

Hasbury Home Care Services Ltd

# Eden Lodge Health Care

## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

About the service: Eden Lodge Health Care is a care home that provides personal and nursing care to a maximum of seven younger adults with mental health needs and or learning disabilities. At the time of inspection three people were using the service.

The service was developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. The model of care proposed from 2015 and 2016 guidance that people with learning disabilities and/or autism spectrum disorder which proposed smaller community based housing. These values include choice, promotion of independence and inclusion. People with learning disabilities using the service can live as ordinary a life as any citizen.

People's experience of using this service:

People told us they felt the care and support they received was safe.

Staffing levels were sufficient to meet people's needs safely and flexibly. Staff knew about safeguarding procedures. Appropriate checks were carried out before staff began to work with people. People received suitable support to take their prescribed medicines.

Risks were assessed and managed. Positive risk taking was encouraged as people were supported to take acceptable risks to help promote their independence.

Staff had a good understanding and knowledge of people's care and support needs. They received the training they needed and regular supervision and support. People were supported to access health care professionals when required.

People were involved in decisions about their care. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Information was accessible to involve people in decision making about their lives.

Staff knew the people they were supporting well. Care plans were in place detailing how people wished to be supported and people were involved in making decisions about their care. Staff had developed good relationships with people, were caring in their approach and treated people with respect.

There were opportunities for people to follow their interests and hobbies. They were supported to be part of the local community. People enjoyed their meals and their dietary needs had been catered for.

The registered manager monitored the quality of the service through audits and feedback received from people, their relatives, staff and external agencies.

Why we inspected: This was the first inspection of the service since it was registered in November 2016. This was a planned comprehensive inspection.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as part of our re-inspection programme. If any concerning information is received we may inspect sooner.

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

## 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

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

# Eden Lodge Health Care

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

One inspector carried out this inspection.

#### Service and service type:

Eden Lodge Health Care is a care home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

#### Notice of inspection:

This was an unannounced inspection and we gave the registered manager no notice of the inspection visit.

#### What we did:

Before the inspection, we had received a completed Provider Information Return (PIR) in June 2018. The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the PIR and other information we held about the service as part of our inspection. This included the notifications we had received from the provider. Notifications are changes, events or incidents the provider is legally obliged to send CQC within required timescales. We contacted commissioners and other professionals to gather their views about the service. We received no concerns about the service.

#### During inspection:

We spoke with the provider, the registered manager, two people who used the service, two support workers and a visiting pharmacist. We carried out general observations in the communal dining/lounge. We reviewed a range of records. This included three people's care records and one person's medicines records. We also looked at three staff files around staff recruitment and the training records of staff. We reviewed records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider.

# Is the service safe?

## Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People and staff told us they felt safe at the service. One person said, "I feel quite safe since I've come to live here. A staff member told us, "We carry a fob and there is a panic attack button, to alert staff if we needed urgent help."
- The provider had effective systems to help protect people from the risk of harm or abuse. Staff received training and were confident about what and how they would report any concerns to the registered manager and to local safeguarding authorities.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed and measures put in place to remove or reduce the risks. This included any environmental risks to ensure people were kept safe. Risk assessments were reviewed regularly to reflect people's changing needs.
- Where there had been an escalation in a person's behaviour that others found challenging, the service sought advice and guidance from health care professionals to mitigate the risks identified.
- The provider helped ensure people received support in the event of an emergency. The management team provided an on-call service when not on duty.

Staffing and recruitment

- There were enough staff to support people safely and to ensure people's needs could be met. Rotas showed there were sufficient staff deployed on shift to keep people safe.
- Staff worked on a one-to-one basis with some people they supported.
- Safe and effective recruitment practices were followed to help ensure only suitable staff were employed. These included satisfactory references and background checks with the Disclosure and Barring Service (DBS).

Using medicines safely

- Medicines records were clear and accurate.
- Staff did not administer medicines until they had been trained to do so. Competency assessments were completed regularly to confirm staff had a good understanding in this area.
- People's medicines were regularly reviewed by either the GP or relevant mental healthcare professional.

Preventing and controlling infection

- Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.
- Staff supported people and they were encouraged to learn how to keep their home clean.

### Learning lessons when things go wrong

- Accident and incident reports were analysed, enabling any safety concerns to be acted on. De-briefings took place with staff and reflective practice at staff meetings to analyse any incidents.
- Risk assessments and care plans were updated after accidents and incidents to help ensure that the measures in place were effective.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- Before people received care the registered manager carried out a detailed assessment to check if people's needs could be fully met at Eden Lodge Health Care.

Care plans were developed for each identified care need people had and staff had clear guidance on how to meet those needs.

- Care and support plans were regularly reviewed. This helped to ensure that if people's needs changed this was appropriately reflected in care records as well as in the care they received.

Staff support: induction, training, skills and experience

- Staff received training and support to enable them to carry out their roles effectively. Staff training records and their comments confirmed this. Staff comments included, "I feel 100% supported", "We do face-to-face to training", "I did Management of Actual and Potential Aggression training [Mapa] at my induction" and "There are opportunities for training."

- Staff completed an induction programme at the start of their employment. New staff told us they shadowed experienced staff until they, and the registered manager were satisfied they were competent to work alone.

- The registered manager and staff confirmed that there was a programme of staff supervision. Staff told us they received support and were fully confident to approach the management team for additional support at any time. One staff member said, "If you need anything you just ask."

Staff working with other agencies to provide consistent, effective, timely care

- Care records showed people were referred for any specialist advice and support from different health professionals in a timely way. One professional's response in a recent provider survey stated, "Staff are proactive in informing me of any concerns, needs or changes related to a person in their care."

