they felt safe using the service, and we saw there were sufficient staff deployed to meet people's needs. Staff had been recruited safely, and understood how to recognise and act on concerns about any abuse which people may be at risk of.

We saw improvement in the management and recording of medicines. We identified some issues with recording of information relating to medicines on the first day of our inspection, however the provider undertook an audit which enabled them to have taken action to rectify this by the second day of our visit.

The management of risks associated with people's care and support had also improved, although we found some known risks had not been well documented in people's care plans. We found the management of the cleanliness premises had continued to improve.

There was a robust approach to training and staff support in the home. There was a plan in place to ensure feedback from supervision and appraisal activities was used as a driver for further improvement in the service.

We saw some improvement was still needed in the approach to the requirements of the Mental Capacity Act 2005 (MCA) to ensure this was robust, and we made a recommendation about reviewing the MCA code of practice to enable the required improvements to be made.

There was improvement noted in the approach to management of people's nutrition and hydration, although improvement to the quality of some records was still needed. People gave good feedback about the food served, however we gave some feedback about some further improvement that could be made to the dining room layout.

People said they were happy living at Earls Lodge and were complimentary about the caring nature of staff, and we observed a relaxed and happy atmosphere in the home during our inspection. We saw a good approach to the promotion of independence and diversity, and we found care plans were written in a person centred way which evidenced people and their families had been involved.

We saw improvement in the way people's needs were assessed before they began using the service. Care plans were written to show how these needs would be met, however we found there was still some improvement required to ensure staff had access to clear guidance to show how risk could be minimised. Staff told us they were given clear information to enable them to stay up to date with changes in people's needs.

We received good feedback about activities in the home. The activity co-ordinator had a good understanding of people's needs and we saw they were effective in encouraging people to take part.

We found the provider had taken timely and wide-ranging action to address concerns raised at our last inspection, and we received positive feedback from people and their relatives about changes which had been made and their confidence in the care which was provided at Earls Lodge. We found there were still areas where improvement was required, however.

There was an audit programme in place which enabled the provider to assess quality in the service, and we saw people and staff were also consulted in this process. There was a service development plan in place to show how improvements would continue to be made. We made a recommendation about ensuring all areas of concern were addressed.

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 not consistently safe.

There were improvements made to the management and administration of medicines, however we identified some minor issues during our inspection. The provider took immediate action to address these.

Risks associated with people's needs was assessed, although we found some known risks were not well documented in people's care plans.

There was improvement noted in the management of safeguarding concerns. The provider had accepted offers of support from relevant professionals to ensure this improvement was made.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

There was a robust approach to the induction, training and support of staff. We saw improvement in staff providing effective care in line with their training.

Some improvement to the management and recording of processes associated with the Mental Capacity Act 2005 was still needed.

People liked the food served at the home, and we saw some improvement had been made to the management of nutrition and hydration.

Requires Improvement ●

Is the service caring?

The service was caring.

People told us they had a good rapport with staff, and our observations confirmed this.

We saw people's privacy, dignity and diversity were respected.

Good ●

Care plans contained person-centred information which showed people had been involved in writing them.

Is the service responsive?

The service was responsive.

After our last inspection, we had placed a condition on the registration of the service which meant we reviewed the provider's assessment of people's needs before they started to use the service. We saw improvement in this process and removed the condition.

There was improvement to the information in people's care plans, however we found not all information about minimising risk was documented.

We received good feedback about activities in the home.

Good ●

Is the service well-led?

The service was not consistently well-led.

We noted considerable improvement in the service since our last visit, although we have identified areas which the provider still needs to address.

We received positive feedback from people and their families about the quality of care at Earls Lodge. We were told that people had noticed improvements being made.

There were systems and processes in place to monitor the quality of the service. People and their relatives were involved in these.

Requires Improvement ●

Earls Lodge Care Home

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 checked 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.

Our unannounced inspection took place over two days, 16 and 21 August 2017. Although we told the provider we would return for a second day, we did not give notice of the date.

On the first day the inspection team consisted of three adult social care inspectors, a medicines inspector and an expert-by-experience with experience of supporting someone who used this type of service. On the second day the inspection team consisted of three adult social care inspectors.

