

Mrs Carol Mason

Ebor Lodge

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

This inspection took place on 22 August 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

At the last comprehensive inspection on 9 September 2015, we rated the service as Good overall.

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

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

When we inspected, there was a registered manager in post. 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.

During the inspection, we found shortfalls in the provider's recruitment process. References had not been received for all members of staff and the provider had not followed their own guidelines for disclosure and barring service renewals. This meant that the provider was not fully aware of the employment history of staff and therefore could not be assured that staff were of good character.

The provider had no recorded evidence that members of staff were competent in their roles. Provider documentation had not been completed for checking competency. The provider had no documentary evidence of completed appraisals with staff. This meant that the provider could not be assured that staff were proficient in caring for the needs of individuals.

We found the provider's governance systems were not effective in identifying shortfalls. Audits had not been maintained and some records were not being kept. Staff had failed to record when medicines were opened.

Analysis of survey and audit results was not always completed, and subsequently not used to drive improvements. This meant that the people who used the service and their relatives were not notified of the outcomes of their contributions to surveys and meetings.

You can see what action we told the provider to take regarding the above areas at the end of the full version of the report.

People who used the service told us that they felt safe. Risk assessments were in place and the provider also

had policies to keep people safe in cases of emergency.

Certificates relating to the safety of the premises were all in date. These included certificates assuring the safety of fire equipment, water (for legionella), gas and electrical appliances.

Staff were aware of how to protect people from the risk of harm and abuse and knew what to do if they had any concerns.

The provider had Deprivation of Liberty Safeguards (DoLS) for the people who used the service who required these. The provider was aware of their responsibilities under the Mental Capacity Act legislation. Best interest meetings had taken place as required. This meant that people's best interests and least restrictive interventions had been considered.

We observed staff showing kindness and patience when caring for people who used the service. Staff were able to say how they respected the privacy and dignity of people and staff had a good understanding of the individual needs of the people who they were caring for.

Staff supported people to be as independent as possible according to their individual needs. Rooms were personalised and reflected individual needs and preferences.

Care records were person centred and paperwork had been adapted to fit people's individual needs. This meant that people received a personalised service.

People who used the service were supported to engage in activities in the community and to access the community on a regular basis. This meant that they could lead as independent lives as possible.

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.

The provider's recruitment procedures were not always followed and references were not always obtained. This meant the provider was not always assured that staff were of good character.

There was insufficient guidance to ensure staff gave medicines consistently and in line with the guidelines of the manufacturers.

Continuity plans were in place to ensure staff responded to emergency situations appropriately.

Staff had an understanding of forms of abuse and what to do if they suspected any taking place. People who used the service told us they felt safe.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The induction programme met national standards, but was not used effectively.

The provider had no documentary evidence of completed appraisals with staff.

The registered manager had an awareness of the Mental Capacity Act 2005 and had applied for deprivation of liberty safeguards where appropriate. Best interest meetings had taken place.

The environment had been adapted to meet the needs of people who used the service. The stair lift provided access to the first floor.

People were offered a choice of meals and they told us they enjoyed the food. Staff ensured a varied diet to meet nutritional

Requires Improvement ●

needs.

Is the service caring?

Good ●

The service was caring.

People were supported to live as independently as possible and rooms were personalised. People had their own furniture and electrical appliances in their room if they wanted these.

We observed staff to have a kind and patient approach. People we spoke with confirmed this.

Staff were aware of how to maintain people's dignity and were respectful, they gave examples of how they promoted this.

Advocacy services were used where appropriate to support people to make important decisions in their lives.

Is the service responsive?

Good ●

The service was responsive.

Care records were personalised and person centred.

Staff were responsive to the individual needs of people and adapted paperwork to reflect and meet these.

People were supported to access activities in the community.

The provider had a complaints policy and people told us that they were sure any complaints would be addressed.

Is the service well-led?

Requires Improvement ●

The service was not consistently well-led.

Quality assurance systems and processes were not always used effectively. The use of some audits had lapsed entirely and others were not completed. This lack of auditing meant the provider had not found errors or omissions in recording, and had not assured themselves of the quality of care provided.

Some medicines did not have their date of opening recorded. Therefore auditing expiry dates was not possible.

