

ELEEO Ltd

# Engelhard Lodge Care Home

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

### About the service

Engelhard Lodge Care Home is a residential care home providing personal care and accommodation for up to 35 older people, some of whom were living with dementia. At the time of our inspection there were 20 people using the service. The service is a purpose-built care home and is set across one floor. There was a large lounge, and dining room and outside areas for people to use.

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

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 did not support this practice. Whilst people were supported in a way which supported their choices and in the least restrictive way, best interest decisions had not been documented and applications to deprive people of their liberty had not been made where needed. We have made a recommendation in relation to this.

Risks in relation to people's individual care needs had been assessed, and plans were in place to mitigate these. Staff understood how to keep people safe from harm and completed training in safeguarding. There were enough staff to meet people's needs, and there were safe recruitment practices in place. Accidents and incidents were investigated appropriately to determine if lessons could be learnt.

People's medicines were managed in a safe way and staff completed training in relation to the safe management and administration of medicines.

Risks within the environment had been assessed and regular inspections of services and utilities were undertaken. The service was clean throughout, and staff observed good practice in relation to infection prevention and control to minimise the risk of infection.

Some people told us the timings of the meals could be more evenly spaced out but were happy with the quality and choice of food offered.

People and their relatives were involved in the planning of their, their family members care, and people's care records were written in a person-centred way. Staff knew people well, and supported people according to their wishes, whilst maintaining their privacy and dignity.

The registered manager and the staff had formed good links with the community and there was a choice of activities and events at the service to ensure people did not feel socially isolated.

The registered manager had a good oversight of the service, and procedures were in place to monitor and assess the safety and quality of service being delivered.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

This service was registered with us on 12 October 2021 and this is the first inspection.

### Why we inspected

We undertook this inspection based on the date the service was first registered with us.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

### Recommendations

We have recommended the registered manager assesses people's mental capacity to make decisions. These decisions are to be made in people's best interests and a documented record of this held. We have also recommended they make applications to deprive people of their liberty where this is required to keep people safe.

### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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 not always effective.

Details are in our effective findings below.

Requires Improvement 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Engelhard Lodge Care Home

## **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 Health and Social Care Act 2008.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

#### Inspection team

This inspection was undertaken by one inspector and two Experts 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

Engelhard Lodge is a 'care home'. People in care homes receive accommodation and nursing and/or personal care as a single package under one contractual agreement dependent on their registration with us. Engelhard Lodge is a care home without nursing care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the

quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We reviewed information we had received about the service since the registration date. We sought feedback from the local authority who also work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with 5 people who lived in the service and 5 relatives. We also spoke with the registered manager, a member of administration staff and 1 senior carer. Throughout the visit, we made observations of the care being provided in the communal areas of the service.

We reviewed the care records for 4 people, and the medicine administration records for 3 people. We looked at 3 staff recruitment files and a range of records relating to the quality, safety and day to day running of the service.

After our inspection visit, we spoke with a further 10 relatives and a further 6 members of staff over the telephone, this included 2 senior carers, 2 care staff and a member of the domestic team. We also continued to clarify information with the registered manager.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. People told us they felt safe living in the service. One person said, "I feel particularly safe at night. No, I've not felt unsafe." A second person explained, "Yes, I'm safe here. There's always staff around, as you can see."
- Staff understood what constituted abuse and how they would report any concerns. Training records confirmed staff had received training in safeguarding.
- The provider had an up to date safeguarding policy and procedures in place which detailed the process staff should follow should they have to report any concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks in relation to people's health and wellbeing had been assessed. Plans were in place which detailed what action staff should take to mitigate known risks and keep people safe. Risk assessments were regularly reviewed.
- Risk assessments were person-centred, for example, where 1 person showed distress, the assessment detailed how the person showed signs of distress and how staff should speak with them to alleviate any anxiety.
- Where people were at risk of falls, we saw their rooms were free from clutter and trip hazards. We saw 1 person's risk assessment and associated care plan had been updated and staff took action in response to them experiencing an increase in falls.
- Environmental risks were regularly assessed and reviewed. Risk assessments of the different areas of the service such as the kitchen and laundry showed how staff mitigated risks in these areas.
- Utilities and firefighting equipment were regularly inspected and serviced to ensure their safety. A review of records and certificates confirmed these checks had taken place.
- A system was in place to review accidents and incidents. Records showed incidents were reviewed by the registered manager. Any lessons learnt were documented and shared with staff to prevent future occurrences. For example, where one person had an increase in falls, staff had increased their observations of the person so they were able to quickly support the person to sit down in order to prevent a fall.