Before the inspection we reviewed all the information we held about the service. This included past inspection reports, notifications sent by the provider to the CQC and information sent to us by organisations such as the local authority, safeguarding teams and Healthwatch. Healthwatch is an independent consumer champion that represents the views of people who use health and social care services in England.

Due to the short period of time since our last inspection, we did not send a Provider Information Return before this inspection. This is a form which asks the provider for information relating to the running of the service and any improvements they planned to make. The provider had provided the CQC with action plans and updates at regular intervals since our last inspection.

During our inspection we spent time making observations around the home, including in all communal areas and some people's rooms when we were invited to visit them. We looked at records relating to people's care and support, and the general running of the home. These included six care plans, 18 records of medicines administration (MARs), five staff files, together with information such as audits, action plans and records of maintenance and servicing of the premises and equipment. We also spent time speaking with

people including 15 people who used the service, seven visiting relatives, eight care staff, catering staff and the provider, human resources director and the head of clinical governance.

Our findings

At our last inspection we rated this key question as 'requires improvement'. We found medicines were not always managed safely and some specialist equipment prescribed for people was not always used correctly. At this inspection we found the provider was taking action and had made improvement in these areas. We have rated this key question as 'requires improvement' as we would need to see that the improvements made were sustained, however we concluded there was no longer a breach of regulations.

We saw medicines were securely stored, and we saw records which confirmed the temperatures of storage rooms were monitored to ensure these remained within safe operating levels identified in national guidance. This was an improvement since our last inspection. Medicines Administration Records (MARs) we looked at contained pictures of people to assist with accurate identification, together with information about any allergies the person may have and information about how the person liked to take their medicines, for example with water or juice. At our last inspection we found not all medicines had been ordered in a timely way, and some were out of stock. At this inspection we found all medicines were in stock.

All MARs were completed. However, we identified some MARs did not have the full information relating to times of administration. For example, one person had a medicine which had to be given 30 minutes before food. Although staff were aware of this, we saw the information was not always written on the MAR, which may increase the risk of the person not experiencing the full therapeutic effect of the medicine.

Some medicines, such as those for pain relief, were prescribed for 'as and when' usage, also known as PRN medicines. We found most of these had guidance for staff to follow to help identify when they would be needed, however seven of the 18 records we looked at lacked this guidance.

We brought these observations to the provider's attention at the end of the first day of our inspection, and asked them to complete an audit to enable them to see where there was incomplete information and take action to rectify this. When we checked on the second day of the inspection this had been done and appropriate action taken.

At our last inspection we found that thickeners prescribed to people to ensure liquids were safe for them to swallow were not being managed as individual medicines. People's drinks were thickened from a communal supply of thickener. At this inspection we found the provider had put effective measures in place, and this was no longer the case.

Some medicines require additional secure storage and documentation because of the nature of the drugs they contain. These are also known as 'controlled drugs'. At our last inspection we found not all controlled drugs that people needed were in stock, however at this inspection we did not find any issues with the storage, recording or ordering of controlled drugs. Where these were given in the form of patches, we saw records were kept to show when and where these had been applied.

People we spoke with told us they felt safe living at Earls Lodge. Comments included, "The staff do all they can to make us feel safe," "I am definitely safe here," and "Living here is home from home." Relatives also gave positive feedback. One relative told us, "I feel that safety takes a priority here." Another relative said, "I can now go on holiday knowing [name of relative] is safe." A member of staff told us, "We endeavour to make safety a priority"

We saw the provider produced a 'risk list' which staff could refer to. This gave an at-a-glance summary of specific risks such as those associated with pressure care and nutrition. Some risks were not documented, however. For example, we saw from one person's care plan they were at very high risk of pressure damage to their skin. Their care plan stated they used a pressure mattress in bed and a pressure relieving cushion when sitting in a chair, however these risks were not listed. We spoke with a member of staff who was able to tell us about the support the person needed. They confirmed the person was regularly repositioned, and stated there was no chart in place to formally record these activities. The risk assessment in place stated 'Introduce a repositioning schedule that is tailored to [name of person]'s needs.' There was no guidance to show how this personalised risk minimisation was being provided, however. This conflicted with the provider's policy which stated the frequency of repositioning should be documented.