People did not always receive feedback on the surveys, which the service had completed. Findings were not used to drive improvement.

Maintenance of the building was reactive rather than proactive. There was no audit of existing facilities or future planning.

Ebor Lodge

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 22 August 2017 and was unannounced. The inspection team consisted of two adult social care inspectors.

Prior to the inspection, we gathered information from the local authority safeguarding team and two commissioners regarding their views of the service. We reviewed this along with information that we held about the service. We looked at notifications that the provider had submitted. Notifications are forms, which the provider has to submit to us by law. They tell us how the provider manages incidents and accidents for the people in their care. The provider had also completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give key information about the service, including what the service does well and improvements they plan to make.

We spoke with six people who used the service, two relatives, the registered manager and two members of staff. We looked at the care records for three people who used the service. We saw nine surveys completed by people who used the service, six by relatives, 14 by members of staff and three by professionals who visited the service. We also observed staff interaction with people and completed a tour of the environment.

We looked at documentation and records relating to the day-to-day running and management of the service. These included fire safety records, utility certificates, audits, accident and incident records, business continuity plans, staffing rotas, policies and medication records. We also viewed four staff files, which included recruitment documentation.

We inspected how the service used the Mental Capacity Act 2005 to confirm that when people were assessed as lacking capacity to make their own decisions, best interest meetings were held in order to make appropriate decisions on their behalf.

After the inspection, we asked the provider to send further information in relation to policies, audits, staff recruitment, appraisal and induction documentation, risk assessments, best interest decisions, behaviour management plans for people who used the service and competency checks on staff. The registered manager sent their evidence by the stated deadline.

Is the service safe?

Our findings

During the inspection, we found shortfalls in the staff recruitment process. We saw for some staff references had not obtained. For example, one member of staff's file had no references and no application form. We asked the registered manager about this and were informed that references had been requested, but not received. This meant the provider could not always be sure of the employment history of staff, and whether they were of good character in their previous role.

Each staff recruitment file we looked at contained a disclosure and barring service (DBS) check. The DBS gives information on the suitability of staff to work in the care setting and allows providers to make safer recruitment decisions. However, two of these checks were over 10 years old. The PIR stated that staff who had DBS checks older than five years would be re-vetted, however this has not yet been completed. This means that the provider's own procedures are not being followed.

Not operating effective recruitment procedures to ensure that persons were of good character and had the qualifications, competence, skills and experience which were necessary for the work was a breach of regulation 19 (1) (a) (b) (2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the records and saw 'when needed' medicine (Pro re nata also known as PRN medicines) protocols were available, however they lacked detail. There was a lack of guidance to ensure medicines were given consistently after marked thresholds had passed and alternative behaviour management strategies had been exhausted. Therefore people may have received medicines to reduce their anxieties without other less restrictive methods being tried first. This also meant that staff might not always know when to administer medicine.

We saw there had been no medication errors recorded since the last inspection. The Medication Administration Records (MAR) were accurate and people were supported to self-administer medicines where possible. This meant that people were encouraged to be independent.

People who used the service told us they felt safe. One person said they had lived at the service for years and stated; "Safe here in all that time." The surveys of people who used the service included comments such as, "It is an extremely good home" and "I'm happy here." There were risk assessments in place to keep people safe and these were individualised to meet people's needs. People were given information on the safer use of alcohol if they wished to drink in the community.

We looked at the results of the relative's survey. The comments included, "[Name] is safe here and settled" and "Staff work to provide a safe, friendly environment and engage with the clients."

There were no emergency call bells at the service. However, we were assured by the provider that the people who currently resided at Ebor Lodge did not require this level of support. At the time of the inspection, we saw that staff had located people with reduced physical abilities in rooms on the lower floors. This was appropriate to the size of the service and the people accommodated there at the time of the inspection, but

would require measures to be put in place if the individual needs of the people who used the service changed.

We saw that the provider had continuity plans in place. This included who to contact if utilities failed, and evacuation procedures too. This meant there was a plan to keep people safe in cases of emergency.