Staffing and recruitment

- There were enough staff to support people and respond to their needs in a timely way. One person said, "Oh yes, there's always staff available to help me. I see the same group of people. This gives you confidence that they know you and what your needs are." A second person explained, "I know all the staff and get on well with them all. They rarely keep me waiting."
- Our observations confirmed there were enough staff deployed throughout the service. We observed staff

to be present in all areas of the service and responding to people's needs.

- The registered manager did not have a standardised interview format which would assist in ensuring a robust assessment of candidate's skills and knowledge. The registered manager told us they were going to make improvements to their interview process following feedback from the local authority. The registered manager had planned on having this in place for when they next interviewed a candidate.
- A review of staff files confirmed they underwent the necessary pre-employment checks. These included obtaining references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- Medicines were stored, administered and managed in a safe way. One person said, "The staff come in with a little pot of tablets and wait while I take them."
- We reviewed people's medicine administration records and these showed people were given their medicines as prescribed and there were no gaps on the charts where staff signed to show people had taken their medicines.
- Staff told us they received training in administering and managing medicines. Training records confirmed this, and records showed staffs' competencies in relation to administering medicines was also regularly assessed. This helped to assure the registered manager that staff maintained good practice and knowledge in relation to safe medicines management.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was supporting people living at the service to minimise the spread of infection.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Visiting in care homes

- People's relatives told us there were no restrictions on visiting. One relative said, "I phone before I come. The staff greet everyone warmly and always offer drinks. I feel welcome here, it's a pleasure to visit." A second relative explained, "We tend to phone before we come but it's more about letting them know in case there are a lot of people visiting. We are always offered tea and the staff are great, very easy."
- Our observations showed people had visitors throughout the day, and visitors were welcomed by staff on their arrival.



# 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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager was not always working within the principles of the MCA. We found that DoLS authorisations had not been applied for where people might have been deprived of their liberty to keep them safe. As a result people might have been unlawfully deprived of their liberty. We recommend the provider review all people who might be subjected to restrictions that could amount to a deprivation of liberty and make the necessary applications to receive the necessary authorisations.
- We spoke at length with the registered manager about this, and they gave assurances they would rectify this and apply for DoLS authorisations by the middle of July where people required depriving of their liberty.
- We were assured through our conversations with staff, people and their relatives that people were being supported to make choices where they had capacity to do so, and not being unnecessarily restricted where they were unable to make decisions. However, the provider did not always record best interest decisions to confirm who were involved in the discussions and the outcome of these. We recommend the provider review their processes in relation to recording consent and best interest decisions to demonstrate they were meeting the MCA principles.
- Our conversations with staff assured us they had a good understanding of the principles of the MCA, make

best interest decisions, and supporting people in the least restrictive way. Our observations confirmed staff supported people in the least restrictive way.

- People told us they were supported by staff to make choices about their care and treatment. One person said, "The staff have a lovely manner. I can choose what I want to do. They do try to encourage me to get involved in things, but if I don't want to, that's okay." A second person explained, "The staff are good. Yes, if I choose to do something or not, they go along with what I want. If I don't want a shower or I do, I just say." A third person said, "[The staff] show respect and kindness. They never tell you what to do."

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

- People's needs and choices were assessed prior to them moving to the service. This helped to ensure their needs could be met by staff at the service, and their choices could be supported.
- People received care in line within national guidance and nationally recognised tools were used to assess and review people's care and support needs. These included measures of weight and nutritional intake.

Staff support: induction, training, skills and experience

- People told us they felt staff had the skills and experience to undertake the role expected of them. One person said, "I have great confidence in the staff." A second person commented, "I have full confidence in the staff. The service is really good."
- All new staff had an induction where they shadowed a more experienced member of staff. There was also an induction checklist the registered manager completed with new staff. This included items such as introductions to people living in the service and being made aware of fire procedures.
- Staff had regular supervisions with the registered manager. Supervision is an opportunity to reflect on what staff do well, and whether there are any training needs. Conversations with staff and records confirmed supervisions took place. Staff also had an annual appraisal of their work.
- Training records showed a high compliance with training. Staff were expected to complete all their mandatory training as set by the registered manager. Staff undertook training in areas such as first aid, and more specific training in relation to supporting people with their individual needs, such as, dementia awareness and falls prevention.