Staff we spoke with understood their responsibilities in identifying and reporting any concerns about abuse. They were able to tell us about the kinds of abuse people may be at risk from in a care setting, and who they would report to. We saw there was training in place to support this, and the records showed all staff including domestic and catering staff attended this training. Staff knew they could report concerns to the local authority or CQC as well as to senior managers. A staff member told us, "I know what to do to report safeguarding issues or whistle blow and feel confident to do this." People we spoke with said they would feel confident about raising any concerns about their safety with staff or managers in the home. People and relatives said they were confident in sharing any concerns or worries with staff, and told us they felt these would be acted on appropriately. Accidents and incidents had been reported to the CQC as required, and feedback from local authority safeguarding teams was that the provider had engaged with offers of training and assistance in this area.

Records we looked at confirmed the provider's recruitment practice continued to be robust and reflected a commitment to equality of opportunity. We saw appropriate background checks were made, including taking of employment references, checks on identity and gaps in employment histories and checks made with the Disclosure and Barring Service (DBS), which holds information about people who may be barred from working with vulnerable people.

Some people told us how the provider included them in the recruitment of new staff. One person said, "I join in the new recruitment system. I fill in a questionnaire about [candidates'] attitude and how they work." Another person told us, "I have filled in a number of forms to tell the managers what I think of new staff." The provider's director of human resources told us candidates spent time with people who used the service, and observations of their interactions with people were used in forming a judgement about who they should employ. They said they spoke with people one-to-one to gather their opinions, and people we spoke with confirmed this.

People who used the service did not raise concerns about staffing levels in the home. One person said, "There seem to be enough staff." Another person told us, "You don't have to wait long for anything if you call for help." A member of staff told us that use of agency staff had been reduced, meaning there was more continuity in the care provision. Records we looked at showed staffing levels were consistent and planned to meet people's needs.

We made checks on the environment as part of the inspection. We saw people lived in a home that was clean and well-maintained, and concerns identified at our last inspection had been actioned. There were certificates in place showing key parts of the building, for example the electrical circuitry and gas installations, were regularly checked by relevant professionals to ensure they were safe. We saw equipment used to provide care and support was also checked to ensure its safe operation.



Our findings

At our last inspection we rated this key question as 'requires improvement', and identified a breach in regulations relating to consent.

At this inspection we saw evidence the provider was making improvement in these areas and was no longer in breach of regulations. We have rated this key question as 'requires improvement' as we would need to see that the improvements made were sustained, and we have made a formal recommendation about improving capacity assessments.

We saw there was an enthusiastic and robust approach to training in the home, which meant staff had the induction and on-going training which they needed in order to be effective in their roles. The training records we looked at showed this was up to date. Further support was given through well structured and meaningful supervision and appraisal activities. These included identifying areas of interest which could be developed in order to drive improvements in the care delivered at the home. The human resources director showed us how they had planned the latest round of supervision activity to collate and analyse feedback from meetings with staff to identify priorities for staff development, which would then be used to form objectives to be discussed in the manager's supervision and built into the service development plan.

At our last inspection we saw staff were not always using their training to provide effective care. We did not identify any concerns at this inspection.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation 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 whether any conditions on authorisations to deprive a person of their liberty were being met.

Staff we spoke with said they had received training in MCA and DoLS, and training records confirmed this. One member of staff told us there was information they could check in people's care plans if they were unsure if a person had a DoLS in place.

Consent was not always documented in ways consistent with the MCA code of practice. For example, in one care plan we saw contradictory information about consent. We recommended the provider review the Mental Capacity Act 2005 Code of Practice to ensure their approach to the management and recording of capacity was consistent.

Some measures in place to monitor and manage the diets of people with nutritional risk were not always well managed, although we did see the provider had worked to improve this area in the time since our last inspection. For example, one person's care records stated they should be re-weighed and re-screened to ensure measures in place to manage their weight were effective. There was no guidance to show when or how often this should be done.

People we spoke with gave good feedback about the meals served at Earls Lodge. One person told us, "The food is just right, and they support me being a diabetic." Another person said, "The cook will make you anything you want." A third person told us, "The cook comes round every day to ask us if we like the food." The cook told us, "I complete a Catering Form for every new resident - I meet them face to face - they can tell me all their likes and dislikes."