We looked at the personal emergency evacuation plans for the people who used the service. The registered manager told us these had been produced in partnership with healthcare professionals. They included detailed instructions on the support that people would need throughout the evacuation process. This meant staff would know how to support people in the event of an evacuation.

Staff told us that they received training in safeguarding vulnerable adults. They were knowledgeable about the different types of abuse that may occur and understood their responsibilities to report any concerns they became aware of, "I'd go to [registered manager] and tell her." The registered manager was also clear about their responsibilities to report any safeguarding concerns and we saw that notifications had been submitted as required.

Staff were trained in infection control and had access to personal protective equipment such as disposable gloves to use when required. The house keeper told us that they had sufficient equipment to carry out their role. Staff told us that on a weekend, it is the responsibility of all members of staff on duty to clean and tidy the service but this did not affect patient care, "It's quieter on a weekend, so we can manage to do the jobs, staffing levels are good, no-one misses out."

Is the service effective?

Our findings

During the inspection, we saw some members of staff had completed a high number of training topics in a short space of time. For example, a member of staff had completed fifteen courses in one day. The registered manager explained that the training is now completed online and so staff may complete several modules in a short space of time. The induction training was linked to the Care Certificate. The Care Certificate is a set of national standards that social care and health workers work to. It is the minimum standards that should be covered as part of induction training of new care workers. The registered manager informed us that a senior member of staff observed new employees; until it was felt they were competent. They would then verbally report back to the registered manager. After the inspection, the registered manager sent us a blank workbook to support that observation took place. However, we saw no documentary evidence of this having been completed either during the inspection, or afterwards. This meant the provider failed to provide suitable evidence that staff competency had been assessed as required.

Staff told us that they received two supervisions each year and an appraisal. This was also what the provider's supervision policy stated that staff should receive. We saw supervision had been completed twice-yearly in two of the files that we looked at, but no evidence of an annual appraisal taking place. In the other two staff files, neither member of staff had received supervision. They both had been working at the service for less than six months so this did not contravene the provider's policy. However, due to no professional references having been obtained, and the provider failing to document proficiency, the provider had not assured themselves of the competency of the members of staff prior to them working unsupervised. After the inspection, we asked for evidence of the appraisal process. The registered manager sent us uncompleted appraisal paperwork. This did not evidence that the appraisals were properly recorded.

Not ensuring that persons received support, training, supervision and appraisal as was necessary to enable them to carry out the duties they are employed to perform, was a breach of regulation 18 (2) (a) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. We saw that DoLS had been applied for where appropriate and that authorisation was in place.

We spoke with two members of staff. They both stated that they had completed adequate training including health and safety, medicines and first aid courses. One member of staff said, "I feel at this moment, I'm skilled to do my job." They were both aware of DoLS and were able to explain why some people may require authorisations, "For bed rails or because they cannot leave."

People 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 do supported this practice. We saw that best interest meetings had taken place. These meetings aim to consider the best interests of people who lack capacity to make decisions themselves.

Staff told us they knew the preferences, likes and dislikes of people who used the service. One member of staff said, "I know them personally." This meant that the people who used the service were usually supported by staff who were aware of their needs and provided continuity of care.

When we completed the tour of the environment, we noticed that some people's bedrooms did not have enough shelving for them to store their toiletries. We brought this to the attention of the registered manager who said that they would address this.

The registered manager informed us that they adapted the environment by installing a stair lift to the first floor in order to meet the needs of an individual who was recently discharged from hospital into their care. The staff had identified that the person would not be able to return to the service without the adaptation and that it would also meet the needs of other people who used the service, so had fitted the equipment. This showed that the provider valued the people who used the service and was willing to make reasonable adjustments to provide for their changing needs.

The registered manager showed us the upper floor of the building had been renovated from double rooms to individual rooms. This meant that people had more privacy. There were still three double rooms in the service that were occupied by two people, however, the registered manager assured us that this was the preference of the people who shared these rooms. When we spoke with the people who used the service, none raised concerns regarding the shared rooms.

We observed people being given a choice of food and drinks. The food looked appetising and good portion sizes were offered. One person who used the service supplemented the food, with food bought externally by their choice. Staff supported the person to store their own food. People told us the food was nice, "Good, it's lovely" and staff said that they always offered a varied diet and options. Staff told us that they encouraged people with their dietary requirements and individual needs.