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

- Some people and their relatives told us there was too little time between lunch and breakfast. 1 person said, "When we don't have our breakfast until 9.30am or later, I don't want much at 12.30pm so I usually just have toast - then it's quite a while until our dinner time at 6pm." A relative told us their family member woke early and had to wait a few hours for their breakfast, and then lunch was not too long afterwards. The registered manager told us they would discuss the timings of meals with people.
- People we spoke with were complimentary about the quality of the food and the choices they were given. One person said, "The food is pretty good. We have our main meal at the end of the day and choose what we want when staff come and ask us in the morning." A second person commented, "I like the food. The staff fetch me cups of tea and often bring biscuits."
- Relatives told us how their family member's nutritional intake had improved since living in the service. One relative said, "[Family member] is drinking more there and I have definitely seen an improvement in herself despite her health issues." A second relative told us how their family member had previously been underweight, but their weight had improved since living in the service.
- The kitchen has recently been awarded a five star rating for food hygiene by a representative from the local council. This is the highest score which can be awarded, and it provides assurances of the high

standards maintained by the kitchen staff.

- Observations showed people were regularly offered snacks and drinks outside of mealtimes.

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

- Staff worked with other agencies such as social workers and district nurses to ensure people's care needs were reviewed and assessed when their needs changed. This ensured the right level of support could be provided to people.
- People told us staff supported them to access GP services. 1 person said, "The staff organise everything. The surgery is the local one and the GP comes in from there regularly." A second person commented, "The staff call the GP if needed and organise chiropody and the hairdresser."
- A review of records showed advice from healthcare professionals was recorded and reflected in people's care records. We saw timely referrals were made to the relevant services where there were changes to people's care needs.

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

- The service was a purpose-built care home. It was set across one floor, and there were several large communal areas and wide corridors. The service was decorated in a neutral way, but also had a homely feel. The service benefitted from a lot of natural light. There was also signage on doors to show people what doors led to bathrooms, for example.
- People's rooms were personalised with their own belongings, and people had their own ensuite facilities.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported in a caring way. One person told us, "[The staff] are kind and caring. Do you know one of the staff brings me a newspaper every day. She doesn't have to, but she does anyway. So good." A second person described the staff as, "Respectful, kind, caring and patient- I couldn't ask for better." A third person said, "The staff are brilliant; they really care about everyone."
- People's relatives were also complimentary about the care their family members received. One relative said, "The staff are brilliant."
- Our observations showed staff spoke with people in a caring way and were gentle when supporting people to mobilise around the service.
- The conversations we had with staff assured us they had a good understanding of people's diverse needs. They were able to tell us in detail how they cared for people in a way which met their needs.

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

- People were involved in the planning and made choices about their care. One person said, "I choose what to do during the day. All the staff are good, [both the] male and female [staff] and I go off to bed and get up when I'm ready." A second person commented, "It's clean and there's always staff around to help. I pretty much choose what I do."
- Relatives were also involved in making decisions about their family member's care. One relative said, "... We went over [Family member's] likes and dislikes so the staff are made aware." A second relative explained, "I'm very much involved with [Family member's] care. I talk with [Registered manager] regularly."
- Staff understood the importance of offering people choice, and were able to tell us how they involved people in making decisions about their care and their day to day wants and wishes.

Respecting and promoting people's privacy, dignity and independence

- People were treated in a way which respected their privacy and maintained their dignity. 1 person said, "[The staff] are respectful, kind, caring and patient, I couldn't ask for better." A relative commented, "The staff are ultra respectful."
- Staff supported people to maintain their independence. A person said, "[The staff] are patient and considerate at all times. I can't walk far now and they take their time with me." A relative explained, "It can be difficult for [Family member] to be independent now due to the dementia but the staff are great with her."
- Our observations showed staff were respectful and patient when supporting people with their care needs. Staff would knock on people's doors and wait for an answer before entering. We saw 1 member of staff gently giving 1 person encouragement as they were walking with them while holding their hand.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- A review of people's care records showed their care was planned in a person-centred way. However, the care records could be more succinct as the same information was repeated throughout which sometimes made them difficult to navigate. Regular reviews of people's care records were undertaken and updated where needed.
- Relatives told us how their family member's health had improved since living in the service. One relative said, "Before at home [Family member] was in bed all of the time but now [Family member] goes to the dining room, doing craft there and they have given [Family member] a wheeler, [Family member] has walked more in the last year than in the 2 previous years..." A second relative explained, "...all [of the staff] are very good with [Family member], and they definitely impact on her well-being. From the hospital [Family member] could not walk, now [Family member] is on a walker."
- People's care records detailed what they could do for themselves to remain independent where possible. Our observations showed us there was an emphasis on maintaining people's independence. For example, we saw during the lunchtime meal people had adapted cutlery and crockery to enable them to eat independently.
- There were some good examples of person-centred care planning in people's care records. For example, we saw that it was detailed in 1 person's care record who they liked to sit with at mealtimes. People's care plans and risk assessments took account of people's individual wants and wishes.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager told us information could be made available in different formats to meet people's needs when required.
- People's communication needs were detailed in their care records, and our observations showed staff communicated with people according to their individual requirements.