- Staff followed professionals' advice to ensure people's care and treatment needs were met.

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

- The home was a building that had been extensively adapted and refurbished to ensure people were kept safe. It was light and airy and there were quiet areas where people could spend time. There was also a conservatory and garden for people to use.

- People's bedrooms were personalised. They had belongings that reflected their interests.

Supporting people to live healthier lives, access healthcare services and support

- Records showed there were care plans in place to promote and support people's health and wellbeing.

- There was evidence of regular external health care professional involvement in people's care for physical

and mental health needs. People were supported by staff and/or family to attend these appointments where support was required.

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

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

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. 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 any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met. The registered manager had submitted DoLS authorisations appropriately.

- The service worked within the principles of the MCA and trained staff to understand the implications for their practice. Records showed that the least restrictive interventions were applied where people lacked mental capacity. Consent was obtained from people in relation to different aspects of their care, with records confirming how the person had demonstrated their understanding.

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

- Due to DoLS in place there were restrictions on people's access to the kitchen. However, additional food and drink outside of meal times was provided if requested. People also bought additional drinks and snacks when they went to the shops. People told us there was sufficient to eat and drink.
- People chose the meals they wished to eat and the main meals were cooked by staff. People were supported by staff to prepare snacks.
- People's specific dietary needs including, cultural requirements were known to staff and catered for. People's care plans indicated the need for a weight reducing or healthy diet.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People told us staff were kind and caring. One person said, "Staff are very kind and helpful, they do listen to me. Positive comments were also received from a recent provider survey. Comments included, "Brilliant care" and "Smooth transition to the home."
- People's equality and diversity was respected. Records showed that staff provided food that reflected their cultural preferences. Staff treated people's cultural and religious beliefs with respect. People were supported to visit the local Mosque and records stated an Imam might visit a person at the home.

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

- The service had a culture of supporting people to make decisions about the care and support they received. The registered manager told us information was made accessible and made available in a way to promote the involvement of the person. For example, by use of pictures or symbols for people who did not read or use verbal communication and when English was not their first language. Records showed pictorial information and mood charts were used to involve people. Interpreters were made available for care reviews where people's first language was not English.
- During the inspection we saw staff responded to people's individual needs and requests.
- Records detailed, and staff had a good understanding of, people's likes, dislikes and preferences.
- No person was using an advocate at the time of inspection. The registered manager told us that usually social workers and relatives advocated on behalf of people if they needed external advice and guidance.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy were respected. Staff respected people's personal space and were observed knocking on people's bedroom doors before entering. A staff member described how they promoted people's privacy and dignity when they were providing observation and one-to-one support. They told us, "I will provide discrete supervision and if the person wants to spend time in their room I will check every 15 minutes to see how they are."
- People were encouraged to maintain their independence. Care records supported this and were written in a respectful way and people's confidentiality was promoted.

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care and support was personalised and responsive to people's individual needs and interests.
- People's care records documented their history, life story, preferences and health and mental health care needs. People and other appropriate professionals were fully involved in planning how staff would provide care.
- Care plans were regularly updated to reflect people's changing needs to ensure staff gave the most up-to-date care and support.
- Care reviews with people looked at people's mental health needs, physical needs, relationships, occupation and education, activities, accommodation, risks and medicines.
- People took part in activities and were supported by staff if required. People comments included, "I come and go as I want", "My brother has brought my bicycle for me to go cycling" and "I watch television in my room."
- Links with the community were being developed. People went shopping, or visited places such as the library, cinema, bowling, coffee shops, park and pubs.
- People were encouraged and supported to see their family.

Improving care quality in response to complaints or concerns

- A complaints procedure was available and people were asked at their individual care meetings if they had any concerns or complaints. One complaint had been received and investigated by the registered manager.

End of life care and support

- No person was receiving end-of-life care at the time of inspection. Information was available about people's religion and cultural preferences if this support was required.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- Strong arrangements were in place to ensure people were the main focus and central to the processes of care planning, assessment and delivery of care. Observations, records and discussions with staff confirmed this.
- The registered manager understood their role and responsibilities to ensure notifiable incidents were reported to the appropriate authorities if required. The registered manager understood the duty of candour responsibility, a set of expectations about being open and transparent when things go wrong. No incidents had met the criteria for duty of candour.

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

- There was a positive culture where staff and management took pride in the care and support that they provided.
- The registered manager worked well to ensure the effective day-to-day running of the service and had clear arrangements in place to cover any staff absences.
- Regular audits were completed to monitor service provision and to ensure the safety of people who used the service. The audits consisted of a wide range of weekly, monthly, and quarterly checks. They included medicines, health and safety, accidents and incidents, complaints, personnel documentation and care documentation.

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

- People and staff told us the registered manager was approachable and responded immediately to resolve any concerns in a timely manner.
- The registered manager promoted, amongst staff, an ethos of involvement and empowerment to keep people who used the service involved in their daily lives and daily decision making.
- Staff meetings were held regularly. Meetings provided opportunities for staff to feedback their views and suggestions. Staff told us they were listened to and it was a good place to work.
- People were involved in decisions about their care. They were encouraged to be involved in the running of the service. People were consulted on an individual basis. The registered manager told us group meetings did not take place currently with people because of group dynamics but this would be looked at again when more people used the service.

#### Working in partnership with others

- Records and discussions showed that staff communicated effectively with a range of health care professionals to ensure that the person's needs were considered and understood so that they could access the support they needed.

#### Continuous learning and improving care

- There was an ethos of continual improvement and keeping up-to-date with best-practice in the service. There was a programme of staff training to ensure staff were skilled and competent.