Is the service caring?

Our findings

People were treated in a caring way and supported to be independent. The registered manager told us that people who used the service could do their own laundry if they chose to, so they could remain more independent.

During a tour of the environment, we saw the rooms of people who used the service and observed that each was unique in decoration and furniture. The registered manager told us that they involved people in the furnishing of their rooms. We saw that people were supported to live as independently as possible. Some people had chosen to have small electrical appliances in their rooms, so they could be more independent in eating and drinking. The registered manager told us that staff supported the people who used the service to keep their rooms as they wished as far as possible, taking into account the mental health of the person and service requirements. We saw that some people had their own furniture, which made their rooms more homely.

We observed staff providing care in a kind and patient way to people who used the service. We saw people being given enough time to eat at their own pace and being encouraged to dress appropriately for the environment. For example, one member of staff asked a person who used the service if they would like to remove their coat whilst inside. A survey of visiting professionals completed by the service in May 2017 included the comments, "Staff are always friendly and welcoming to me and are on the ball with issues related to my patient" and "In relation to my patient the home has made a big change to their life and mental health presentation."

We saw that the correct date and time was displayed throughout the service in each communal area. Staff told us that they encouraged people who used the service to be independent and that many people access the community. One member of staff said, "By knowing the correct time they [the people who used the service] can go out and not be late."

Staff told us how they respected the dignity of people and maintained confidentiality, "I discreetly offer people to go to the toilet and close the door, I'm constantly saying 'shut the door'," and "If I got a phone call, I would ask who they are before giving information."

The registered manager told us how staff had recently supported a relative to visit a person who used the service. With consent, this had involved making arrangements on their behalf. People told us their families visited, one person said, "My family visit once a month." We saw photographs, which had been taken in the service, of people with their family.

The results of the survey of people who used the service included comments such as, "The staff always treat you with respect and will listen to any problems you may have." People told us the staff are nice, "Staff are good," and "They're [staff] talkative and friendly." We also saw there had been meetings with people who used the service, and that no issues had been identified in these.

Relatives of a person who used the service said they were, "Very happy with [Name's] care here. [Name] says they're very settled now. They were very ill when they first come here but they're great now."

The relative's survey comments included, "Staff are approachable and caring, friendly and professional", "Excellent, amazing staff" and "We cannot speak highly enough of the care, love and compassion our relative is offered."

The registered manager told us that they always tried to have a male and female member of staff on every shift, as they said that some people who used their service preferred to receive care from a specific gender.

One person who used the service was receiving end of life care. We saw they had received appointments with relevant healthcare professionals and that relatives were being consulted regarding choices and preferences.

The registered manager told us of how they remained in contact with some families of deceased people who used the service. We were told how the service had recently invited a family to a 'memories day' on the anniversary of their relative's death, and how they had spent the day talking to current residents about their memories.

We saw that advocacy services were used and that people were provided with this information. This meant that people had specialists to represent them and express their views, on their behalf.

Is the service responsive?

Our findings

We looked at the care records for three people who used the service. We saw that these were person-centred and included care plans and communication charts, detailing the person's needs and preferences. Personal information including life history and future wishes was documented. However, we noticed that one of the care plans had been in place for three years and another for two years. There were regular reviews of these but they had failed to ask the people who used the service to sign their care plan despite the option for this being on the form. We brought this to the attention of the registered manager who said that they would address it.

We observed staff had adapted paperwork such as consent forms to meet the individual needs of the people who used the service. We also saw that staff were writing in a 'memory diary' for a person who used the service who had difficulties remembering previous events. This showed how staff responded to individual needs and cared for the people who used the service.

The rooms of the people who used the service were personalised and took into account their individual needs. We saw how staff supported people to continue living in a manner representative of how they had previously lived in the community. The registered manager told us that they spoke with people who used the service and their relatives, to gain a good history of people's previous lifestyle and preferences so they could best meet their needs. We observed that staff had liaised with healthcare professionals to ensure the environment met people's physical and psychological needs and aided treatment.

We saw the influenza vaccine monitoring chart. This showed the provider cared about the health and well-being of the people who use the service and provided personalised care ensuring that people received protective interventions in a timely manner.