We made observations of the lunchtime service during our inspection. We saw tables were set with cloths, mats and condiments. Menus were displayed and we saw these were also available in pictorial formats to assist people in making choices of meals. We saw staff were patient in assisting people to choose, although observed some people had to wait some time for their meal to arrive. We saw the layout of the dining room meant that tables and chairs were often very close together, meaning some people had difficulty reaching or leaving their seats. We shared this observation with the provider during the inspection, and they discussed with us some improvements they could make to improve this.

Our findings

At our last inspection we rated this key question as 'requires improvement.' We found some conflicting information about people's end of life wishes in their care plans. We did not identify any breaches of regulation. At this inspection we found the provider had taken action to improve this aspect of care planning.

People told us they were happy living at Earls Lodge and gave positive feedback about the ways in which staff provided care. Comments included, "The staff are so supportive and helpful," "I have nothing but wonderful care from all the staff," and "The staff are so caring and considerate." Relatives also told us there was a caring approach in the service. One relative said, "The staff put in a lot of hard work to care for everyone. All the staff are warm and kind." Another relative told us, "I am so grateful for the care offered to [name of person]."

Throughout our inspection we observed people being treated with dignity and respect. We saw staff gave caring encouragement to people to maintain their independence, and only intervened to provide care and support when the person asked or showed they required this. When support was given, for example when assisting people to transfer using a hoist, we saw staff spoke to people to explain what they were doing and to provide reassurance. One person told us, "I am definitely treated with dignity at all times." A relative told us, "They treat people as individuals."

We saw staff were mindful of people's dignity. We saw they knocked on doors and said who was there before entering people's rooms and saw interactions which were consistently friendly and warm. People told us they had a good rapport with staff, and we saw people looked relaxed in the presence of staff. We saw people and staff smiling and communicating happily, often with humour. One person said, "The staff are so supportive and helpful." Another person told us, "The staff know me so well." People looked well-groomed and were comfortably dressed with hair styled. This showed personal care had been attended to.

Care plans contained person-centred documentation which reflected people's personalities, likes and dislikes and individual needs. For example, we saw information about people's spiritual needs and how these would be met, details of treasured memories and important relationships and information about activities such as favourite television programmes and events in the home which people had said they wanted to be involved in. Care plans were written in the first person and showed how people preferred care and support to be given. This included people's preferred routines, whether they wished staff to check on their well-being during the night and what they were able to do for themselves. We saw people were free to choose where

they spent their time, and saw people visit the garden and retire to their rooms whenever they wished.

Relatives we spoke with said people's independence was promoted. They told us about adaptations such as hand rails, assisted bathing, raised toilet seats and grab rails which they felt enabled people to safely meet their own needs as much as possible. The home had a 'Tuck Shop' which enabled people to purchase items such as toiletries and edible treats independently. This was taken around communal areas and people's rooms, and was available every day.

People told us the provider had introduced a new initiative called 'All around the World', which they were excited about. The catering staff hosted an event where they prepared food and drink to reflect different places and cultures such as Italian, Turkish and, to coincide with the celebration of Eid, Indian food. People also told us their religious and cultural needs were met, and said staff were knowledgeable about these.

We saw care plans had been developed in relation to the care people wished to have at the end of their life. Where people did not wish to complete this part of their care plan their wishes had been recorded and respected.

Our findings

At our last inspection we rated this key question as 'requires improvement.' We found there was variation in the level of detail in people's care plans, however we did not identify any breaches of regulation. At this inspection we found the provider had made improvements and have rated this key question as 'good'.

Before this inspection we had placed a condition on the provider's registration which meant they had to provide us with assessments they had carried out for people who wanted to use the service. We saw the process was thorough and detailed, and removed this condition as we felt it was no longer necessary for the Care Quality Commission to review assessments. This meant we were confident there was a robust pre-assessment process in place.

Staff we spoke with confirmed they read care plan, were able to tell us in detail about people's needs and preferred routines, however we found some information still needed to be added to one person's care plans. For example, one member of staff described in great detail how they were able to help calm and reassure the person when they experienced behaviours that challenged them and others, however not all this information had been added to the person's care plan. This meant strategies which were effective in alleviating the person's distress were not available to all staff.

