

Ernehale Lodge Care Home Limited

Ernehale Lodge Care Home

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Ernehale Lodge Care Home is a residential home providing personal and nursing care to 13 people aged 65 and over at the time of the inspection. The service can support up to 40 people.

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

The provider was aware that improvements were still needed to the care planning and risk assessment process. They had an action plan in place to address this. Local authority commissioners commented on improvements at the home, although, they also required evidence of the capability of these improvements to be sustained.

There were some improved management and governance procedures in place. A new manager, with a history of improving struggling homes was now in place. They, along with the provider, had implemented new procedures to help continually act on concerns. This led to improved feedback from people and staff. Staff commented on the improvements the manager had made since she came to the home.

Improvements had been made to the premises and equipment used to provide people with the care and support they needed. The home was clean, tidy and obvious hazards to people's safety had been removed. This included a safe, secure and tidy garden space for people and staff to use. Some improvements to the décor of the home had been made, although further improvements were still required. The immediate risk to people's health and safety had been reduced.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 7 July 2021)

At this inspection there was not enough evidence to show that the improvements had been made in all areas and the provider was still in breach of regulations.

Why we inspected

CQC have introduced targeted inspections to follow up on Warning Notices or to check specific concerns. They do not look at an entire key question, only the part of the key question we are specifically concerned about. Targeted inspections do not change the rating from the previous inspection unless all of a key question have been assessed.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service effective?

At our last inspection we rated this key question requires improvement. We have not reviewed the rating at this inspection. This is because we only looked at the parts of this key question we had specific concerns about.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Ernehale Lodge Care Home

Detailed findings

Background to this inspection

The inspection

This was a targeted inspection to check whether the provider had met the requirements of the Warning Notice in relation to Regulation 15 (Premises and Equipment) and Regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Inspection team

This inspection was carried out by one inspector and a specialist advisor (nurse).

Service and service type

Ernehale Lodge is a 'care home'. People in care homes receive accommodation and nursing or personal care as a 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 did not have a manager registered with the Care Quality Commission, although they were in the process of registering. This means that the provider was currently solely legally responsible for how the service was run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

During the inspection

We spoke with three people who used the service and asked them about the quality of the care they received. We also spoke with three care staff, a nurse, the home manager and the nominated individual (NI). The NI is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included all or parts of records relating to the care of six people and records relating to the safety and management of the service.

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.

At the last inspection this key question was rated as requires improvement. We have not changed the rating of this key question, as we have only looked at the part of the key question we have specific concerns about.

The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We will assess all of the key question at the next comprehensive inspection of the service.

At the last inspection the provider had not ensured the premises and equipment used by people were clean, secure, suitable, properly used and maintained. This was a breach of Regulation 15, 'Premises and Equipment', of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found improvement had been made and the provider was no longer in breach of this regulation.

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

- The provider had made sufficient improvements to the premises and equipment used to provide people with the required care and support.
- The home was now clean, tidier and defective equipment had either been fixed or removed. The garden area was now safe and secure and properly maintained. The room used to store people's medicines had now been made safe. This reduced the risk to people's and staff's safety.
- The home environment was made more suitable for people living with dementia. Communal areas and corridors were freed from clutter and there were signs in place to help with orientation. Some carpets had been cleaned and stains removed; plans were in place to clean all carpets throughout the home.
- Bedrooms were still bare with little effort to personalise them or to paint walls and doors. However, hazards such as broken beds and leaking pipes had been fixed. The concerns about a lack of hot water in some bedrooms was being addressed at the time of the inspection.

Contractors were in the process of fixing the hot water supply throughout the home.

- At our next inspection we will carry out a further review of the premises and equipment at this home. We will assess whether the improvements made were sustained and continued to provide a safe, clean and secure environment.

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.

At the last inspection this key question was rated as inadequate. The provider had failed to ensure that effective governance processes were in place to help to identify, monitor and act on the risks to people's health and safety. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

At this inspection this key question has now improved to requires improvement. The purpose of this inspection was to check if the provider had met the requirements of the warning notice we previously served. We have concluded that sufficient improvement had been made and the immediate risks to the health and safety of people and staff had been reduced. The management and governance systems were no longer inadequate. However, further sustainable improvements were still required and therefore the provider remains in breach of this regulation.