People were supported to do activities in the service and the community. The activities co-ordinator had recently started in post, they told us group activities and one-to-one sessions were offered. We spoke with a person who used the service who was going to the seaside for the day accompanied by staff. Staff told us that people who used the service often independently went to the cinema, shopping and the pub. We saw several people who used the service, leaving and entering the premises whilst we were inspecting. They told us they had visited the community, "I've been out and about."

We saw the complaints policy. No complaints had been received since the last inspection. People told us that they were not sure how to make complaints but that they would approach the registered manager if they had any need to. They also said they were sure their complaints would be listened to, "I'm confident I could contact [registered manager] if there were any issues." Visiting professionals in the May 2017 survey had written, "Communication is fantastic and issues raised are dealt with timely and professionally" and "Friendly staff who appear very responsive to patient's needs." We saw three compliments cards from relatives of people who used the service had been received.

Is the service well-led?

Our findings

The provider did not always have effective systems and processes in place to find issues in the service. Audits were not always completed. We saw six out of 13 people's medicines had been audited in January 2017, only one person's in February and that auditing had lapsed since this date. This meant that the provider would not be aware of any concerns or mistakes made on the MARs and with medicines.

We asked for the recordings of air and fridge temperatures for medicine storage areas. The registered manager told us that air temperatures were not routinely recorded. This meant that medicines may have been stored above, or below, recommended temperatures. We looked at the record for the fridge temperatures and found recording errors. We brought these to the attention of the registered manager and were advised that staff would be informed about taking air temperature readings and accurate fridge temperature readings in future. The registered manager confirmed that no auditing of the temperatures had taken place. The lack of auditing meant the provider had not assured themselves of staff accurately recording data.

We observed that no date of opening had been written on some people's medicines. This made auditing difficult and did not ensure that people received their medicine within the specified opening time limit set by the manufacturer.

Although we saw evidence of repairs being completed and maintenance work being carried out, there were no plans of a future maintenance schedule. Likewise, there was no audit of existing facilities. The provider reacted to issues of concern rather than demonstrating a proactive approach. This meant that despite the environment being maintained and sufficient, there was no assessment to identify issues and to routinely monitor these.

We saw food and kitchen audits had been completed. This showed that the provider did have an awareness of the necessity of auditing areas.

We did not see any analysis of completed audits or surveys relating to people who used the service or their relatives. Recorded on the surveys was a summary section suggesting that the service would discuss any issues which had been identified, but we saw no further documentation to say that this had been done. This meant that there was no feedback to people who used the service or their relatives of survey results or how any comments would be used to drive improvement in the service.

Not having systems in place for good governance was a breach of regulation 17 (1) (2) (a) (f) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw that analysis of the staff survey had been completed on the 14 returned questionnaires. On these, 12 members of staff had rated their involvement regarding changes in the service as good, very good or excellent. This indicated that staff were consulted and their opinions taken into account.

We looked at the certificates relating to safety of the premises. We saw that regular checks had been made in all the necessary areas including gas, electrical equipment, water (for legionella) and the stair lift. The service had received a food hygiene rating of five. This is the highest score attainable and showed a good standard of food hygiene. Annual fire alarm and emergency lighting tests had been completed, as had weekly testing of the fire safety system including doors, lights and signs.

The service had a registered manager in post. Staff told us that there was a culture of openness and they were well supported. One member of staff said, "There's an open door policy, you can go to [registered manager] at any time." Positive comments about the registered manager were received from people who used the service and their relatives too, "You can go to [registered manager] with anything." The results of the staff survey showed that the manager promoted an inclusive culture. Only two out of 14 staff felt they were not involved in decisions regarding the service. The registered manager confirmed that they have an open-door policy where staff can access at any time. This meant that staff received support as needed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems were not operated to assess, monitor, evaluate and improve the service as required.
Accommodation for persons who require nursing or personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Effective recruitment procedures were not in place to ensure that persons were of good character and had the qualifications, competence, skills and experience necessary for the work to be performed by them.
Accommodation for persons who require nursing or personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Persons employed by the provider did not receive appropriate induction, support, training, supervision and appraisal