We saw staff attended a detailed handover at the start of each shift to ensure they had access to up to date information about any changes in people's needs. Staff we spoke with told us they found this useful and informative. Staff told us how they engaged people and their relatives in reviews of people's needs. One staff member said, "We chat with people and relatives and ensure care plans are detailed and up to date."

People told us they enjoyed the activities provided at Earls Lodge. Comments included, "I enjoy watching the singers that come to entertain us - I love sitting in the garden on a warm day," "I love the tuck shop," and "I really enjoy the baking sessions." Relatives we spoke with also gave good feedback about activities. One relative told us, "[Activity Co-ordinator] works so hard to make the activities meaningful – they are a wonder." Another relative said, "There is a marvellous range of activities - I join in whenever I come." We spoke with the activity worker and found they had a good understanding of people needs and abilities, and we saw they were effective in getting people to join in.

People and their relatives told us they had no concerns about how to make complaints if they needed to. One person said, "I've never had a big complaint but if I did I would tell the manager." Another person referred to the provider and director of human resources by name and told us, "I would definitely tell

[provider] or [director of human resources] if I was unhappy, because I know it would be dealt with straightaway." A relative told us, "The owner has made it clear that if we have any concerns we must tell them." Another relative said, "I have raised some issues and they were dealt with immediately."

Our findings

At our last inspection we rated this key question as 'Requires Improvement' and identified a continuing breach of regulations related to governance. We found some care records lacked detail and the audit programme in place was not sufficiently robust to identify and address the issues we identified.

At this inspection we saw the provider had worked to make improvements, and concluded the provider was no longer in breach of regulations. We have rated this key question as 'requires improvement' as we would need to see evidence of the improvements being sustained in order to rate the service as 'good' in this area.

There was a manager in post when we inspected, however they were not at the service due to annual leave. We spoke with them by telephone after the inspection. The manager was not registered with the Care Quality Commission, but had submitted their application. They had been recruited to the post since our last inspection. A relative told us, "I have absolutely no concerns since the change of management." Another person told us, "I am so happy with the care [name of person] receives. I am happy with all the staff and management. They don't just help [name], they help me as well - I can't thank them enough."

During the inspection we found the provider was keen to engage with our inspection process, and had taken action to improve their service. This meant they had responded to concerns raised with robust action. This inspection took place six weeks after the last inspection due to the concerns we found, and we saw the provider had addressed many of the issues we had identified. We saw sufficient action to conclude the service was improving, however there were still unresolved issues with some aspects of care provision which were identified at this inspection. We recommended the provider continue to focus on addressing the issues identified in this report.

We received some good feedback about changes in the home since our last inspection. One relative said, "We had a meeting after the last CQC inspection so we could discuss its findings." Another relative told us, "We feel that the home has improved substantially in recent months." A further relative told us a number of staff had left since our last inspection. They said, "The staff are 100% better now."

People told us about meetings they could attend. One person said, "We have meetings where we sit around the table and have a cup of tea and chat about things like menus. They ask us what we would like and would not like to eat and things to do like activities." Another person told us, "We have meetings to decide things." Relatives also confirmed the provider engaged with them well, even if they were not able to attend the meetings. They told us, "I always receive minutes of the meetings - which is brilliant."

We saw there was a programme of activity in place to measure, monitor and drive improvements to the service. These included audits of accidents and incidents, clinical care, pressure care, medicines and notifications made to the CQC about specific incidents in the home. Although we saw these were up to date, we saw some further development was needed in this area.

People and their relatives had also been asked for feedback about the service through a survey. We saw the provider had analysed the results of this and drawn up an action plan to address any areas where there had not been 100% satisfaction recorded. In addition we saw the provider had surveyed health and social care professionals and received good feedback from this activity. One health professional we spoke with told us, "The staff are very friendly and helpful. I have no concerns regarding things at Earls Lodge."

Minutes of meetings showed the provider met regularly with senior management in the home, and undertook some audit activity to supplement this, including speaking with people who used the service.

There was a service development plan in place to show how the provider intended to drive sustainable improvement in the home. We received feedback from other health and social care professionals which confirmed the provider had engaged with offers of assistance such as additional training for staff and additional monitoring activity. Since our last inspection we had received a number of detailed action plans and updates from the provider to enable us to understand what improvements were being put in place and how action was being taken to address our findings. This meant the provider had taken additional action since our last inspection in order to assess and improve quality.