Continuous learning and improving care

- There had been some improvements since our last inspection to the monitoring and reviewing of care plans and risk assessments. However, we found examples where care records did not always reflect people's current health needs and risks to safety.
- For example, two people were assessed as being at high risk of falls. However, this was not reflected in the mobility and falls care plan. There was limited individualised guidance on how to reduce the risk of them experiencing a fall. We also found the records used to monitor the food intake for a person who was losing weight were not always completed. This could place the health and safety of people at risk.
- We found other similar examples in other care records that we looked at.
- The provider and manager told us they would now be prioritising further reviews of care plans and risk assessments. The manager will be using experienced staff to assist them with this review to ensure care records were fully reflective of people's needs. We will review the outcome of this at our next inspection.

Although the provider had taken some action to address the concerns about care records and risk assessments as highlighted within the warning notice. The provider had not yet ensured sufficient and sustained improvement had been made to the governance processes to help - identify, monitor and act on the risks to people's health and safety. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There had been improvement to quality assurance processes used to improve people's and staff experiences. Improvements to the home environment and staffing showed some of these processes were working effectively.

Working in partnership with others

- The local authority and Clinical Commissioning Group have visited this home twice since our last

inspection.

- They have kept us informed of the progress the provider has made in improving care quality and outcomes for people. Both agreed that the home was improving; however, there was still more to be done to ensure the improvements were sustainable and embedded in the management and governance of the home.
- We will continue to liaise with these agencies in the coming months.

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

- The overall management of this home had improved.
- A new manager was in place. They had experience of improving struggling homes. The new manager understood the regulatory requirements of their role to ensure people were safe and compliance with regulations were met. They were in the process of applying to become registered with the CQC.
- The provider and the manager had a positive working relationship and understood the requirement for robust quality assurance processes to help drive sustainable improvement.
- The manager and the provider had an open and honest working relationship. Both understood why the home failed to comply with regulations at the last inspection. Both were working through a detailed action plan, with clearly defined roles and responsibilities for all staff. Staff understood how they were expected to contribute to the continued improvements at the home.
- There had been some improvement in the systems for identifying, capturing and managing organisational risks and issues. For example, there was a new, electronic cleaning and maintenance schedule in place. This had led to improvement in the cleanliness and maintenance of the home. Both the owner and the manager understood that improvements to care plans and risk assessments were still needed. Some of the care records we looked at during this inspection did not fully reflect the care people needed. Action was being taken to address this and we will review this in more detail at our next inspection

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an improved person-centred approach at this home. This has decreased the risk of people experiencing poor outcomes.
- People told us they felt there was a calm and happy atmosphere at the home. They felt staff were spending more time with them; providing a more person-centred approach to care. We observed a staff member offering pamper sessions to people within the home. One person reacted particularly positively to this and they engaged in a fun conversation with the staff member.
- Staff told us they were now provided with meaningful direction from the manager and/or provider. They understood what was required of them and they felt supported in carrying out their role. Staff now felt listened to and had increased confidence that concerns raised would be acted on.
- Engagement with people, staff and relatives had improved. The manager spent time talking with people and had a clear passion for acting on issues and improving the quality of care. For example, people had recently requested the opportunity to leave the home on daytrips or to their local area. A 'Well-being coordinator' was being recruited to support people with this. One person we spoke with was pleased this was happening and looked forward to "seeing more of the outside world".

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 provider and manager understood their responsibilities to ensure they were open and honest with people affected when things went wrong at the home.
- The provider told us following the last inspection they had contacted relatives and spoke with people

within the home about our findings and assured them that improvements would be made.

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 |
| Treatment of disease, disorder or injury | The provider had not ensured sufficient and sustained improvement had been made to the governance processes to help to identify, monitor and act on the risks to people's health and safety. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. |