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

- There were a number of activities provided at the service. One person told us, "I go to things like painting sometimes." A relative commented, "The staff work very hard with people either individually or in groups."

The laughter is lovely to hear."

- During our inspection we saw a number of activities taking place, the activity staff were engaging and we heard much laughter. We also saw staff engaging with people individually and saw 1 person smiling while they danced with a member of staff.
- The registered manager and the staff had worked to establish links with the wider community. One relative said, "[There was] a social event at Easter, was a lovely atmosphere, relatives were in touch and involved, that is a good thing..." Other events included local school children visiting people to take part in activities such as pool, and a virtual choir session where people sing with people living in other care services and school children."

Improving care quality in response to complaints or concerns

- The registered manager told us they had not received any formal complaints, only 'minor grumbles'. There was no formal process for recording these, but the registered manager told us they were going to implement a record to keep note of actions taken.
- People and their relatives told us they have had no need to raise a complaint, but they told us they would raise any concerns with the registered manager.
- There was a complaints policy in place which detailed the process to follow when a complaint is received.

End of life care and support

- People's end of life wishes had been documented in their care records. They detailed where people would like to be at the end of their life and what arrangements they had made for after their death.

# 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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager had a clear vision for the service, and that was to create a person-centred, family orientated home for people to live. One staff member described the service as a, "Laid back care home, more of a family feel. Involved heavily with relatives."
- People told us the service was run well. One person said, "The staff work well together and the [Registered manager] demands high standards." A second person commented, "The home is managed well. The food, staff and cleanliness are good. The activities can be fun."
- Staff spoke in a caring way about the people they supported and their work. 1 member of staff said, "I love [People's] stories. We brighten their day, and they brighten ours." A second member of staff explained, "[The] service has more of a family feel, not task orientated."
- All notifiable incidents had been reported to us in line with the Regulations. This, and our conversations with the registered manager assured us they understood their duty of candour.

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

- There was a defined staffing structure in place, and our observations showed staff went about their duties with minimal supervision. This gave us confidence staff understood what was expected of them for the role they were undertaking.
- People told us the registered manager was a visible presence. One person said, "[Registered manager] pops in to see me. I think she's a good person." A relative explained, "[Registered manager] is approachable, cares a lot about the residents and the staff. Staff stay once they come here. That says a lot."
- The registered manager and senior care staff undertook regular audits of different areas of the service. These included medicines audits and health and safety audits. These checks gave the registered manager an overview of the safety and quality of the service and identified any areas for improvement.
- The service had recently received a visit from the Local Authority Quality Monitoring team. They had highlighted some areas for improvement. The registered manager worked with them to develop an action plan of the improvements they would make. By the time of our inspection, we found a number of improvements had already been made.

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

- People, their relatives and staff felt involved in the running of the service and any changes which were being made. People told us they were aware of a planned increase in staffing in preparation for new people moving into the service.
- There were regular meetings for people who lived in the service and their relatives. One person said, "We recently had a cheese and wine evening which was well attended. We were updated by the [Registered manager] on future plans."
- Staff also attended regular meetings. Minutes showed any changes to people's care needs were discussed as well as agenda items such as cleaning and laundry.
- The registered manager sought verbal feedback from people, their relatives and staff. This was recorded and records showed all those spoken with has a positive experience of Engelhard Lodge Care Home. The registered manager told us they have plans to gather feedback through a written survey too once the service has been open for a year.

#### Working in partnership with others

- The registered manager and the staff worked closely with a number of external agencies. These included the Local Authority and healthcare professionals. The registered manager told us they had a particularly good working relationship with one of the local GP practices.